

Dear Survivor: A Study on Help-Seeking Behaviors and Community-Based Care Among Service Users and Volunteers of Lunas Collective

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Abstract

In response to the wide underreporting of gender-based violence (GBV) in the Philippines caused by patriarchal structures and perceptions surrounding sexual violence and victimhood in the country, this study foregrounds the help-seeking behaviors and sense-making of gender-based violence (GBV) victim-survivors and service users of the Lunas Collective chat helpline. Through descriptive statistics derived from 472 observations and content analysis of 235 case summaries, this article examines the demographics and driving factors behind help-seeking behaviors of the helpline's service users. These figures are further contextualized through reflexive thematic analysis of focus group discussions (FGDs) with seven Lunas Collective volunteers who identify as

victim-survivors themselves. Through collective storytelling, the volunteers traced the plural and nonlinear paths that victim-survivors make through fractured social connections, retraumatizing legal procedures, and strained filial relationships resulting from abuse and its attendant harms.

Drawing from feminist care ethics, intersectionality, and affective solidarity, this article explores how victim-survivors seek and create a *web* of care that centers their own sense-making and agency. We argue that there is no universal standard of wellness against which volunteers and victim-survivors measure themselves to seek and provide care. Rather, they determine for themselves the amount of time and space they can offer, considering their shared but individual journey. This model not only ultimately highlights community-based care to address the isolation brought on by GBV but also encourages victim-survivors to recognize and articulate their experiences as part of structural oppression, instead of individual and isolated abuse. Finally, this study emphasizes the interconnectedness of individuals, social groups, and institutions in supporting victim-survivors, highlights the mutability of care responses in meeting their changing needs.

Keywords: care communities, GBV victim-survivors, affective solidarity

Nearly one in five Filipino women experience physical or sexual violence in their lifetime. Around 41% of those who have ever experienced gender-based violence (GBV) have never sought help (Philippine Statistics Authority, 2018). This data shows how present social and public health accounts of help-seeking for GBV remain incomplete. Conventional data-gathering measures focus on the kinds of violence survivors experience, the circumstances they occur in, and the involvement of authorities to stop the violence based on reports of survivors or their peers. This data is limited by the same factors that limit GBV reporting, including

perpetrators threatening survivors, public shaming and victim-blaming discrediting survivors' narratives, and survivors experiencing social and economic pressures that punish reporting and help-seeking. The hyperfocus on the specificity of violence, the simple characterization of help-seeking, and the disincentives to reporting all erase survivors' experiences in managing their own safety and well-being and obscure their care needs.

In response, Lunas Collective is a volunteer-powered and survivor-centered care space for women and Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual (LGBTQIA+) members and allies, centering psychosocial care as a first response to its service users at all levels—from personal social networks, online and offline communities, to formal public health and social welfare institutions.

Launched in March 2020, the organization operates as a Facebook helpline that readily offers feminist and psychosocial care and provides relevant and actionable information about support services and options, including law enforcement, legal recourse, and reproductive and mental health care. It is part of the rising tide of women-led emotional-political communities that “shift short-term responsive acts into more structuring-propositive practices” (McIlwaine et al., 2022).

The present study combines data from service users and the narratives of victim-survivors who now volunteer as chat responders with Lunas Collective. This highlights community-based care to address the isolation brought on by GBV and encourage victim-survivors to recognize and articulate their experiences as part of structural oppression, instead of individual, isolated abuse.

General Objectives

This study intends to explore help-seeking behaviors among GBV victim-survivors and gender and sexual minorities and highlight the effectiveness of community-based psychosocial care as an immediate response to GBV.

Specific Objectives

The following are the specific objectives:

1. Identify diverse help-seeking behaviors and the gender norms and other social circumstances that influence them;
2. Understand how promoting messages of care as a GBV response encourages help-seeking;
3. Evaluate how psychosocial care and community involvement improve the well-being of victim-survivors based on the participants' narratives and reflections; and
4. Evaluate how promoting messages of care influences online GBV discourse.

Framework

The study is informed by feminist care principles, namely intersectionality and affective solidarity, in understanding GBV, help-seeking, and care. This study also expands on Lunas Collective's operational framework. From its earlier operations, the organization responded to (1) users' needs, defined by a two-dimensional axis of the need for care and readiness to seek help, and (2) volunteers' motivations, which are also in a two-dimensional axis of interest in learning and practicing feminist methods and their level of specialist practice.

Feminist care ethics, first conceptualized by Carol Gilligan, is "grounded in voice and relationship, as an ethic of resistance both to injustice and to self-silencing" (2013, p. 175). The framework of intersectionality adds a third dimension by integrating experiences of marginality and power that affect or motivate people's needs for care, community, and initiative.

Intersectionality recognizes how different social categories create vectors of power and marginality. The combination or *intersection* of these categories, as individually experienced, creates uniquely personal experiences of oppression and inequality (Crenshaw, 1991). When it comes to GBV experiences, intersectional feminism not only accommodates multiple experiences of marginality but also belies the

common notion of victim-survivors of violence as being powerless and defenseless. It also points out that the myth that survivors are powerless reifies harmful gender power hierarchies and should be challenged. This multiplicity in the experience of harm, resistance, and healing allows victim-survivors to enact affective solidarity (Hemmings, 2012), in how they find each other and unite toward collective transformation.

Affective solidarity relies on a broad range of affects—joy, rage, and frustration, to name a few—in imagining and sustaining feminist transformation. According to Hemmings (2012), we begin our path to this transformation from a moment of dissonance, or an affective shift, between what we know the world to be and what we experience within the world. Victim-survivors do not have a singular face and experience. Therefore, genuine transformation, Hemmings (2012) argues, cannot be based on mere identification as victim-survivors. Genuine transformation involves our multiple confrontations with each other, resulting from individual differences, in how our experienced trauma affected us. Ultimately, affective solidarity describes the tenuous, yet potent, relationships that can form in this shared space, highlighting “an account of experience that is dynamic rather than essentializing” (Hemmings, 2012) and effectively defining the *collective* as a path through recovery and genuine transformation for victim-survivors.

Methodology

This study employed a mixed methods approach to adequately describe how a community-led advocacy promoting and integrating empathy into GBV response affects unique experiences of help-seeking and care practices among GBV victim-survivors.

We drew quantitative findings from Lunas Collective’s helpline data from November 2021 to July 2024, which produced descriptive statistics covering 472 observations, and content analysis of 235 summaries of conversations between helpline responders and service users.

Meanwhile, this study’s qualitative findings included helpline volunteers’ shift reports and discussions on their experiences with Lunas Collective. For the latter, we organized a series of focus group

discussions (FGDs) with seven volunteers, consequently surfacing lived experiences and knowledges related to resilience, search and receipt of appropriate care, and the value of community. Their experiences of care were also triangulated with help-seeking data.

FGD participants were recruited through purposive sampling using a recruitment poster shared in the Lunas Collective Volunteers Facebook group, utilizing the following inclusion criteria: (1) participants must have been involved in one or more Lunas Collective activities, such as the onboarding process, learning and care sessions, Dear Survivor events, or helpline management and response, and (2) they must have experienced some form of GBV or identify as GBV victim-survivors.

This study does not attempt to generalize experiences of healing or care among people with lived experiences of gendered violence. The two sources of data previously highlighted were helpline messages and demographic information provided by service users, information received from when service users sent their queries to the helpline; and volunteer narratives, segments of life stories from the volunteer victim-survivors themselves. While these two types of data were different, they remained complementary: the combined information and perspectives connected distinct experiences from the helpline into the broader, nebulous experiences of sense-making and healing the volunteer narratives established. In this way, the study surfaced nuanced strategies of sense-making, resilience, and healing, highlighting how the intentional practice of empathy and care in GBV response supported them.

The qualitative discussion, in particular, integrated arts-based methodology by using *River of Life*, a visual art approach of introspection and storytelling. The method empowered participants to represent particular experiences, events, and insights as elements of their life's river, encouraging them to share their personal narratives based on their visualization.

During the exercise, facilitators invited participants to reflect on their experiences of vulnerability, power, and care and integrate these into their personal rivers. The study then employed reflexive thematic analysis to identify and synthesize common patterns in the participants' GBV experiences. We transcribed the FGDs from the audio recordings,

reviewed the transcripts to form initial impressions, and discussed the emerging themes. An initial draft analysis was written, followed by a validation workshop with the participants. During the workshop, findings, themes, and direct quotes from the FGDs were presented to them for feedback and inclusion in this article. Finally, this thematic analysis was further refined and finalized based on their input.

Ethics

Lunas Collective integrated survivor-centered and feminist care practices into research by centering care and agency while amplifying the diverse voices and interests of people with lived experiences of GBV, among both the participants and the research team. Volunteerism was essential; FGD participants volunteered to participate by responding to a recruitment poster and were also given the option to participate either in person or online. Although the participants were Lunas Collective volunteers, confidentiality issues and potential conflicts of interest were mitigated by emphasizing informed consent and ensuring that the FGDs remained a safe space. The discussions then became fora wherein participants were encouraged to share based on their comfort and readiness and keep their co-participants' narratives confidential. They were also informed of their right to withdraw consent or step out at any point during the FGD or the research process without any negative impact on their relationships within the organization.

Another ethical consideration was the potential for distress or emotional triggers during the discussions, especially as participants recalled traumatic experiences. In response, our research team included a designated psychosocial care provider. Both the research process and pace also prioritized the well-being of not only the participants but also the researchers themselves.

The study also emphasized allowing the participants to determine their pace, as using the *River of Life* exercise as the qualitative data collection method allowed them to share the rich complexities of their personal journeys on their own terms. Additionally, we conducted a validation workshop with the participants to ensure that they had control over how their stories were interpreted, analyzed, and shared.

In terms of the helpline, Lunas Collective provides informed consent information to its service users regarding the collection, storage, and processing of their data (since their basic information would be asked) at the start of every conversation. All information derived the helpline and the FGDs were anonymized, and all identifying details were excluded from this article.

Findings and Analysis

Helpline Data

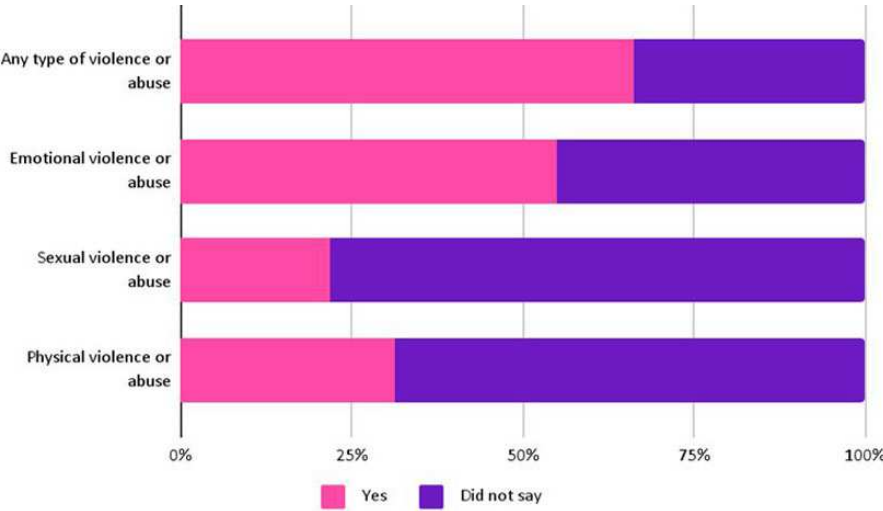
Data from Lunas Collective's helpline came from service users whose ages range from 16–57 years old. The majority (41%) was in the 20–29 age group, whereas both the 15–19 and 30–39-year-old age groups came second in terms of number (22%, respectively).

In terms of gender identity, most service users considered themselves as female (76%), followed by male (6%) and genderqueer (2%) service users. Meanwhile, only a small number (<1%) described themselves as questioning or unsure of their gender identity. The majority (76%) also labeled themselves straight or heterosexual, followed by a minority (12%) who identified as bisexual. Although Lunas Collective's full population included other individuals of diverse sexualities, these were not captured by the study sample because of data limitations.

Most service users were single (60%), followed by those who were married or lived in with their partners (36%). Most were also able-bodied (64%), whereas the minority reported themselves as persons with disability, whether mental (12%), physical (4%), or both (3%).

Sixty-six percent (66%) of service users reported experiencing some kind of GBV abuse (see Table 1). Emotional abuse was the most common type of GBV experienced among service users in the sample, with more than half (55%) reported experiencing emotional violence or abuse to the helpline. Meanwhile, some service users were also survivors of physical (31%) and sexual (22%) violence and abuse. Given that the sample was restricted to service users who elaborated on their concerns, this percentage is higher than that of the general population of Lunas Collective service users.

Figure 1
Experience of Violence and/or Abuse

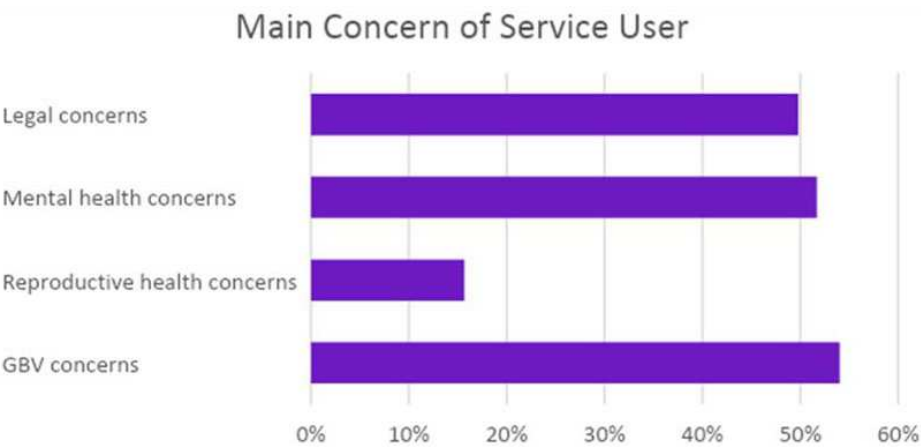


Source: Lunas Collective chat case summary

Concerns and Goals for Help-Seeking

More than half (54%) of Lunas service users reported their primary concern as GBV, followed by mental health (52%), legal (50%), and reproductive health (16%) concerns (see Figure 2). Mental health advice involved counseling about proper coping mechanisms for their current struggles. Meanwhile, around half of the service users primarily aimed to receive advice on sexual and reproductive concerns and legal matters. Their legal concerns included filing a case or mediating a settlement against abusive spouses and claiming child support and custody. Although the helpline does not provide financial assistance, some service users also messaged the service seeking financial help, particularly for their children’s needs. Other service users also mentioned wanting to find work to escape economic dependence from their abusive partners. Some service users also looked for someone to talk to and to provide emotional support. Although other service users did not mention specific goals they

Figure 2
Main Concern of Service User



Source: Lunas Collective chat case summary

have for help-seeking, they still shared their story with the responders and voiced out their feelings of stress and anxiety.

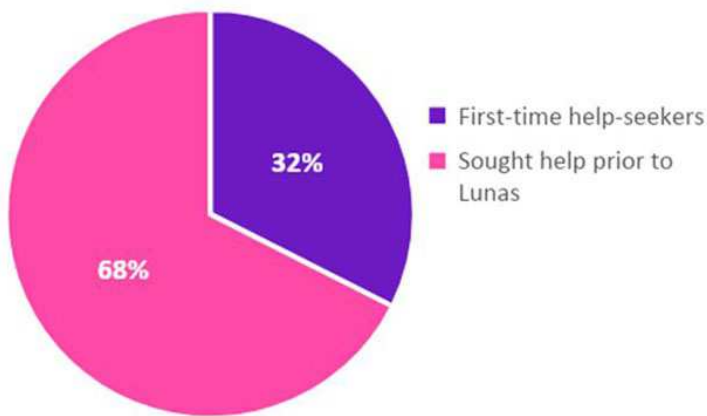
Service Users Describing Their Experiences

In their narrated experiences, physical and emotional abuse inflicted by their husbands or partners emerged as major themes. Service users suffered stress, anxiety, and trauma from the violence they have experienced. Another major concern for service users was how their children were affected. Child-rearing and financial resources were often related, with many service users describing their financial dependence on their partners and as a crucial factor in choosing to leave abusive relationships or seek counseling. During conversations with the volunteer responders, the service users also pointed to family relationships and mental and emotional well-being as important elements to their experiences of harm or their effort to find healing or resolution.

Most service users (68%) reported previously seeking help from other sources prior to reaching out to the helpline, whereas the rest (32%) did

not mention seeking help prior to contacting Lunas Collective (see Figure 3). Service users commonly sought help from family (23%), friends (17%), and legal authorities and officials (barangay, 12%; police, 10%; and lawyers, 8%) (see Figure 4). Meanwhile, only a few reported reaching out to doctors, social service organizations, and religious figures. Some messages in the helpline were not from victim-survivors themselves, with friends or relatives of the abused seeking help for them.

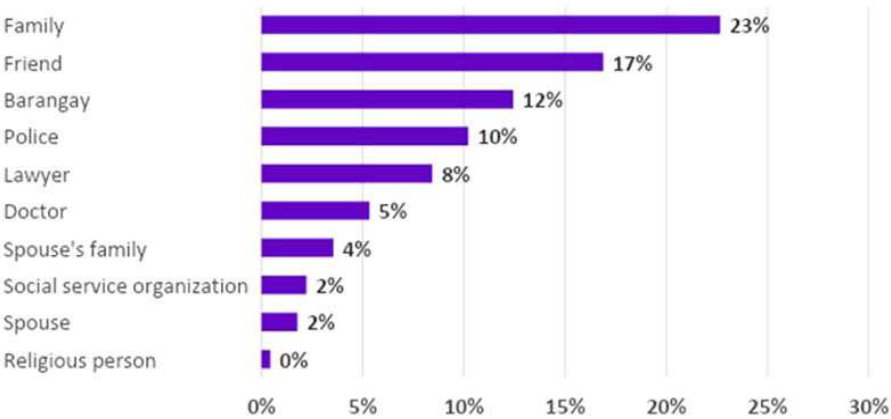
Figure 3
Help-Seeking Behavior of Service Users



Source: Lunas Collective chat case summary

Barriers to help-seeking are significant and manifest in different ways. Some service users share that they are scared to report or talk to anyone about their situation, whereas others share that although they can talk to friends about their situation, they remain afraid of burdening them. Legal recourse was commonly needed, with some service users electing the company of friends or relatives in finding legal remedies. Some were aware that they can opt for legal remedies, but they still felt that these were not helpful in their current situations. For them, their dependence on their partner for housing or finances, especially for child rearing, made the legal and social option to leave their partners difficult. In their discussions with volunteers, these barriers and their impacts were also explored.

Figure 4
Sources of Help



Source: Lunas Collective chat case summary

Receiving Care

Central to the service users’ responses were validation and affirmation of their experiences, particularly how they felt toward these experiences, as demonstrated by most case summaries from the volunteer responders. These also normally included words of support and encouragement, and emphasis on the service users’ strength emerged as a common theme.

Lunas Collective’s responders provided service users information meeting their needs, including much-requested legal information and referral to authorities or related agencies. Feminist counseling was also commonly recommended for mental health concerns, and responders also helped create mental health plans by discussing coping strategies and safety options.

Data from Discussion with Volunteers

The FGD data expands the context for help-seeking from the level of the individual to the level of community. Based on this data, it is evident that although GBV may be experienced as a harm committed by particular perpetrators, communities participate in the violence by

tolerating—or even denying—this harm, effectively skewing the power balance against vulnerable people and offering the perpetrators impunity.

The discussion also explores the multiple power differentials that relate gender identities and sexualities, material resources, and other social characteristics. These make the process of coping with GBV and finding ways toward *healing* a nonlinear journey involving sense making, suffering and difficulty, and claiming and reclaiming power.

The participants were encouraged to speak freely in the language most accessible to them; thus, translations have been provided in this article after each direct quotation that blends Filipino and English.

1. Safety Through Nonlinear Narratives

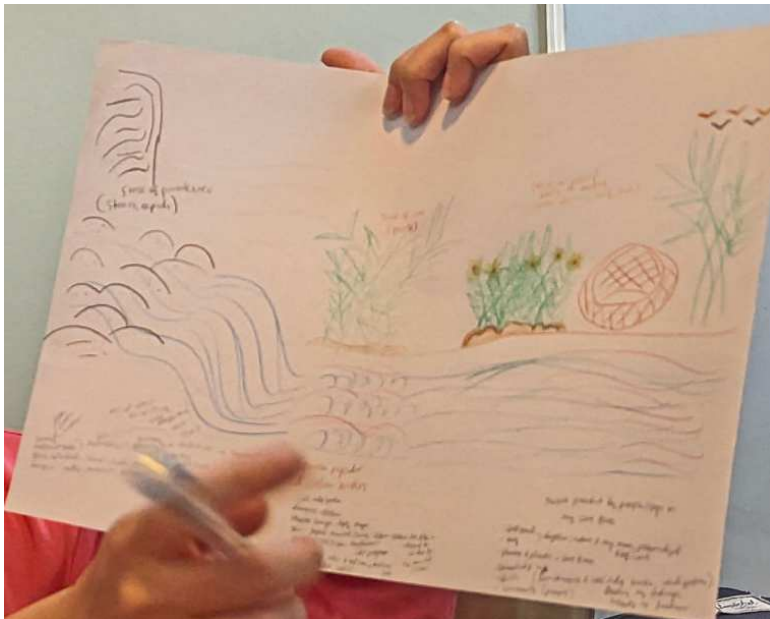
GBV victim-survivors experience isolation at various levels. They are isolated through their experience of abuse, where perpetrators would cut them off materially and emotionally from their support systems. According to Pain (2021), perpetrators use isolation as a strategy to separate victims from social networks and break down their psyche so that they are less able to gather resources to challenge violence. This intimate manifestation of damage is compounded by dominant representations of abuse and justice for people that have experienced GBV.

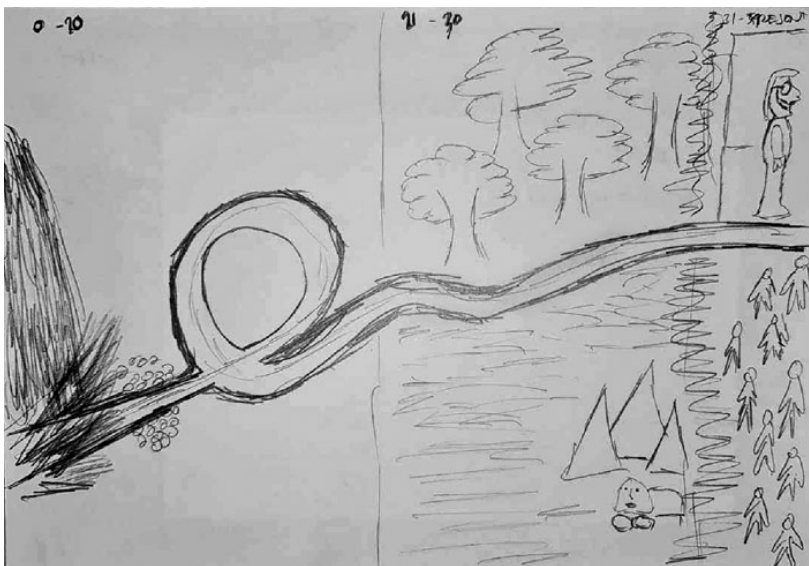
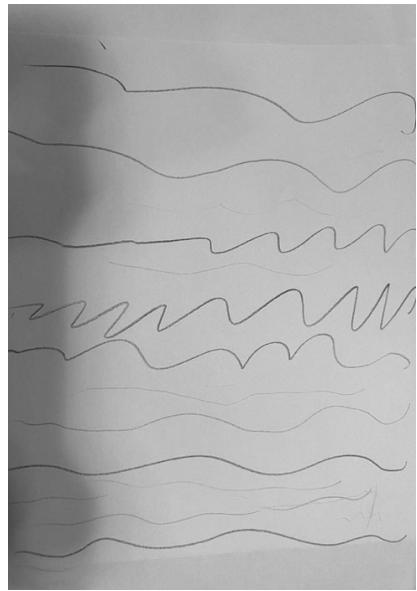
In the Philippines, the prevailing discourse surrounding GBV remains focused largely on physical and sexual violence against women and children, with legislation, policies, and data collection focusing on legal definitions, perpetrators, penalties, and a narrow set of help-seeking behaviors. Our institutions' failure to conceive and address GBV as an intersectional feminist issue affects the perception not just of perpetrators and victims but also service providers and duty-bearers (Santoniccolo et. al., 2021). Bernardo and Estrellado (2017) identified the following psychological factors and predictors of help-seeking for cis women: the perception of the abuse as abuse or its severity, which motivates help-seeking; and the experience of fear, stress, and depression, which are positively correlated with help-seeking. These show that forces that isolate survivors have collective dimensions—especially societal judgments of how survivors behave, tell their stories, and seek help—whether they are

believed and how culpable they are held, due to other life situations (Burstow 2003; Tamas 2011, as cited in Pain, 2021).

Given this difficulty, the FGDs with Lunas Collective's volunteers began with *River of Life*, an illustration activity allowing them to represent their experiences beyond traditional articulations. These traditional and institutional narratives surrounding abuse often focus on the period of abuse and the victim-survivor's *journey* toward a solution, moving on, and/or getting better. Thus, the *River of Life* exercise was meant to foreground the participants' own perceptions of their experiences, those that reflect the challenges in encapsulating the depth, impact, and complexity of traumatic experiences, which can differ for each storyteller. Some who have processed their experiences in therapy or safe spaces narrated structured, detailed stories in their drawings, rich in color, detail, and symbolism; meanwhile, others used minimal color and abstract imagery, employing lines and curves.

Figure 5
River of Life Exercises





Note. First panel: The participant's River of Life exercise is defined by turbulence toward peace. Second panel: The participant's River of Life exercise highlights her emotions through color. Third panel: The participant's River of Life exercise foregrounds the importance of community. Last panel: The participant's River of Life exercise reflects the ambiguities of vulnerability and help-seeking.

It was observed in the activity that some participants readily articulated their stories after processing them in the past. Yet, others struggled, experiencing flashbacks and marked physiological reactions while recalling memories of abuse. As one participant expressed, “*Nagfaflash back kasi siya, so di ko ma-ano, ma-i-straight up ‘yung pagsasalita ko kasi ‘yung memories parang hinahaunt ako until now.*” (It flashes back, so I can’t, I can’t speak straight because the memories haunt me until now). In contrast to court procedures that emphasized specificity and the victim-survivor’s clear recollection of the traumatic event (Papilota Diaz, 2021), the *River of Life* activity held space for these difficult—and often circular—encounters, with participants assured of support and understanding regardless of the shape of their stories. Comparing the goals of helpline service users—most of whom identifying legal concerns as their reason to seek help—with the volunteers’ narratives, which reflected diverse personal and psychological resources in navigating GBV experiences on their own, we confirm the literature that identified two basic conditions for battered women to seek help: identifying the situation as an undesirable problem that poses danger to themselves and believing that help is needed to stop the violence after exhausting personal resources (Bernardo and Estrellado, 2017).

Survivors consciously choose safe spaces and people to confide in. Some who told their family members chose to withdraw from them after not receiving validation and support, whereas others remain unable to confide in their families, instead choosing to share with Lunas Collective. As one participant remarked, “*Parang aware na ako sa mga dapat i-speak out sa mga nangyayari... But still, hindi ko pa rin kayang fully mag-speak out talaga sa mga parents. Kasi I tried—I tried na magspeak out pero naging victim-blaming lang and then na-supress ‘yung feeling[s] [ko] and then naneglect.*” (I’m aware now that I should speak out against what’s happening, I am aware. But I still can’t fully speak out to my parents. Because I tried, I tried to speak out but I only got victim-blamed and then the feeling got suppressed and then neglected.) Contemplating the repercussions of speaking up, another participant even pondered, “So if I bring it up, will it disrupt the family peace? Would it matter that much? Would it be worth the risk?”

Several participants navigated family dynamics where they became caregivers to their parents, resulting in blurred boundaries, confusion about the validity of their own needs and experiences, and a longing for care they did not receive. Another participant shared, “*Naiyak ako kasi last year ko lang na-realize na codependent ako [sa parents]. Kasi isa sa mga factor doon, we don’t trust our feelings. Kahit alam natin na hindi na okay, parang dinidismis natin. Kasi for the longest time, never tayo navalidate.*” (I cried because only last year did I realize that I’m codependent on my parents. Because one of the factors is we don’t trust our feelings. Even though we know it’s not okay, we dismiss it. Because for the longest time, our feelings were never validated). These experiences from the volunteers’ stories also offer an insight to the experiences of the service users who identified the helpline as the first place they sought help from.

The tendency for family members and friends to shift the blame to the victim-survivor or belittle their experience is grounded on the intimate yet overtly public preservation of social and family ties. This comes at the cost of the victim-survivor’s access to recognition and support, with speaking out meaning that they are often perceived as the problem within their networks. As Ahmed (2017) described, “When you expose a problem, you pose a problem. It might then be assumed that the problem would go away if you would just stop talking about it or if you went away.” These insights aligned with research on the underreporting of GBV cases in the Philippines. Victim-blaming and the desire to avoid bringing shame on the family were identified as the main reasons for the underreporting of cases both of which stemming from sociocultural pressure on women, wives, and mothers to be tolerant (*mapagtiis* or *mapagpasensiya*), temperate (*mapagtimpi*), and self-sacrificial, deprioritizing their safety and security in favor of putting the family first and preserving its reputation and honor (Bernardo and Estrellado, 2017; Valdez et. al., 2022). Women with children also saw the need to hold the family together in fear that they will grow up without fathers (Jardin and Jaluague, 2022; Bernados and Ocampo, 2021).

Because of this difficulty within intimate circles, some tried to navigate institutions to seek relief. Encouraging developments have emerged within local institutions toward a more inclusive understanding of GBV. In 2018,

Republic Act No. 11313, or the Safe Spaces Act, became a landmark legislation recognizing the broader range of oppression of sexual and gender minorities as GBV, along with the occurrence of violence beyond the confines of domestic or private spaces.

Ofreneo (2015) also explored the discursive positioning and gender role reenactment among heterosexual married Filipino couples living in poverty and domestic violence, finding that women can challenge unfair gender roles by invoking institutional power in laws and moral superiority in being equals in marital relationships. Ofreneo contrasts *pambubugbog* (or one-way violence), where the man takes the dominant position and entitlement to hurt subordinated, self-sacrificing wives, from *bugbugan* (or two-way violence) where the women retaliate and defend themselves. As Ofreneo (2015, p. 149) explains, “Drawing from another structural source of power that delegitimized the traditional man and martyr roles, the wives used the Anti-VAWC law to counter-position themselves as having the right to not be hurt.” Women begin to fight back when they claim their right to be free from violence and when they see themselves as equals or as persons having moral ascendancy and deserving of respect, they also derive power from acting as co-provider or breadwinner of the family, giving them the capacity to defend and support themselves against their husbands’ violence.

These advancements, however, are yet to be experienced by most victim-survivors. One participant narrated their experience seeking legal representation from an organization that claims to work for justice for women victim-survivors: “*Yung isang lawyer pa, sabi pa niya sa’kin, ‘Ano ba nangyari sa’yo? Akala ko naman na-ano ka’...*” (One of the lawyers even told me, ‘What happened to you? I thought something serious had happened).

In the workplace, they also recounted how their experience was trivialized and deemed less severe compared with others’ GBV experience, implying that theirs did not deserve the recognition and representation they sought. This narrative echoed what scholars of sexual violence have described as retraumatizing for survivors who share their stories for collective, activist-mobilizing, or political visibility. These stories become embroiled in a politics of representation that typifies which

vulnerabilities are socially and culturally legible and warrants compassion from the *less* or differently vulnerable audience (Koivunen et. al, 2018, p. 16). Indeed, the often selective and isolating demonstrations and representations of vulnerability can foreground one story at the cost of others' remaining hidden, failing to convey the fully nuanced lives of people who have gone through painful, precarious conditions (Mills, 2019).

The sharing session following the *River of Life* illustrations with the Lunas Collective volunteers offered a safe space that allowed some participants to tell their stories for the first time in detail, welcoming the entanglements and contradictions in which victim-survivors often find themselves. This approach to the nonlinearity of narratives is hinged on a certain notion of empowerment for the victim-survivors. From the standpoint of feminist theory and social work, empowerment is a process that begins with a recognition of the oppression one is experiencing, which would then animate efforts toward transformation (Turner and Maschi, 2015). Empowerment, in cases of GBV such as sexual harassment or violence, also translates to a healing process that “allows for rapid growth and development,” where survivors “eventually return to being just herself again except that she is wiser and stronger” (Claudio, 2015, p. 27).

One expressed their joy in sharing with a group after feeling ashamed of their experiences, “*Parang nakalaya na ‘yung pakiramdam ko... Na something na hindi ko shineshare sa iba, na kinimkim ko for a long time, finally nasabi ko na rin.*” (It’s like I freed myself. Something I didn’t share with others—that I kept for a long time—I finally said it). Some chose to move forward and accept that the violence happened and decisively shut the door on their past, “What contributed to my sense of power and control is that when I finally feel that I can already accept what happened, I no longer think about it. I no longer need to go back to the past.” Meanwhile, others recognized their ongoing need to process their past experiences, with one stating, “I know I’m not done with this, and I will keep on searching.”

Even after achieving certain milestones, survivors may feel a mix of emotions. One participant who filed and won the case against their perpetrator shared, “*I mean parang dapat masaya ako... pero after ko makuha ‘yung resulta, parang confused ako.*” (I mean, I should be happy...

but after I got the result, I felt kind of confused). Another participant, even after having achieved significant milestones in their journey, is still learning how to distinguish healthy love from toxic love. “*So andun ako sa point na, confused ako, hindi ko ma-identify* (I am at the point where, I am confused, I can’t identify) which is love and which is something toxic.”

These narratives directly challenge society’s expectations on the *survivor journey*—that of linear progression through sequential stages and toward a definitive end point. Here, the victim-survivors defined their stories and power through a perspective that oscillated between clarity and confusion, disturbance and consolation, alienation and connection, anguish and joy. Feelings about triumphs and losses might shift. As one participant described, “*Tapos ‘eto [referring to their River of Life drawing], meron din parang spiral na paikot-ikot. [Kasi] may times na feeling ko pabalik-balik ako, parang umiikot lang ako sa iba’t ibang stations ng journey.*” (Then there’s also this kind of spiral. Because in my journey, there are times when I feel like I’m going back and forth, like I’m just going around in circles in different stations of the journey.) Survivors exhibit diversity in their storytelling, combating victim-blaming, seeking safe spaces, and experiencing a sense of liberation after sharing their stories. Victim-survivors’ nonlinear journeys are marked by finding safe spaces that accept one’s story, along with support for the kind of resolution they deem suitable for their needs. This process takes a material, social, and emotional toll on people experiencing GBV.

2. Sense-Making Through Redefining Values

The participants interpreted and found meaning in their experiences in various ways: attributing positive outcomes to their harsh experiences, describing the power they find in vulnerability, and defining their values and comparing these with gender and other social norms and values. Society, through legal and institutional processes, imposes acceptable qualities and help-seeking behaviors of GBV victim-survivors—that they must be passive and nearly powerless, that they cannot fight back, and that they must forgive. Thus, the discussion with the volunteers shed light on the ways they asserted their power by challenging these norms and demonstrating their agency, guided by their discernment of their own

needs and capacities. The discussions also established how each journey toward a semblance of resolution or healing was unique, and that different people derived their own meaning and defined their own values.

Some described their experiences of abuse and vulnerability as instrumental in fostering greater empathy, understanding, and connections with others. One participant reflected, “If I could just wish away what happened to me, I’d do it. But I think it’s also life-giving in the sense that it allowed me to really explore the value of being sensitive, being compassionate. And it made me meet a lot of amazing people.” Thus, the discussion with the volunteers shed light on the ways they asserted their power by challenging these norms and demonstrating their agency, guided by their discernment of their own needs and capacities. The discussions also established how each journey toward a semblance of resolution or healing was unique, and that different people derived their own meaning and defined their own values.

The victim-survivor’s positive identification with their own vulnerability is made more poignant by the usual pressure for victim-survivors to extend positivity and forgiveness to their perpetrators. Forgiveness is expected of GBV victim-survivors, driven by a religious or conservative view that conflates unburdening or *moving on* from the experiences of abuse with resilience or recovery. One participant’s mother even told that she should be “creating new memories” instead of dwelling in the past. Meanwhile, another was pressured by a friend to reconcile with their abuser, to which they said, “How can I talk to the person who harassed me?” Participants described their discomfort with this understanding of forgiveness and how it reinforced silence and passivity among victim-survivors.

In response to this discomfort, one participant described finding power in feeling and expressing anger, describing anger as “actually really loving.” This is a stark contrast to the social pressure to be passive and compliant GBV victim-survivors, subjecting themselves to proper judicial processes, thereby suppressing overt displays of anger. Other participants described the process of choosing to forgive on their own terms, detached from social norms and expectations. “Forgiveness is for me, not my abuser,” as one participant asserted. “You do it for yourself.

You don't do it for the perpetrator. You do it because you want a sense of peace in your heart... Because that's how I managed that back then, about my father... I couldn't forgive him, I felt like I had to force it... like I had to forgive him to end what I was feeling, but I just realized after those times that you forgive for yourself. I forgive not for you. I forgive for me."

These narratives show that forgiveness is not a singular process of absolution for the perpetrator; rather, it is an affective decision punctuated by the victim-survivors' appraisal of their needs in the current moment. One participant found solace and belonging in their faith, viewing God as a parental figure providing genuine love that they did not receive as a child. "I just also feel accepted, like I don't need to prove [myself] to anyone at all." In line with this reorientation toward societal structures, one participant narrated their motivations behind seeking legal representation. Despite systemic barriers, the participant asserted how legal structures can provide validation beyond material grounds, "...*In-explain sa 'kin ng lawyer na actually, yung [resulta] kasi dito, kapag nanalo tayo dito, ang makukuha mo din talaga ay money. Pero ang sa'kin kasi, hindi kasi money ang gusto (ko). Gusto ko lang ng recognition.*" (...The lawyer explained to me that, actually, if we win, what we'll really get is money. But for me, it's not about the money. I just want recognition.) They claimed justice that did not primarily center around their perpetrator's punishment, but rather in the recognition and affirmation that the harassment really happened.

The pressure to move on and definitively *close the chapter* of one's abuse, whether through forgiveness or institutional recognition, led some to struggle to receive care. As one participant said, "Personally, I don't think I came to a point *na nakaramdam ng care* (where I felt a sense of care) in various senses in my life.... I feel [...] powerless because I can't express it well. Where will I go?" Parallel to the helpline data's linking family relationships with the experiences of abuse, volunteers also elaborated on how their families have been a source of their own discomfort and difficulty. Seeing their family accept their abusers added to the uncertainty, along with patterns that encouraged the abusive behavior they may have internalized growing up. As another participant

reflected, *“Hindi ako aware sa consent. Hindi ako aware na once you get into a relationship, may right ka pa rin naman to give and take consent, parang ganun. E ‘yung blueprint ng relationship na nakita ko is ‘yung sa parents ko, wherein hindi existing ‘yung consent at healthy boundaries sa kanila.”* (I wasn’t aware of consent. I wasn’t aware that once you get into a relationship, you still have the right to give and take consent, something like that. Because the blueprint of a relationship that I saw was my parents’, wherein consent and healthy boundaries didn’t exist between them).

One participant pondered why others who have similar experiences of abuse haven’t voiced concerns, *“So ngayon nakikita ko [sila], and they’re okay. Tapos iniisip ko, ako lang ba ‘yung nagkakaissue ngayon or sila rin ba? Bakit hindi nila sinasabi?”* (So now I see (them), and they’re okay. And then I wonder, am I the only one who has an issue with it now or do they also have issues? Why aren’t they saying anything?). This continuous pondering on the past, though filled with difficult questions, is a significant step in the victim-survivors’ sense-making process. The past is viewed not as a static point in which they had no control but instead as a dynamic part of their present—the past can be questioned, reinterpreted, and retold as a means to care for oneself. As one participant described it, *“It’s a process and tinatry kong maging compassionate sa sarili ko kasi mahirap para sa’tin. Tinatry ko maging patient sa sarili ko. ‘Wag ko masyado ipressure sarili ko sa healing... Lalo siya nakakadagdag sa stress. Kasi... hindi siya ganun kadali mabago. Unti-unti ko siyang inuuntangle.”* (It’s a process and I’m trying to be compassionate to myself because it’s difficult for us. I’m trying to be patient with myself. I shouldn’t pressure myself too much in healing... It adds to the stress. Because... it’s not that easy to change. I’m slowly untangling it).

This is an exercise of agency in the victim-survivors’ sense-making process, regardless of where they stand. Their conscious and active surrender to wherever they are in the process is as valuable as reaching a stable point of healing and wholeness. One participant even highlighted, *“Kasi may ibang survivors [na] hindi nila kinakaya, down to the knees na sila. May ibang survivors [naman na] lumalaban lang. So magkakaibang perspective na kung ano ‘yung mga itsura [ng pag-survive], [kung] ano ‘yung mga mukha na iyon.”* (Because some survivors can’t bear it anymore, they’re

down to their knees. Others just keep fighting. So, there are different perspectives on how surviving looks like). Regardless of their position in this journey, they still possess power. As one participant believed, “*Nand’yan talaga ‘yung agency, ‘yung power. We feel powerless, oo. But I think, looking back... [the sense of power] is less only, but it’s not gone.*” (The agency, the power is there. We feel powerless, yes. But I think, looking back... [the sense of power] only decreased, but it’s not gone).

Structural and sociocultural barriers make it easier for families, friends, neighbors, duty-bearers, and service providers to either ignore or shame people who reach out for help, influencing future help-seeking behavior and potentially leaving them to silence themselves and stay in the abusive situation. But despite the multiple barriers to help-seeking and the isolation that they experience, many victim-survivors continue to hope and act to change their situation by learning to trust their intuition regarding their boundaries and the signals they receive from their bodies. As one participant aptly described, “*Yun, I started listening more to my body, kung ano lang ‘yung kaya ko.*” (Now I started listening more to my body, whatever I feel). She added, “*Mas nafifeel ko ngayon kapag nasestress ako ,[kung] anong part ng body ko ‘yung sumasakit, [kung] ano ‘yung related incident doon.*” (I now sense better when I am getting stressed, which part of my body is hurting and what the related incident is).

Thus, survivors are learning to prioritize their own well-being, honoring their emotions and physical sensations as valid indicators of their needs and boundaries. In doing so, they seek to break the cycle of generational abuse and neglect. As one put it, “*Yung parents ko, they were abused also, so they abused us. Pero, I choose to not abuse anyone. Mag-eend sa’kin ‘yung cycle. It takes courage na icidecide mo sa sarili mo na, Hindi, titigil na ‘to sa’kin. Hindi ko ito icocontinue sa iba. And [I’m] trying very hard sa lahat ng pwede [na] knowledge and skills na mahanap or buoin para magheal ako as a person.*” (My parents were also abused, so they abused us. But I choose not to abuse anyone. The cycle will end with me. It takes courage to decide for yourself, ‘No, this ends with me. I won’t continue this with others.’ And [I’m] trying very hard, using all possible knowledge and skills, to find or build what I need to heal as a person).

The narratives highlighted so far establish that there is power in redefining values and norms to align with personal freedom. Going beyond defining one's journey as either complete or incomplete reinforces not only our exercise of power but also of care. Sense-making, then, is a process that exposes the cracks within dominant definitions of victim-survivor identification and agency. From the perspective of victim-survivors, sense-making does not seek to harmonize the incongruence between the gender and social norms and the visceral sense of discomfort and defiance that they feel. This process ultimately allows victim-survivors to reshape their narratives toward breaking cycles of abuse for themselves and others like them. Sense-making is a resistive act as much as it centers care that affirms, validates, and supports people with lived experiences of violence, wherever they may be in the process.

3. The Meaning of Care and Its Practice Within Collectives

From Lunas Collective's helpline data and the volunteer's narratives, the nonlinear journey of sense making and healing is truly challenging. Communities can make the journey either easier, through affective solidarity offering empathy and practical information for action; or more difficult, through trivializing or denying the lived experiences of abuse and violence, expecting victim-survivors to behave in compliant and passive acceptance, and pressuring them to forgive and define an end to the experience.

The process of naming and validation in the digital space can transform an individual harm to a collective one and allows victim-survivors to relate personal experiences of sexual violence to a broader, more gendered kind of harm or trauma (Fileborn, 2014). This transformation, however, is hinged on a kind of witnessing. Hemmings (2012) argues that this recognizes, *first*, the impossibility of full emphatic reciprocity and understanding another's experience completely as one's own; and *second*, our ethical responsibility to reflect on our own position and proximity to the domination of others in our shared spaces. Applied here, this layered act of witnessing was central to the sharing sessions. The facilitators aimed to create a space where the participants were both heard and seen in shaping the discussion flow. Facilitators also ensured

that there was continued support for them after the sessions. Care supports people in making sense of one's experiences and defining one's own idea of safety, justice, and well-being.

Thus, the practice of care through *witnessing* is relevant to the GBV response ecosystem, creating web-of-care communities that counter the often intimidating and singularly linear process of institutional GBV responses. This web of care emphasizes the interconnectedness of individuals, social groups, and institutions when it comes to supporting victim-survivors and highlights the mutability of care responses depending on the needs of the victim-survivors. To flesh out what constitutes this web of care, we combined the volunteers' insights with the data reflecting Lunas Collective's practices, resulting in three main emergent elements.

Firstly, the systems for GBV response, its carers, and other participants all have an awareness of people's vulnerability and marginality due to gender and its intersections with other social inequalities. *Secondly*, the system and carers facilitate an inclusive, witnessing environment meeting people with empathy wherever they are in their individual journeys of sense-making and readiness to take action, or lack thereof. *Finally*, the system and carers firmly recognize experiences of violence and the entangled, non-linear perspectives that victim-survivors live out. As one participant put it, "[Make] harm and vulnerability visible. *Tanggapin n'yo 'yung extent nung nangyari*." (You should accept the extent of difficulty of the experiences). These practices lend victim-survivors a sense of dignity and agency over difficult situations, contributing to their reclamation of space and power.

The web-of-care communities also surfaces how victim-survivors not only seek but also contribute care to those in their spaces. This generative character of care is crucial for sustaining the survivor-centered care that Lunas Collective upholds. There is no standard of wellness that volunteers must measure themselves against to provide care; rather, the volunteers are encouraged to decide for themselves how much time and space they can share considering their parallel journey.

This study found that people with lived experiences of violence find power in providing care for others in a similar situation, even through

a gesture as simple as listening to another's story. One participant confirms this, stating, "*Akala ko ako lang nakakafeel ng ganun kadark [at] kadeep na [mga bagay]. At a young age, akala ko ako lang makakafeel. Tapos 'yun, sila rin pala. So parang nagiging okay na ko.*" (*I thought that I was alone in feeling the dark and deep things. At a young age, I thought I was alone in these experiences. And it turns out, they had experienced it too. So, in a way, I'm becoming okay*). This witnessing allows the volunteers to contrast previous experiences of relying on their personal resources with finding a community that bolsters their resilience, with one saying, "*Ultimately, you have to be self-sufficient—alone. And ang tagal kong nag-battle sa idea na 'yun and sa community, and I [now] feel so relieved. 'Ah no, there's power in seeking community. There's power and strength in numbers.'*" *Yun talaga 'yung nagbibigay sa'kin ng sense of buhay and energy.*" (*Ultimately, you have to be self-sufficient—alone. I struggled for a long time with that idea, and in the community, and [now] I feel so relieved. 'Ah no, there's power in seeking community. There's power and strength in numbers.'* It is really this that energizes me and gives me a sense of being alive).

Conclusion

This study explores the complex, nonlinear process of sense-making, values definition, and search for healing or an acceptable resolution, as well as the various ways victim-survivors define agency and power. This study also asserts that GBV should be understood as both a product of heteropatriarchy and a tool that deliberately produces and maintains gender inequality by keeping women and queer communities in line, punishing those who challenge patriarchal norms, and further limiting their participation and agency (Hattery, 2022). In response, we view feminist psychosocial care as the *step zero* for help-seeking and for supporting people in their aspirations to be heard, recognized, and supported, consequently serving as a form of psychological recovery (Mendes et. al., 2018). Central to this effort is a feminist, affective orientation toward relating with victim-survivors that entails feeling with and for others, problematizes established ideas regarding *expert* knowledge (Hemmings, 2012), and welcomes the complexity of experiences and the

alternative values that could arise from our encounters. This allows volunteers and service-users alike to receive and contribute care based on their sense of fulfillment and own needs.

The study thus challenges the gender and social norms that proffer an acceptable victimhood that is compliant and forgiving and demonstrates that the singularly linear processes of social, legal, and medical GBV responses are inadequate in supporting people with lived experiences of abuse to find resolution and healing. It is valuable for GBV care providers or responders to integrate empathy at all levels of GBV response and understand how gender power inequalities affect victim-survivors efforts to make sense of their experiences, develop resilience, and find resolution or healing.

Although ending GBV is an ambitious goal among feminist movements and social and health institutions alike, Lunas Collective's practices provide some pathways toward this aspiration. First is through accepting the complicity of communities to the perpetuation of norms, beliefs, and behaviors that normalize violence and deny the reality of victim-survivors. Second is through recognizing the challenging journey of sense-making, resilience, and resolution, which requires a community-wide commitment to psychosocial care at all GBV response levels. Finally, it is through creating a network of care communities cognizant of people's marginality due to intersectional inequalities, a network that recognizes the nonlinearity of the processes that victim-survivors navigate. Through these avenues, Lunas Collective reverses the isolation and powerlessness caused by GBV experiences and ultimately offers empathy in witnessing and supporting people on their respective and diverse journeys.

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Appendix

Table 1
Participants to the Qualitative Study

Alias	Age	ASAB	Gender Identity	Sexual Orientation	Disability
Participant 1	23	F	Cis woman	Queer	Yes, mental/ neurological
Participant 2	21	F	Cis woman	Bisexual	Yes, mental/ neurological
Participant 3	32	F	Cis woman	Pansexual	No
Participant 4	25	F	Cis woman	Heterosexual	No
Participant 5	34	M	Non-binary	Asexual/ aromantic	No
Participant 6	17	F	Cis woman		No
Participant 7	30	F	Cis woman	Heterosexual	No

Note. Assigned sex at birth (ASAB)