



Exploring the Lived Experiences of Individuals

Facing Intimate Partner Violence:

A Basis for a Community-Based Capacity Building Program

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Abstract

This qualitative research explores the lived experiences of six individuals currently facing intimate partner violence (IPV), employing Interpretative Phenomenological Analysis (IPA) to uncover how abuse impacted their thoughts, emotions, actions, and relationships. Participants, who varied in gender, age, and sexual orientation, shared their stories through semi-structured interviews that were documented for analysis. Several emergent themes were identified after a three-cycle coding, and these included five superordinate themes and 17 subordinate ones. The five superordinate themes were: experiencing abuse, challenges faced in IPV, coping mechanisms, participants' needs, and community-based capacity building programs. Each of the superordinate themes has three or four subordinate themes. Both psychological counseling and legal services appeared in two of the superordinate themes, namely, participants' needs and community-based capacity building programs. The findings revealed not only the diverse expressions of IPV but also the structural and emotional barriers that prevent victims from seeking professional help. This research emphasizes the need for trauma-informed, inclusive, and culturally responsive services that recognize IPV as a multifaceted and intersectional issue.

Keywords: *intimate partner violence (IPV), coping mechanisms, help-seeking behavior, structural and emotional barriers, psychological violence*

Introduction

Intimate partner violence (IPV) is a significant societal problem of global scope and a public health issue that affects everyone regardless of gender, age, and background. IPV is defined as 'abuse' or 'aggression' that occurs between romantic partners, whether current or former (CDC, 2024; Garay-Villaroel et al., 2023). It includes physical, sexual, psychological, and economic abuse, which are the primary forms of IPV (CDC, 2024). In the Philippines, IPV is similarly defined under Republic Act 9262 or the Anti-Violence Against Women and Their Children Act of 2004, encompassing physical, sexual, psychological, and economic violence (Philippine Commission on Women, 2022; Respicio, 2025). Physical violence involves actions that harm or threaten to harm a person, while psychological violence refers to mental suffering caused by harassment or verbal abuse (PCW, 2022). Sexual violence includes any unwanted sexual act, including rape, coercion, or harassment, regardless of the

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relationship (WHO, 2024). Economic violence refers to controlling a partner's financial resources, denying support, or economic exploitation (Respicio, 2025). While women are disproportionately affected by IPV, men and LGBTQ+ individuals also face significant abuse that often goes underreported due to stigma and societal norms (HRC Foundation, 2022; Scott-Storey et al., 2022).

Globally, one in three women worldwide has experienced IPV (Cunningham & Anderson, 2023; Fanslow et al., 2023). In the Philippines, the 2017 National Demographic and Health Survey (NDHS) reported that one in every four married Filipino women aged 15 to 49 (26%) has been subjected to physical, sexual or emotional violence by their partner (Philippine Statistics Authority, 2018). Similarly, Garcia and de Guzman (2020) found that emotional and psychological abuse are the most common kinds of IPV among Filipino women, while Guzman and Celino (2023) highlighted that many incidents go unreported due to fear, shame, and the normalization of violence in intimate relationships. During the COVID-19 pandemic, calls to IPV hotlines in the Philippines spiked by more than 200% (UN Women, 2021), highlighting the ongoing and shifting nature of the problem. IPV manifests in many forms, including physical assault, emotional manipulation, verbal abuse, stalking, and financial control. Johnson (2017) classified IPV into three categories: coercive controlling violence, violent resistance, and situational couple violence, demonstrating the complex and diverse dynamics of abusive relationships. Research suggests that cultures with rigid gender roles and patriarchal structures are more likely to experience IPV (González & Rodríguez-Planas, 2020; Our Watch, 2024; Johnson et al., 2024). Despite increased awareness and laws, many survivors continue to experience major barriers in seeking help, such as fear of retaliation, social stigma, and limited access to appropriate services (Heron & Eisma, 2021).

The response to IPV is influenced by legal frameworks, public attitudes, and professional interpretations. Almeida et al. (2023) found that public beliefs about IPV vary, which affects how survivors are supported. Similarly, counselors' understanding of IPV influences the quality of care provided, highlighting the need for better training (Argyroudi & Flora, 2018). The COVID-19 pandemic increased IPV cases due to isolation, financial stress, and limited access to services, while technology introduced new forms of abuse like digital harassment and surveillance (Gilchrist et al., 2023; Duerksen & Woodin, 2019). In the Philippines, deeply rooted cultural beliefs that excuse or normalize abusive behavior, such as "*tiisin mo na lang*" (just endure it), silence victims, and discourage reporting. Moreover, IPV is frequently associated with other psychosocial disorders such as substance abuse, depression, and anxiety, since survivors may resort to maladaptive coping techniques to manage suffering (Ogden et al., 2022; Mehr et al., 2023). Childhood IPV exposure has also been associated with emotional dysregulation, trauma symptoms, and a higher risk of perpetuating or experiencing violence in adulthood (Asiedu & Baliki, 2025; Office on Women's Health, 2024).

Local studies in the Philippines also have largely used quantitative and descriptive designs, focusing on prevalence rather than survivors lived experience (Garcia & de Guzman, 2020; Guzman & Celino, 2023). There is still a lack of understanding of how Filipino survivors interpret and negotiate IPV, including coping techniques, emotional issues, and challenges in seeking help. This qualitative gap impedes the creation of evidence-based, culturally sensitive, and inclusive interventions. Understanding these experiences is crucial for developing community-based capacity-building interventions that are not only survivor-centered but also sensitive to the social and cultural realities of the Philippines.

The present study seeks to examine the lived experiences, coping mechanisms, and help-seeking behaviors of individuals affected by IPV in the Philippines. Specifically, it aims to understand how affected individuals from diverse genders and backgrounds respond to and cope with abuse, as well as the barriers they face when seeking help. This study intends to

use qualitative inquiry to generate insights that can be substantial in the development of culturally sensitive, inclusive, and community-based programs that empower survivors, strengthen the local support systems, and enhance IPV prevention and recovery efforts.

Statement of the Problem

IPV is a complicated societal issue of global scope that affects people of all genders. Individuals facing IPV often endure physical, emotional, and psychological harm, yet their experiences remain under-explored, particularly among men and gender-diverse individuals. Understanding the realities of individuals facing IPV requires a closer examination of their lived experiences, the underlying causes of their situations, and the difficulties they encounter.

Specifically, the study aimed to address the following research questions:

1. What are the lived experiences of individuals facing intimate partner violence?
2. What challenges are encountered by individuals facing intimate partner violence?
3. How do individuals facing intimate partner violence cope with the abuse they experience?
4. What needs have been identified by individuals facing intimate partner violence?
5. What type of community-based capacity building program can be designed based on the findings of this study?

Research Assumptions

1. Lived Experiences of Individuals Facing IPV Vary Across Genders

- a. It is assumed that individuals of different genders experience IPV in unique ways, shaped by social roles, economic status, and cultural expectations.
- b. The forms of abuse individuals face may differ, encompassing physical, emotional, financial, and digital violence.

2. IPV Risk Factors Are Multifaceted

- a. IPV arises from a multifaceted interplay of factors at the individual, relationship, and societal levels, including financial stress, substance use, cultural norms, and past trauma.
- b. Certain groups, such as LGBTQ+ individuals and those experiencing economic hardship, may be at a heightened risk due to systemic inequalities and social stigma.
- c. Individuals facing IPV may struggle to seek help due to fear of retaliation, stigma, lack of resources, or legal barriers.

3. Individuals Facing IPV Employ Diverse Coping Mechanisms

- a. Individuals may develop various coping strategies, including seeking social support, building psychological resilience, avoiding conflict, or, in some cases, remaining in an abusive relationship due to financial dependence or emotional attachment.

4. Support Needs Extend Beyond Immediate Safety

- a. The needs of individuals facing IPV go beyond physical protection and legal intervention. They may require mental health services, financial assistance, shelter support, and long-term rehabilitation programs.
- b. Service providers may identify systemic gaps, such as the need for policy reforms, improved reporting mechanisms, and more accessible support services.

5. A Community-Based Capacity-Building Program Can Enhance IPV Interventions

- a. The study assumes that insights from both individuals facing IPV and service providers will guide the development of a community-driven IPV intervention strategy.
- b. The proposed program is expected to include awareness campaigns, capacity-building workshops for service providers, crisis intervention strategies, and survivor-centered support networks.

Theoretical Framework

This study was guided by two key theories that help explain the lived experiences, challenges, and coping mechanisms of individuals facing Intimate Partner Violence (IPV) across different genders. Intersectionality Theory (Crenshaw, 1989) highlights how intersecting social identities such as gender, sexual orientation, race, and socioeconomic status influence an individual's experience with IPV. It emphasizes that some individuals face greater risks and unique challenges due to overlapping forms of discrimination. This theory helps in understanding how IPV affects people differently, ensuring that intervention programs are inclusive and responsive to diverse needs.

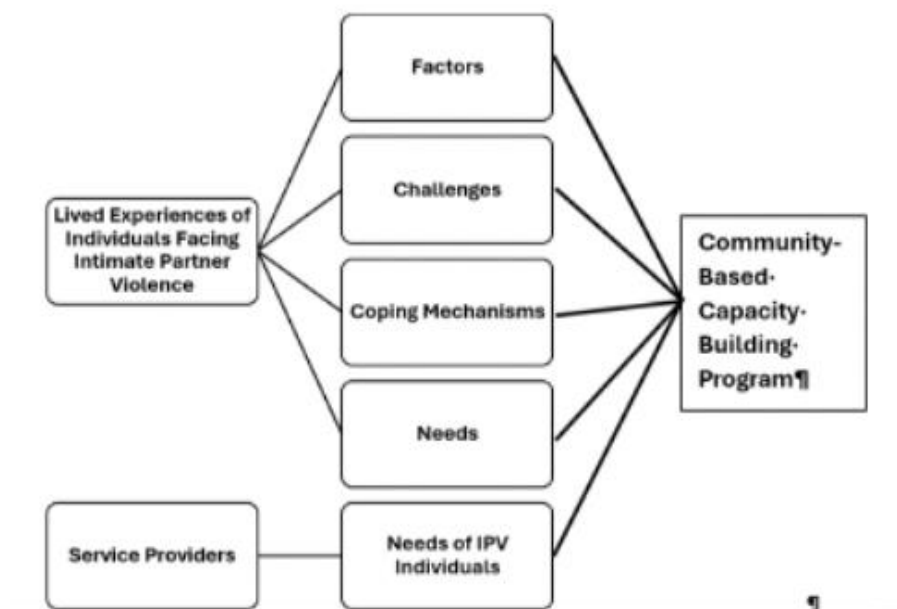
The Socio-Ecological Model (Bronfenbrenner, 1977) explains how IPV is influenced by multiple levels of an individual's environment, from personal history and relationships to community structures and societal norms. By examining IPV at these different levels, this model helps identify challenges, barriers to seeking help, and potential areas for intervention. It provides a strong foundation for designing community-based programs that address the problem at the individual and macro-level. Additionally, the Structural-Cultural and Technological Framework explores how societal structures and digital technology contribute to IPV. This perspective acknowledges the role of online platforms in facilitating new forms of abuse, such as cyberstalking, digital surveillance, and harassment. Duerksen and Woodin (2019) highlighted how technology expanded how IPV can occur.

By bringing these theories together, this research provides a well-rounded understanding of IPV across different genders. These frameworks help to recognize both traditional power structures and emerging technological influences, guiding the development of non-discriminatory, empirically-supported programs appropriate for the diverse experiences of individuals facing IPV.

Schematic Framework

Figure 1 illustrates the schematic framework of this research wherein the research paradigm shows the different variables. The first frame contains the lived experiences of the individuals facing intimate partner violence, which included the factors, challenges, and coping mechanism that shape their experience. The second frame contains the identified needs of the individuals facing IPV as perceived by the service providers and participants' personal accounts of their own lived experiences. The last frame contains the proposed output drawn from the study's results, wherein the researcher would develop a community-based capacity building program specifically designed for individuals facing intimate partner violence.

Figure 1. Schematic Framework of the Study



Methodology

Research Design

This study used a qualitative research design, employing Interpretative Phenomenological Analysis (IPA) as its main method of analysis. IPA was chosen for its meaning-making ability---that is, its focus on exploring how participants make sense of their experience related to the study. Additionally, Brofenbrenner's Socio-Ecological Model (1977), Crenshaw's (1989) Intersectionality Theory, and Structural-Cultural and Technological Framework were also utilized to provide a deeper understanding of the interplay of different individual, community, and societal factors in shaping participants' IPV experience and in perpetuating the cycle of abuse. By using these methods, the research provided a richer perspective on the lived experiences, setbacks, and coping mechanisms associated with IPV across all genders. This approach enhanced the study's credibility and richness, ensuring that multiple perspectives contribute to a well-rounded analysis.

Participants and Sampling

The participants in this study consisted of individuals facing IPV from diverse gender and socioeconomic backgrounds (see Table 1). A purposive sampling technique was employed to intentionally select participants who could contribute rich, relevant and in-depth information regarding the topic. A total of six individuals affected by IPV were recruited to share their lived experiences.

Additional vital sources have been included to strengthen the finding's credibility and trustworthiness through data triangulation. These included two service providers: a psychologist and a social worker, who provided psychological and social support to people affected by IPV as well as two barangay officials in charge of handling complaints under the Anti-Violence against Women and their Children (VAWC) Act of 2004. The inclusion of experts enables a more thorough understanding of IPV, taking into account both personal experiences and societal responses.

Table 1 Profile of the participants

Participants	Age	Sex	Civil Status	Gender Orientation	Profession	Number of Children
P-1	22	F	Married	F	Car Sales Executive	2
P-2	27	M	Not Married	M	Software Engineer	1
P-3	54	F	Not Married	F	CEO	1
P-4	44	F	Not Married	F	Actress/Model	7
P-5	30	LGBTQ +	Not Married	Gay	Singer	0
P-6	44	Male	Married	M	Seafarer	4

The researchers created specific inclusion and exclusion criteria before selecting the participants. The inclusion criteria required that participants were: a) individuals currently or previously experiencing IPV; b) either in a heterosexual or homosexual relationship; c) have experienced IPV regardless of the duration or severity of the abuse; d) willing and able to provide informed consent; and e) not in immediate crisis or at high risks of harm at the time data were collected. For service providers, inclusion requires direct professional expertise assisting individuals who have experienced IPV.

This study also outlined exclusion criteria for participants. Excluded from the study were individuals who were currently in a life-threatening IPV situation with an active risk of harm, individuals experiencing severe psychological distress that could be exacerbated by participation in the study, and individuals who were unable to provide informed consent due to cognitive impairment or other conditions. On the other hand, service providers who were

excluded in the study were those with minimal or no direct experience working with IPV victims and those unwilling to participate. The researchers also provided general exclusion criteria for both victims and service providers and these were individuals under the age of 18 and those unwilling to participate voluntarily. The criteria mentioned ensures the inclusion of diverse perspectives while prioritizing participant safety and emotional well-being.

Data Collection

Participants were identified through referrals from friends who knew individuals experiencing intimate partner violence (IPV). They were then invited to participate in the study through Facebook Messenger. Upon expressing interest, participants were informed of the nature and purpose of the research, including potential emotional impacts and relevant ethical considerations. Informed consent was obtained prior to conducting the interviews. The interviews were conducted via video conferencing platforms to ensure accessibility and safety for participants. Before commencing with the interview, the researcher explained the interview guide and encouraged participants to ask questions or seek clarification. Each session utilized a semi-structured, in-depth interview format to allow participants to share their experiences freely while ensuring that core topics were covered. After each interview, a debriefing session was conducted to provide emotional support and to ensure that participants were left in a stable emotional state. Participants were also reminded of available psychological support services should they experience distress related to the discussion.

Due to the sensitive nature of the topic, only a licensed psychologist, one of the authors of the study, was assigned to interview the participants affected by IPV. The other researchers conducted interviews with service providers and assisted in the three-cycle coding of the responses from the six main participants. The service providers recruited for this study were psychologists, social workers, and chairpersons of VAWC desks in selected barangays. They were included to provide a different perspective about IPV victims lived experiences and the services and support systems available to them in various communities. Public records from the Department of Social Welfare and Development (DSWD) regarding the handling and processing of IPV cases were also examined. Furthermore, field notes and observations of participants' behavioral cues were recorded to capture contextual features and nonverbal clues during the data collection.

To recruit service providers, the researchers first identified facilities and barangays that serve IPV victims, then secured the necessary permits. Qualified practitioners were invited to participate, and upon agreement, the informed consent form was read and signed. Interviews were then conducted, followed by a debriefing session. All interviews with service providers were conducted by the three other researchers who were not involved in interviewing with the six main participants. For service providers, *pakikipagkwentuhan* or casual chatting or storytelling was used to gather relevant data from them. Research has shown that this is an effective technique to gain Filipino participants' trust to share their thoughts, emotions, and experiences honestly and truthfully (Fajardo, 2014; Jadloc, 2017). In addition, this technique "is participatory, sensitive to Filipino culture, and conscious of reducing the power difference between researcher and participant" (Jadloc, 2017, para. 24).

Data Analysis

The collected data were analyzed using the Interpretative Phenomenological Analysis (IPA). This involves a step-by-step examination of participants' personal accounts of their IPV experiences that includes reading transcripts several times, identifying key themes, and

interpreting how they make sense of their ordeal. Themes that emerged were compared across participants to understand commonalities and differences in their narratives. A direct quote from appropriate participants was also included to provide context for identified themes in the study. The analysis utilized a three-cycle coding to ensure depth and rigor. During the first cycle, initial codes were generated from significant statements and meaningful phrases in the main participants' accounts. The second cycle involved categorizing and clustering similar codes to identify emergent patterns and relationships. The third cycle involved refining and synthesizing themes to reflect the core of participants' lived experiences.

To incorporate the responses of IPV victims and service providers, the same IPA structure and cyclical coding process were applied to both groups. First, transcripts from victims and service providers were evaluated individually to discover unique experiential and professional themes. Then, a cross-group comparison was performed to identify areas of overlap and divergence between the victim's actual experiences and the service providers' observations or interventions. This integrative technique allowed for a more comprehensive understanding of IPV by integrating victims' meanings and emotions with service providers' perspectives on support systems, obstacles and service delivery.

Data Trustworthiness

To ensure trustworthiness in the outcome of this research, the study utilized various processes that ascertain the following criteria: credibility, transferability, dependability, and confirmability.

Credibility

To strengthen the findings' credibility or its accuracy and authenticity, researchers employed member checking and peer debriefing. Member checking was conducted by allowing participants to confirm the accuracy of the information they shared with the researchers through reviewing and verifying the interpretation of their responses. Peer debriefing, on the other hand, was done through discussing the study protocol, collected data, and data interpretation with co-researchers and course professor. Additionally, data, investigators, and theoretical triangulations were also used to minimize if not totally eradicate possible biases in the study. For data triangulation, interviews with individuals facing IPV were supplemented with interviews with multiple service providers, and inclusion of information from the DSWD's public records regarding procedures involved in processing reported victims of IPV. As to investigator triangulation, four researchers were involved in data collection and analysis to minimize researcher or interviewer bias. Lastly, for theoretical triangulation, three relevant theories were included, namely: intersectionality theory (Crenshaw, 1989), socio-ecological model (Bronfenbrenner, 1977; CDC, 2024), and the structural-cultural and technological framework, to help researchers clearly explain the findings of the study.

Transferability

Transferability in qualitative research simply means generalizability or the extent to which the study's findings can be applied to different contexts and broader populations. To ensure transferability, the researchers provided rich descriptions of participant demographics, professional backgrounds, and the cultural contexts in which they operate. In addition, the study also highlighted important themes or patterns that emerged in the findings to give

future researchers a general idea of the applicability of the findings to different communities and service structures addressing IPV.

Dependability

Dependability indicates the extent to which study findings remain consistent across time. To maintain dependability, an audit trail was established, documenting each stage of the research process from data collection to analysis. Additionally, peer debriefing with fellow researchers or experts in IPV studies helped refine interpretations and enhance the reliability of the findings. Furthermore, a code-recode strategy was also used to enhance the consistency of coding data as well as the accuracy of interpretation.

Confirmability

Confirmability guarantees that the results are grounded in participants' perspectives and not influenced by researcher bias. Reflexivity was practiced through researcher journaling, where personal reflections, assumptions, and potential influences on the research process were documented. The use of triangulation comparing interview data from victims and service providers, DSWD's public records, relevant literature, and theories further strengthens confirmability by ensuring that conclusions are based on multiple perspectives and sources of evidence.

Ethical Considerations

Ethical research guidelines were strictly observed in this study to ensure the protection of participants' safety, dignity, and rights. Before providing informed consent, participants received a clear explanation of the nature of the study, how it will be done, its purpose, their role, potential risks, and benefits. They were fully informed that their participation should be voluntary or free from coercion, and that they may withdraw at any time if they felt uncomfortable with any of the questions asked, without facing any scrutiny or having to explain their reasons for doing so. None of the participants raised any concern with the questions and how they were interviewed. All of them completed the interview process without any problem or issue.

To safeguard privacy and confidentiality, all personal information remained anonymous. The identities of individuals facing IPV and service providers were not disclosed in any research findings. Collected data were securely stored and accessible only to the research team, ensuring strict confidentiality.

After each interview, individuals facing IPV received a debriefing session with a licensed psychologist to provide emotional support and ensure their well-being. The psychologist offered coping strategies and referrals to appropriate services if needed. This step ensures that participants were not left distressed after sharing their experiences.

Results

Using Interpretative Phenomenological Analysis, several emergent themes were identified that capture the lived experiences of participants affected by intimate partner violence. These emerged after a three-cycle coding as mentioned previously. These themes formed the bases of the intervention modules designed for a community-based capacity-building program that aimed at assisting individuals affected by IPV. This approach was

intended to ensure a more realistic understanding of what would be most beneficial for those experiencing IPV. The five superordinate themes were: experiencing abuse, challenges faced in IPV, coping mechanisms, participants' needs, and community-based capacity building programs. For each of these superordinate themes, there were three or four subordinate ones for a total of 17 subordinate themes.

Lived Experience of Individuals Facing IPV

All participants of the study were facing intimate partner violence at the time of data gathering. Interviews with them revealed that they experienced all four types of violence as classified by the VAWC. These are physical, sexual, psychological, and financial violence (see Table 2). Among these four, psychological violence was the most cited form of abuse they have experienced. All six (6) participants mentioned it as part of their daily struggle with their partners, and this ranged from being criticized for their looks (e.g. He calls me ugly and not sexy) to being emotionally blackmailed, as in the case of Participant 1 in which her partner threatened to take his own life if she leaves him.

These psychological abuses led to feelings of worthlessness and loss of identity. Participant 1, for instance, recalled, *"I felt I am not worthy of love. I had very low self-esteem and confidence. I am ashamed of being around people because of how I look. I often had scars and bruises. I do not have nice clothes, and I even lost my teeth due to battering."* For Participant 5, the only member of the LGBTQ+ community in the group, his partner made him feel like there was something wrong in his appearance. He began stress eating and became vain - things he hadn't done before. For Participant 2 and Participant 6, the two males in the group, they felt they had lost their male identities because they were reduced to being under their partner's control. This is reflected in Participant 2's testimony: *"I lost control of my life. I felt I just needed to obey what she (partner) said. I'm afraid that she will shout at me and be angry if I don't."*

Their partners also made them feel unlovable, not needed at home, and not worthy of any respect. This emotional and psychological abuse left them with anguish, as reflected in Participant 6's narrative: *"The most difficult part was knowing that my wife was having an affair when I was abroad. And the thought that I had a son that is not mine."* He mentioned that her infidelity began when he became a seafarer and had to leave home for six months due to work. In some way, he partly blamed himself for what happened.

When asked why they stayed with their partner although they were abusing them, Participant 3 replied with: *"I just loved him, and so I stayed with him for 29 years because I hoped that he would love me again, but—he did not."* She also shared that her partner came from a wealthy family and owned a business during the early years of their relationship, while she came from a poor background. When he was the provider, he was not abusive. The abuse began after he lost all his businesses, and she started earning more than him. He began calling her "ugly" and "not sexy". As a result, she began to question her self-worth as a woman, which led her to undergo beauty procedures to enhance her appearance. Despite her efforts, her partner continued to call her "a poor, ugly woman" and eventually left her for good. When it comes to physical violence, their experiences included being battered, threatened with a knife and a gun, made to do things for money, and treated like a slave. One of them, Participant 1, also mentioned both physical and sexual violence all at once as reflected by her testimony, *"He batters me and even rape me often."* Participant 6, though he's a man, also reported being beaten regularly and threatened with both a knife and a gun. In one instance, his mother was even present when his wife pointed a knife at him.

As for financial or economic abuse, Participant 1 and Participant 5 seemed to have a similar situation where they were made financially dependent on their partners, so the latter can have control over them. This was reflected in their testimonies. For example, Participant

1 said that her partner does not want her to work, and Participant 5 mentioned that her partner made her do things for money. Though it happened when he was in college, Participant 5 still remembered vividly how his partner, who happened to be his former professor, introduced him to same sex relationships and physical intimacy. He said he had a girlfriend at that time and had no idea about same sex relationships, but because he was poor and needed the money to help finance his education, he agreed to be his professor's lover. This professor later became abusive to him, both physically and psychologically that he lost his sense of self.

Participant 3 and Participant 4, on the other hand, had a different experience. Participant 3 was a businesswoman and Participant 4 was also earning well in her profession. They were the ones who provided money or financial support to their partners, so that they would stay with them. This was classified as economic abuse because their partners took advantage of their generosity and lived lavishly; however, they were still in constant fear of being left alone if the financial support stopped.

Based on the testimonies, participants' experience with their partners ranges from minor to severe. All victims were aware that they were abused by their partners, but they seemed to have little to no control over their emotions. Therefore, they continued with their relationship with their abusive partner despite their experiences.

For the two male participants, Participant 2 and Participant 6, part of their problem was their preconceived notion about how the Philippine society would react to them for being IPV victims. They shared their fear of being laughed at because men, they said, are supposed to be strong and capable of protecting themselves from any harm, but here they are being abused by their female partners, whom Filipino society considers weak and needing protection. They both agreed that they needed social and institutional support; however, they were hesitant to seek help from others because they were ashamed to admit they were victims of IPV and at the same time, they also believed that the law on intimate partner violence is gendered. In fact, Participant 2 explicitly mentioned it during the interview: *"I'm afraid to complain because the law always favors women. Nobody might believe me."*

Challenges by Individuals Facing Intimate Partner Violence

When it comes to challenges, all the emergent themes could be classified under R.A. 9262 categories called physical and psychological violence, with the latter emerging as the most common type of their daily struggle (see Table 2). Except one subordinate theme—the emotional and physical toll, which reflects both psychological and physical abuse—all the others, namely fear and self-doubt, family impact, isolation, and shame, are reflections of the psychological violence the participants had to deal with.

A closer look at their narratives reveals that family impact played a significant role in their decision to stay with their partners. Almost all of them, except Participant 3, came from a broken family. This experience traumatized them all, that they vowed not to let their children experience the same thing they had experienced growing up. For example, Participant 6, a seafarer, shared that he grew up being bullied by his peers because they perceived him as weak. He did not grow up with his father, so he sought paternal love and affirmation elsewhere. He also sought out friends who were a bad influence on him just so he could feel protected, accepted, and loved. Participant 2, another male in the group, had a similar testimony. He also did not want his son to suffer the same way he had because of an absentee father. Both men also reported feeling ashamed of their experience; thus, they did not seek any legal or psychological counselling for fear of ridicule and, ultimately, isolation.

Though Participant 5 had no children of his own, his experience of growing up without a father to guide him left him with "daddy" issues. This could partly explain why he agreed to have a relationship with his professor, who was a lot older than him when he was in

college, because the latter provided him with his financial needs as well as the attention and “affection” of a father figure.

It is also worth mentioning that the two married participants, Participant 1 and Participant 6, struggled with the expectations of their religion and society. Being Catholic made them endure the pain of abuse, as they said they were brought up to believe that marital vows are meant to last for ‘better or worse’.

Additionally, participants were not fully aware of any legal and social support from their community for people affected by IPV. Some of them were also doubtful of the quality of services offered and by the objectivity of the professionals offering said services. Participants 2 and Participant 6, for example, mentioned that since they are males and were not the usual people affected by IPV, the law may work against them. For Participant 5, on the other hand, he believed that Filipino society is generally homophobic and condemns homosexual relationships. Therefore, he assumed that nobody would help him. At least, he said, his partner provided him with his much-needed financial support.

An additional burden for Participant 1, a married woman with two children, was her family’s beliefs about keeping the family intact, regardless of what was happening to her married life. When asked if her family of origin knew that she was being abused by her husband, she said they did, but they advised her to remain with him for the sake of the children. She even complained that her family did not truly understand her situation, and that all they cared about was ensuring her children would not be raised in a broken home just like she had been. She admitted that she needed professional help, but she said it was very expensive for her.

All six of them also had to endure being controlled by their partner. The most common method their partners used to subdue them was physical and verbal violence, followed by psychological abuse. Participant 1 had the most severe abusive experience of them all. She had endured physical, sexual, financial, verbal, and psychological violence. Her husband used them all to control and force her to stay with him; thus, she lived in constant fear that he would eventually hurt her severely.

In summary, their challenges stemmed from traumatic childhoods that continued to haunt them and influenced their decision to stay with their abusive partners, the unrealistic expectations of their religion and Philippine society in general, and the lukewarm support of their family.

Coping Mechanisms of Individuals Facing Intimate Partner Violence

Given the reported severity of many participants’ lived experiences, especially those of Participant 1, Participant 3, Participant 4, and Participant 6, they employed various coping mechanisms to deal with the harsh experiences they endured with their partners. These could be summarized in the following coping strategies: emotional suppression, destructive habits, and hope for change.

Emotional suppressions were manifested in many ways. For Participant 1, she turned to prayers and church homilies. She felt there was no other way because nobody was willing to help her out. She tried asking for help from her neighbor, who was a policeman, but instead of providing her assistance, he merely dismissed her complaint as a “normal” family matter that could be easily resolved within the family. For Participant 2, he devoted his free time to playing the guitar, while Participant 3 and Participant 6 cooked for the family to divert their attention from the pain they were experiencing. As to Participant 5, the singer in the group, he used to sing as his main coping strategy. He also said that he tried, as much as possible, to focus more on his dream of becoming a successful artist someday rather than on his daily ordeals with his abusive partner.

As to destructive habits, Participant 3 admitted to partying and drinking alcohol to forget about her problem with her partner. Though she also turned to church to help manage her pain, often, she used alcohol to forget her problems. This is like what Participant 4 did. She had drinking sessions with her relatives and friends, and during those sessions, she revealed what she was going through with her partner. Just like with Participant 3 and 6, Participant 4 also tried to be busy in the kitchen - she studied baking and baked for her family to keep her from focusing on her abusive partner.

Of all participants engaging in destructive habits, it was Participant 6 who was in a much worse situation. While the other two, Participant 3 and Participant 4, coped in the presence of others, Participant 6 did so alone. He locked himself in his room, tried to sleep it off, or drank alcohol. This is because, he said, "*I do not want any drama.*" In other words, there was no outlet for his pent-up emotions because there was no one to listen to him, unlike the other two participants.

Though they suffered greatly in the hands of their respective partners, it could not be denied that they were also hoping for some 'miracle' to happen, and that is, when their partner starts to appreciate their worth and love them again. This is especially true for Participant 3 who, despite the abuses she endured with her partner, still hoped to wake up one day and find that he has changed for the better. She said she loved him so much that, even though he abused her generosity for 29 years, she continued to cling to the hope that he would learn to care for her again.

Of the three, 'hope for change' is considered a manifestation of their resilience, while the other two involve ways that could be detrimental for their mental health in the long run. This is especially true for destructive habits, which have the potential to fully destroy their life in the future.

Identified Needs of Individuals Affected by Intimate Partner Violence

When participants were asked to identify their needs, emotional, financial, and access to counseling and legal services emerged as their top three needs. This was a bit surprising given that some of them were financially well off.

During the interview, indeed, the researcher's offer of a free therapy session in exchange for voluntarily participating in the study emerged as an attractive token for them although the cost per session, which was Php2,500, was within the means of most of them given their occupation. Generally, they said that although the counseling fee was affordable, it would have mattered a lot to them if this was free as well. This was because free access would enable them to make greater use of counseling sessions, rather than seeking them only when absolutely necessary.

The two male participants, Participant 2 and Participant 6, also hinted at wanting professional counsellors who would not judge them for their gender and who would treat them fairly, even though they were not the typical individuals affected by IPV. The lone homosexual in the group, Participant 5, on the other hand, hoped for a non-homophobic society that would treat people like him seriously and with respect.

All participants also mentioned needing emotional support from people who would not judge or ridicule them for going through what they were experiencing. Some of them, like Participant 1 and 5, were able to tell their families about their problems, but instead of offering emotional support and helping them leave their abusive partners, their families were either dismissive or indifferent, making the two participants feel even more helpless.

In addition to the support, Participant 1 also mentioned livelihood programs for mothers like her, with two young children. Participant 5 expressed the same need - financial support in the form of student loans, allowances, or scholarship grants. This is not surprising,

given that for these two participants, their partners used financial support as bait to force them to stay in the abusive relationship.

Types of Community-Based Capacity Building Programs for Individuals Facing IPV

Based on the interviews with individuals affected by IPV, the following community-based capacity-building programs could be of help to all IPV victims: access to livelihood programs, psychological counseling, and legal services.

It should be noted that some participants experienced financial abuse because they did not have their own means of livelihood or had very limited income. Their total dependence on their partners made leaving them a hard thing to do. This is especially true for Participant 1 and Participant 5 who had to swallow their pride and do all the things their partner asked them to do just to receive some money for their basic needs. If they had their own source of income, their ordeal would have been much less severe. In fact, Participant 1 assured that financial independence would afford her a certain level of autonomy: *“A work from home set up for battered women like me will empower me to live independently.”*

A community-based psychological counseling with a licensed psychologist or a registered counselor could also be a big help for them. This would make psychological counseling accessible to all victims who need it without worrying about the cost. This service would be more helpful if it were available 24/7, since abuse can happen at any time of day or night.

Finally, access to legal services could be a great help to all individuals affected by IPV. One of the major reasons why many of them could not decide whether to leave their abusive partner or not is the legal repercussions of their actions. But if they have a community-based lawyer or group of lawyers that offer free legal services, these individuals affected by IPV could make informed decisions regarding how to deal with an abusive partner. Additionally, they could also be made aware of possible alternatives should they decide to permanently leave their partner.

Table 2. The superordinate themes and their corresponding subordinate themes

Superordinate themes	Subordinate themes
Experiencing Abuse	<ul style="list-style-type: none"> · Emotional Abuse · Psychological Abuse · Physical Abuse · Financial Abuse
Challenges Faced in IPV	<ul style="list-style-type: none"> · Fear and Self-Doubt · Emotional and Physical Toll · Family Impact · Isolation and Shame
Coping Mechanisms	<ul style="list-style-type: none"> · Emotional Suppression · Destructive Habits · Hope for Change
Participants' Needs	<ul style="list-style-type: none"> · Emotional Support · Financial Support · Access to Counseling and Legal Services

Community-Based Capacity Building Programs	<ul style="list-style-type: none"> · Access to Livelihood Programs · Psychological Counseling · Legal Services
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Perspectives of Service Providers about the Lived Experiences of Individuals Facing IPV

The service providers interviewed to provide another perspective about the lived experiences of individuals affected by IPV came from different regions in the country and were exposed to IPV victims from different provinces in the Philippines. Despite these differences, their responses emerged relatively similar when it comes to the lived experiences of individuals affected by intimate partner violence. Thus, superordinate and subordinate themes were cross-validated across these groups (individuals affected by IPV and service providers) and triangulated using multiple data sources, with all authors involved in the interpretation process. All researchers carefully observed participants' behavior during the interviews to determine whether they were hiding any emotional distress. Whenever signs of discomfort were suspected, interviewers would pause to confirm whether the participants were still willing to continue. Additionally, behavioral cues were used to fully understand their narratives.

Similar to the main participants, the service providers also mentioned that the most common abuse experienced by IPV victims they have handled were physical, psychological, and financial, with psychological abuses as the most common experience (see Table 3). Examples of the psychological violence that their IPV victim clients had to endure from their partners were internalized shame and self-blame, which also emerged as subordinate themes among the main participants. Additionally, the identified coping mechanisms were also similar - the service providers also mentioned denial and suppression of emotions. However, they added family and community support as part of these coping strategies.

The service providers also identified identical needs of individuals affected by IPV, and these were emotional and psychological support as well as legal services. The only difference in their perspectives was on the challenges of IPV. All four service providers identified systemic failure as the major challenge. This included failure in the legal system and structural inadequacies in comprehensively addressing IPV. VAWC chairpersons, for instance, lamented the slow legal procedures after IPV complaints were filed in appropriate government agencies. Due to the bureaucratic handling of IPV cases, one VAWC head noted that suspects were often able to escape before authorities could arrest them. Furthermore, most structural responses, such as barangay interventions that focused on conciliation rather than separation, and temporary counseling sessions provided by the DSWD, were limited to immediate interventions rather than long-term support.

As to community-based capacity building programs, service providers identified the following: livelihood training and/or programs, counseling and therapy, as well as community education awareness. These programs are seen as having the potential to empower individuals affected by IPV and at the same time help them restore their autonomy and dignity.

Table 3. Service Providers' Perspective on Lived Experience of Individuals Facing IPV

Superordinate themes	Subordinate themes
Experiencing Abuse	<ul style="list-style-type: none"> · Psychological abuse (e.g. internalized shame and self-blame, fear and emotional manipulation, perceived infidelity; trauma) · Financial abuse (e.g. not enough financial support, financial dependency) · Physical abuse
Challenges Faced in IPV	<ul style="list-style-type: none"> · Failure in the legal system · Structural inadequacies
Coping Mechanisms	<ul style="list-style-type: none"> · Family support · Community support · Denial and rationalization of IPV · Suppression and minimization
Participants' Needs	<ul style="list-style-type: none"> · Legal support services · Emotional and psychological support
Community-Based Capacity Building Programs	<ul style="list-style-type: none"> · Livelihood training and/or programs · Counseling and therapy · Community education awareness

Discussion

The findings from the study highlighted the complex and multifaceted experiences of individuals facing intimate partner violence (IPV), as illustrated through five core areas: lived experiences, challenges, coping mechanisms, identified needs, and program implications. Participants revealed a wide array of abusive experiences that included, among others, emotional abuse in the form of constant yelling, name-calling, and gaslighting, and psychological abuse, such as threats of self-harm, control, isolation, and humiliation, to name a few.

Experiencing Abuse

As mentioned previously, participants described being yelled at, insulted, gaslighted, and emotionally manipulated, experiences that aligned with Levendosky and Graham-Bermann's (2020) findings that emotional abuse erodes self-worth and psychological safety. Psychological abuse such as threats of self-harm, coercive control, and social isolation echoed what Dutton (2021) and Dokkedahl et al. (2022) identified as tactics that diminish autonomy and increase dependency.

Several participants also disclosed severe physical abuse, including battering, rape, and threats with weapons, consistent with Stark's (2020) framework of coercive control and Gilchrist et al.'s (2023) findings on the trauma and injury patterns of IPV victims. Financial

abuse—such as withholding money, forced financial dependence, and exploitation—was also prevalent, echoing Mayshak et al.'s (2024) findings that economic control is a common yet often under-recognized form of IPV.

As revealed in the study, emotional abuse emerged as the most common IPV experience of the six participants. This internalization of negative thoughts contributes to the erosion of self-esteem and is a common effect of prolonged emotional abuse (Cirici Amell et al., 2022; Molina & Matud, 2024). Participant 5 also stated, *"I obeyed because I have no choice,"* confirming that submitting to abuse illustrates a loss of agency and the normalization of mistreatment (Blom et al., 2024; Fernández-Álvarez et al., 2024). Moreover, Participant 6 described great fear, *"she was always angry seeing me,"* which denotes a fear-based silence reflecting a coping strategy rooted in survival under coercive threats (Coker et al., 2021; Dokkedahl et al., 2022).

Meanwhile, psychological abuse targets the person's mental stability and is usually one of the aspects that has a long-lasting effect. Demeaning and isolating language damages self-worth and discourages the victim from seeking alternatives (Watiti, 2021; Badenes-Sastre et al., 2023) as what Participant 3 had experienced and shared with us, *"He said I was crazy and no one else would love me."* Additionally, Participant 4's testimony, *"He made me feel like everything was my fault, even when he was the one cheating"* is a form of gaslighting that contributes to psychological distress and self-doubt (Ayşe Güler et al., 2023; Heron & Eisma, 2021).

Another common form of abuse experienced by IPV victims is physical abuse. Participant 6 said, *"She pointed a knife at me."* The presence of weapons amplifies power imbalances and aligns with research on male victimization and coercive control (Bosco et al., 2020; Lysova & Dim, 2025). Participant 1 added, *"When I didn't follow him, he would slap me and then apologize."* This reflects the cycle of violence—abuse followed by remorse—which perpetuates entrapment (Mazza et al., 2021; Doroudchi et al., 2023). As to Participant 4, she explained, *"He was controlling every aspect of my life. I felt trapped and unable to leave him."* This control is characteristic of coercive relationships, where abusers limit autonomy of their victims to maintain dominance (Wagers et al., 2021).

Lastly, financial abuse is also seen as a recurrent theme among the participants. Participant 6 stated, *"She would take my salary and decide how much I can spend."* Financial control is a frequently documented tactic used to disempower victims and enforce dependency (Molina & Matud, 2024; Protasiuk et al., 2023).

In summary, the lived experiences of individuals facing IPV are deeply varied and painful, marked by emotional, psychological, physical, and financial abuse, which are intensified by the lack of full support from their immediate family, community, and the government in general. Applying Bronfenbrenner's Socio-Ecological Model (Bronfenbrenner, 1977) to the lived experiences of IPV victims reveals how individual childhood trauma with their parents, relationship dynamics with their partners, community support or lack thereof, and the Philippine societal norms collectively shape their vulnerability, coping mechanisms, and access to resources, as well as perpetuate, and sustain the cycle of violence which they have endured and are still dealing with.

In using Intersectionality Theory (Crenshaw, 1989) to understand the lived experiences of individuals affected by IPV, it is important to consider the participants' gender, sexual orientation, occupation, financial status, and the community to which they belong to—factors that intersect with systemic oppressions to impact their unique vulnerabilities, access to services, and trajectories of healing. For example, Participant 5, the lone homosexual in the group who happened to be poor as well, faced unique challenges brought about by his gender and sexual orientation, which are intensified by systemic homophobia and the government's lack of financial support for struggling artists like him.

Therefore, it was not surprising to hear him admitting that he needed professional help but at the same time hesitant to seek for this help due to fear of being discriminated against for being gay. Additionally, the women and men in the group also encountered different sets of challenges shaped by their unique identities. The two men, for instance, were afraid to seek professional help because RA 9262 is primarily designed to protect women and children, and they felt it may not provide fair treatment for male victims. Even among the three women, their experiences were not the same. Participant 1's IPV experience, for instance, was exacerbated by her financial dependence on her husband, as well as the lack of employment opportunities for marginalized groups like herself.

To put it simply, the Intersectionality Theory (Crenshaw, 1989) argues that IPV experience is not monolithic. This was proven by the experience of participants affected by IPV in this study.

Challenges Faced in IPV

The challenges faced by these individuals were compounded by intense fear, shame, and self-doubt, with participants expressing feelings of worthlessness and isolation. Johnson et al. (2024) and Adams (2020) highlighted how IPV victims often internalize the abuse, leading to diminished self-concept. The emotional and physical toll was evident in physical injuries, illness from stress, and loss of motivation—patterns supported by Levendosky and Graham-Bermann's (2020) findings on the physiological impacts of chronic abuse. Furthermore, the abuse had a ripple effect on families. Children were traumatized, and participants often withheld the truth from family or friends out of fear or shame, consistent with Doroudchi et al.'s (2023) insights on intergenerational and familial impacts of IPV. Social stigma and gender norms led many to remain silent, aligning with Lysova and Dim's (2025) findings on the cultural barriers faced by male and LGBTQ+ victims.

Emotional and physical toll is also a great challenge experienced by the participants in their everyday lives. Participant 6 recounted, *"She was accusing me of infidelity while she was the one who was having an affair."* This tactic of projection distorts reality, confusing the victim and reinforcing control (Rodrigues et al., 2024; Green et al., 2023).

One of the notable findings is the fact that participants put high value in the impact of violence in their families. Participant 2 explained, *"I stayed because I do not want my children to grow up in a broken home."* Family cohesion and cultural ideals around parenthood and marriage can lead victims to endure abuse to maintain a 'complete' family structure (Molina & Matud, 2024; Protasiuk et al., 2023).

Isolation and shame were also dominant in their experience. Participant 2 noted, *"I stopped talking to people and locked myself in the room for days."* Social withdrawal is a typical response to trauma, reflecting symptoms of depression and emotional numbing (Costa & Botelho, 2020; Asiedu & Baliki, 2025). Participant 6 added, *"I felt ashamed of myself if they will hear from me that I am being beaten by my wife."* Shame is a barrier especially for male victims, who often lack societal support and fear emasculation or disbelief (Bownes et al., 2019; Dokkedahl et al., 2022). *"Our religion will not accept me if I leave my wife...only death can cut our ties to each other."* This highlights how religious doctrine can trap individuals in abusive relationships due to fear of spiritual or community rejection (Bownes et al., 2019; Wessells & Kostelny, 2022). Participant 5 also stated, *"I had nowhere to go, and no one to support me."*

Financial dependency and lack of a social support system are among the key factors that hinder many victims from even trying to escape their abusive environments (Cohen & Mernick, 2017; Zhang et al., 2024). He also said, *"I stayed because I knew society would judge me if I left him."* The fear of being blamed or stigmatized by society is a powerful deterrent to leaving abusive situations (Bownes et al., 2019; Watiti, 2021). He further shared,

"I never tried to seek help because this society condemns a homosexual relationship." This underscores the compounded marginalization faced by LGBTQ+ victims of IPV, where societal prejudice exacerbates isolation and discourages help-seeking (Asiedu & Baliki, 2025; Lysova & Dim, 2025).

The experiences of Participant 2, Participant 5, and Participant 6 are consistent with the societal level of Brofenbrenner's Socio-Ecological Model (Brofenbrenner, 1977), which highlights how gender and cultural norms, religious beliefs, and legal barriers to protection (e.g. the law being pro-women), contribute to the perpetuation of abuse among victims.

When viewed through the lens of intersectionality, these societal factors (e.g. cultural norms, religious beliefs) may be experienced differently by these individuals given their gender identity, sexual orientation, and economic status. To illustrate this argument, Participant 5, with his homosexuality experienced compounded marginalization as a homosexual male and Participant 2 and Participant 6, as men, may have their IPV experiences invalidated by gendered legal frameworks.

Integrating the Structural-Cultural and Technological Framework in the discussion reveals that, structurally, RA 9262 unintentionally marginalized male or LGBTQ+ victims. Additionally, the weak enforcement of laws in the Philippines contributes to the persistence of IPV. Culturally, participants' narratives revealed societal norms that favor female submissiveness and stigmatize male vulnerability. These beliefs contribute to how victims perceive their roles and choices in relation to their decision to stay or leave their abusive partner.

Coping Mechanisms

Coping mechanisms revealed a troubling mix of emotional suppression and destructive behaviors. Participants admitted to silence, denial, and attempts to normalize or accept the abuse—strategies aligned with the emotion-focused coping identified by Cunningham and Anderson (2023). Others turned to alcohol, smoking, and escapism, like the maladaptive coping strategies outlined by Mací et al. (2022). Still, many clung to hope for their partner's change, driven by religious beliefs or emotional dependency, reinforcing Adams' (2020) observations on victims' cyclical hope and fear patterns. Because of the extensive abuse felt by the participants, emotional suppression is one of their unhealthy coming mechanisms thus resulting in destructive habits. Participant 6 disclosed, *"I just sleep in my room and drink alcohol."* This aligns with research showing substance use as a common escape mechanism for IPV victims (Jackson, 2024; Ogden et al., 2022; Mehr et al., 2023). Participant 5 also shared a healthier coping method: *"I sang and focused on reaching my dream to become an artist."* Creative expression and future-oriented goals can act as protective factors, helping victims maintain a sense of purpose (Zhang et al., 2024; Weaver et al., 2021).

Brofenbrenner's Socio-Ecological Model (Brofenbrenner, 1977) provides a layered understanding of how each victim develops coping strategies. Individual characteristics such as trauma history, combined with family and relationship dynamics, as well as systemic structures, intersect to influence how victims cope with chronic or persistent abuse. Over time, these coping mechanisms may become so deeply embedded in victims' identity that they foster a sense of hopelessness and hinder their ability to leave their abusive partners.

Participants' needs

In terms of identified needs, participants emphasized the importance of emotional support, financial independence, and access to professional services. They voiced the desire to be heard, validated, and understood—especially men and LGBTQ+ individuals, who often face additional barriers. Warshaw et al. (2021) and WHO (2022) highlighted the need for

trauma-informed care and inclusive support systems. Financial needs were also paramount; victims longed for employment and economic freedom, echoing Lysova and Dim's (2025) and Gilchrist et al.'s (2023) findings that financial empowerment is key to leaving abusive relationships. Counseling and legal services were identified as critical yet often inaccessible resources, reinforcing Dokkedahl et al.'s (2022) call for integrated legal and mental health interventions. Participant 6 suggested, *"Provide easy access to professionals 24/7 for free because counseling is too expensive."* The cost of mental health services remains a major obstacle in many low- and middle-income settings (Jackson, 2024; Asiedu & Baliki, 2025). Participant 5 also added, *"I need a scholarship grant, allowance or student loan."* His comment reflects the wider systemic needs of IPV victims—financial aid, education, and housing support are integral to rebuilding lives (Cohen & Mernick, 2017; Weaver et al., 2021).

When viewed from the Structural-Cultural and Technological Framework, participants' lack of access to digital resources that could have conveniently facilitated their psychosocial or legal assistance slowed down their journey towards healing. Though none of them explicitly expressed any problems with technological use as all were familiar with the ways of the Internet, the availability of websites that provide information for any local support for people affected by IPV was lacking or not properly communicated to them. As a result, victims were left in limbo, unsure of where to go or whom to contact for help with their predicament.

This reflects the technological component of the framework, which emphasizes the importance of digital access to psychological and legal services in facilitating help-seeking behavior among IPV victims.

Community-Based Capacity Building Programs

For the community-based capacity building programs, themes derived from the results of the study formed the basis for this. The participants' suggestions for community-based programs emphasize systemic, inclusive support. Access to livelihood programs was highlighted as a pathway to independence—particularly for women, LGBTQ+ individuals, and male victims—mirroring UN Women's (2021) and WHO's (2022) recommendations for economic empowerment as a protective factor. The call for legal and emotional counseling—including services for men, LGBTQ+ individuals, and abusive partners—supports Warshaw et al.'s (2021) advocacy for comprehensive and accessible trauma services. Finally, participants proposed family and marriage counseling, with inclusivity for diverse couples, in line with APA (2023) and Doroudchi et al.'s (2023) endorsement of relational and systemic interventions.

Conclusion

The lived experiences of IPV victims in this study reveals the complexity of abuse which was compounded by numerous, interrelated systems. From the individual level, victims experienced emotional, psychological, physical and financial abuse. These experiences were exacerbated by lukewarm to no support from immediate family members and the lack of available services in the community for people affected by IPV.

As to challenges faced in IPV, participants' narratives highlighted the following themes: fear and self-doubt, emotional and physical toll, family impact, and isolation and shame. When viewed from Crenshaw's (1989) Intersectionality Theory, gender, sexual orientation, class, societal, and cultural norms shape victims' experience of vulnerability. Therefore, though individuals affected by IPV share the same abusive experiences, their individual traits (e.g., gender and sexual orientation) could mitigate or worsen their suffering, making some individuals more vulnerable than others.

Coping mechanisms of victims were mostly negative (e.g., emotional suppression and destructive habits) rather than positive (e.g., hope for change). Brofenbrenner's Socio-Ecological Model could attribute this to individual, relationship, community, and societal levels. All these factors highly encouraged a certain type of coping strategy, destructive to one's. For instance, individuals traumatized by childhood experiences may find themselves alone with no support from family, friends, and community, and may belong to a gender group that is unintentionally discriminated against by a gendered legal framework. Given these circumstances, victims may perceive their situation as hopeless and may no longer pursue freedom from abusive partners.

As to the identified needs of the participants, these were consistent with the service providers' perception of victims' needs based on their direct observations and interactions with individuals affected by IPV. These needs include emotional support, financial support, and access to counselling and legal services. These formed the bases for the community-based capacity building programs, which included access to livelihood programs, psychological counselling, and legal services.

Intimate partner violence is not only a personal or relational problem. The findings in this study depict that it is deeply systemic, rooted in societal norms, institutional failures, and cultural expectations. The emotional, psychological, and financial abuses narrated by the participants, although not visibly seen, clearly illustrated a lasting impression on their mental health and sense of self. Addressing IPV requires more than personal and barangay-level interventions - it demands a systemic change.

Recommendation

Given the research findings, the researchers recommended the following: development of a community-based capacity-building program where professionals across law enforcement, healthcare, education, and legal sectors will be trained. Training community members to become supportive allies and first responders to help IPV victims. Collaboration of service providers and community members will ensure that the comprehensive, trauma-informed, community-based capacity-building program tailored for women and LGBTQ+ individuals who are facing IPV will benefit. The focus of the program is on psychoeducation about IPV, improving trauma-informed responses, and promoting inclusive practices that support all gender and financially vulnerable victims. Moreover, the researchers also recommend the full support of the local government units, especially at the barangay level, where victims can immediately call for help. Establishing a crisis intervention hotline, a 24/7 helpline for immediate psychological support. Furthermore, policy advocacy among legislators in collaboration with stakeholders aims to influence humane legislation and public policy. Integration of psychological support, empowerment strategies, and community engagement will foster healing and resilience.

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