Understanding Young Adults’ Experiences of Recovering from Childhood Victimization

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ABSTRACT

There are two objectives of this research. The first objective is to identify the process of overcoming childhood victimization, and the second objective is to identify the elements that facilitate the overcoming process. The participants of this research were from the researcher’s circle of acquaintances. A qualitative method was used to gather information on 7 young adults, aged between 20 and 25 years. The selected participants were interviewed face-to-face using semi-structured questions. The results obtained for the process of overcoming were learning to accept, reaching out to help oneself and reaching out to help others. As for the elements that help to facilitate the healing processes were support system, forgiveness and spirituality.

Contribution/Originality: This study contributes as healing process to understand the survivor’s experiences of childhood victimization and the finding also assists the practitioners to counsel the victims.

1. Introduction

Peer and family relationship experiences during the early period of adolescent developmental have a long lasting impact as it shapes their identity during their adolescence and early adulthood. Also, a long period of victimization can develop roots that will be embedded into their early adolescent development period (Hodges & Perry, 1999). Other than that, childhood victimization can have a long-term impact in adulthood (Fanti & Kimonis, 2012).
The child and its family are two of the risk factors that contribute to abuse or another word is victimization, according to the Administration for Children and Families (Theoklitou, Kabitsis & Kabitsi, 2012). Additionally, it reveals that characteristics such as aggressiveness, short temper, rude behavior and et cetera which outline the personality of perpetrators may provoke them to do inappropriate actions of abuse to a harmless child (Theoklitou, Kabitsis, & Kabitsi, 2012).

Childhood Victimization in Malaysia is not an issue that is unheard of. Childhood victims are most commonly abused by people they know, by men and women who are the perpetrators (Finkelhor et al., 2013; Edwards et al., 2003). Based on multiple past researches it has shown that one in every three children has experienced victimization and one in 10 cases, there are three or four types that need to be examined (Finkelhor, Ormrod & Turner, 2007).

In this fast-paced world of crimes, the issue of childhood victimization is a known factor of global concern. Based on empirical evidence in Malaysia, only a handful of studies have been done to determine the severity of childhood victimization (Lee et al., 2007; Uba, Siti & Rumaya, 2009; Wan et al., 2009). Most research on victimization have been done in developed countries such as the United States and Australia. Nevertheless, East Asia has been showing increase awareness in research on victimization (Higgins & McCabe, 2009).

It was also found from past research, that most victims were affected by psychological factors, such as, depression, anxiety, self-esteem and others (Hawker & Boulton, 2000). The aim of this research was to identify the process and the elements that facilitate to overcome childhood victimization of the survivors who had survived physical and emotional victimization.

1.1. Physical Victimization

Multiple researches has defined Physical Victimization (PV) is an unwarranted singling out of an individual or group that is subjected to crime, exploitation, corruption, unfair treatment or other wrong doings (Finkelhor et al., 2005; Nguyen, Dunne & Le, 2010). The likelihood of being targeted for victimization is particularly high in middle childhood and early adolescence by their peers. This is between the ages of seven and approximately fourteen. However, physical victimization is possible to occur in older people as well. Targeted peer victimization (TPV) is defined as “the experience among children of being a target of the aggressive behavior of other children” (Hawker & Boulton, 2000). On the other hand, the prevention of bullying is described by the government as when someone with superior strength or influence intimidates another person to do things against his/her preferences (Olweus, 1978).

Past research regarding victimization has shown that physical victimization on a child is a high-risk influence for negative health and developmental during the child’s life span. Other than the obvious physical injuries, victimized children show intensified risk of cognitive and academic problems (Tang, 2006), difficulties in social situations (Finkelhor et al., 2009a), very high tendency of abuse of dangerous substances (Finkelhor et al., 2009b) and also the probability of drastic misbehavior (Turner, Finkelhor, & Ormrod, 2010) during adolescence. Furthermore, adults with a history of physical victimization in childhood have reported higher chances of mental health issues (Claussen & Crittenden, 1991; Higgins & McCabe, 2001), severe physical health
problems (Finkelhor et al., 2005; Nguyen, Dunne & Le, 2010) and also abuse of alcohol (Jirapramukpitak, Prince & Harpham, 2005). Evidence of child victimization varies significantly across family types.

Lauritsen (2003) had conducted a huge national survey on adolescence between the age 12 and 17 years old and found that single parent families had experienced more odd and non-odd victimization than families with two parents. This was survey did not involve their races and socioeconomic status. Recent research was done by Turner, Finkelhor, and Ormrod (2007) and they found that, comparatively children living with a single parent or stepfamilies had a higher chance of exposure to several forms of victimization than children living with both their biological or adoptive parents. Similarly a Dutch research using the child protection service data, found higher rates of victimization in single parents and stepfamilies rather than in two parents or adoptive families (Van Ijzendoorn et al., 2009).

Within a school context, physical victimization like bullying are the types that involve physical acts such as slapping, kicking, pushing and et cetera. Bullying continues to persist because schools have limited resources to appropriately respond to state and federal mandates (Hu, 2011). Most elementary schools are fortunate to have a school psychologist on staff. However, their numerous responsibilities, do not allow them to provide the intense counseling to children who severely bullied. Furthermore, children who are eventually referred for special educational evaluation have escalated significantly as they are classified as students who need special education as they have emotional disabilities and inappropriate behaviors.

Continuous bullying, over the years, predicts both concurrent and future psychiatric symptoms and disorders, even in adulthood. Studies show that children who are consistently bullied by peers have an increased risk of developing new symptoms related to mental health and they are more likely to be bullied (Fekkes et al., 2006; Salmon, James & Smith, 1998).

1.2. Emotional Victimization

Emotional abuse and neglect cause large harm to the functioning and development of children and they often extend into adult life (Hart, Binggeli & Brassard, 1998). Based on the past research, emotional abuse has the highest percentage which is 83% among those reporting any adult abuse (Aluede, Ojugo, & Okoza, 2012). Similar result has shown that emotional abuse has the highest percentage among women, which is 74% who reported as subjected to child abuse (Sorbo et al., 2013). Among the women who were exposed to emotional abuse as an adult, 23% had also experienced emotional abuse as a child (Sorbo et al., 2013).

Emotional abuse has been defined as the non-physical abuse of self and spirit which damages self-worth and affects human development and efficiency (Aluede, Ojugo, & Okoza, 2012). This type of abuse often takes place in families, relationships, and workplace and education institutions or in any area where non-physical attacks can be made on individuals, groups, children or adults (Nesbit & Philpott, 2002). Past studies from Choo et al. (2011) has listed out some of the forms of victimization of emotional abuse such as insults that include calling nicknames, embarrassment in front of other people, by saying “wish you were never born”, threatening to abandon, and throw you out of the house, threatened to hurt or kill, neglect by parent or family members,
treating your siblings better than you, did not care for you, were not close to you, did not love you et cetera.

Moreover, the research from Glaser and V Lych (2001) has indicated that there are a number of caregiver risk factors which are associated with emotional abuse such as in particular, alcohol and drug abuse (Cleaver et al., 1999), caregiver mental health difficulties, significant parental conflict and domestic violence (Baker, 2009). Therefore, all other abuses such as neglect, physical, sexual or financial contain elements of emotional abuse (Nesbit & Philpot, 2002; McEachern et al., 2003). However, emotional abuse may also occur on its own (Nesbit & Philpot, 2002; McEachern et al., 2003).

In the school context again, where teaching and learning take place, the importance of children's mental health should not be underestimated (Aluede, Ojugo, & Okoza, 2012). Extreme emotional abuse from teachers can negatively affect children and may have opposing effects on their learning (Okoza, Aluede & Ojugo, 2011). A child may recover from physical pain and injuries, but may never recover from the degradation, terror, humiliation or break of trust when involved in emotional abuse (Okoza, Aluede & Ojugo, 2011). Past research from Olweus (1999) reported that 2% of the 2400 pupils could be seen as bullied by teachers. Another similar study showed that there were 17 elementary school pupils who were emotionally abused by their teacher (Krugman, 1984). Therefore, it is important for people to look into emotional abuse and do more research on it.

1.3. Healing Process

In order to heal from post-trauma psychological squeal, the need for trauma survivors to reconstruct or re-tell their trauma story is a principle that is common to most trauma intervention models (Kaminer, 2006). However, more recent studies differentiate trauma from present treatment. Studies showed that it is accepted that present treatment emphasized on stabilization and normalization of feelings and experiences that should be put first (Levin et al., 1999).

As McCann and Pearlman (1990) mentioned, before survivors of childhood trauma can engage in “memory work”, many of them must first engage in “self-work”. Therefore, clients are encouraged to be in control of themselves and their current lives before making the first step of speaking about their victimization and that associate with the feelings of loss, anger, and powerlessness. Besides that, the survivors must reach or must have achieved a convincing level of self-stability and good ego strength in order for them to open up about their victimization that would allow the healing and recovery of the survivors rather than decompensation and traumatization (Runtz & Schallow, 1997).

The Figure 1 shows the several factors suggested in the overcoming processes that could help physical and emotional victimization. It starts off with the negative experiences faced by victims. Moving on to positive coping, research has shown it has helped in the healing of victims (Tugade et al., 2004). Soon after the victims have passed through the difficult phase, they are considered as survivors. The remaining factors are spirituality, and self-understanding that uses the Herman (2001) three stages that are social support and professional help and support.
1.4. Spirituality

Research has shown that spirituality has a very important role in helping victims to overcome their trauma (Sorajjakool et al., 2005). When speaking about forgiveness it is important to remember that forgiveness starts with a mark that the victim will bring with them for rest of their lives. “To lose sight of the wound, even for a minute, is to sentimentalize the subject of forgiveness for any person who is moving through a process of forgiveness has this wound as their constant companion” (Henderson, 2003).

The process of turning a new leaf means, the process of reconstructing the spiritual foundations of the victim’s life that allows him/her to overcome the traumatic event. Commonly this process takes on a spiritual path of development and also includes a process of forgiveness.

Enright, Freedman and Rique (1998) and Enright (1996) insist that forgiving is a decision that has to be made by the victim, and when that happens it must be processed at the cognitive, behavioural and affective levels. Even though the victim might have made the decision forgive, the process itself is long and strenuous. When the memories and experiences faced by the victim are severe, the forgiving process becomes more delayed. First the struggle to decide to forgive, then there is the process of living with the decision and that option involves many other additional choices. Time will eventually change the behavior, simultaneously with changes in the emotional element of the victim. The victim might shift from “ignoring, to visiting, and to helping the perpetrator, from feeling anger to understanding and compassion for the “enemy.”.

Forgiveness is a therapeutic intervention and spirituality is also a moral choice. The qualities mentioned cannot be falsely refined from each other. If any attempt to examine forgiveness is made, it will simply be as a therapeutic intervention that shows the significance of spirituality. It will disappear before our very own eyes as examining this would be far different from forgiveness. It is obvious that forgiveness is a choice or decision that has a sense of spiritual significant and power. Forgiveness is not something to be taken lightly. If ever forgiveness is forced, or if it is influenced incorrectly, then the
possibility of it has the potential to promote violence and destruction, bringing
the victim back to square one but at the same time, forgiveness is a great choice to rebuild a
new life for oneself (Finch, 2006).

Spirituality can play a part or rather be a factor for overcoming physical victimization.
Finding the strength within oneself to forgive is a step forward in overcoming the
horrible experiences and also to avoid self-destruction as well as from hurting others.

1.5. Self-Understanding Herman three stages

Herman (2001) highlighted three stages of recovery. The first stage is ‘establishment of
safety’, the second stage is ‘remembrance and mourning’ and the third stage is the
’reconnection with ordinary life’. Herman (2001) also emphasized that the stages of
recovery should not be “set in stone, but only as an attempt to simplify and organize an
extreme complex and chaotic process”. She explained further that victim at first “may
complain only of physical symptoms, or chronic insomnia or anxiety or sign of
depression”. This will occur only through precise questioning with real determination of
the victim presently experiencing fear of violence, or if the current symptoms are the
results of past experiences.

As mentioned by Herman (2001) before, the highlighted method is to work with the
victim in the first stage that is establishing safety. She strongly states that this stage is
more important than the other two stages, as she mentions “no other therapeutic work
can succeed if safety has not been adequately secured and no other therapeutic work
should even be attempted until a sensible degree of safety has been achieved”. The
establishment of safety refers to the victim having a stable living situation, financial aid,
“mobility, and a plan for self-protection in daily life.” If these elements are steadily put in
place, it will harder for the victim to commit themselves and concentrate fully in therapy
because of all the insecurities and distractions.

According to Herman (2001), for chronic childhood survivors of abuse, the
establishment of safety is very time consuming and complex. She also pointed by saying
“it is often the element of ‘self-care which is almost always severely disrupt due to
survivors” the trend of hurting oneself behavior needs to be under control before and
during the exploratory work on the victim. Despite the fact that the most common error
in therapy happens when traumatic material is avoided and next in line is the
impulsiveness of investigative work. This happens when there is no recognised
therapeutic agreement made with the victim. The next stage of overcoming is the
remembrance and mourning. This stage focuses on two factors which the remembrance
and mourning. Again, according to Herman (2001) remembrance refers to when the
victims tell in detail the story of their trauma and what they have gone through, this
modernization of the past experience will change the trauma memory by integrating it
with the present. The victim must be watched carefully by the therapist on the severity
of the disturbing symptom experiences of the victim, also the uncovering trauma history
should be at a steady level. Herman (2001) describes these methods are usually used for
altering a trauma story. This is explained as a behavioral therapeutic method of exposing
the victim to reliving the trauma in a control surrounding. According to Herman (2001),
it shows clearly that veterans suffered less nightmares and flashbacks, and they have
generally gone through a vast development of recovery from anxiety, depression,
concentration difficulties and psychosomatic symptoms.
The second factor of the second stage is the mourning. This factor is usually misinterpreted as learning to forgive, thinking it is pointless for recovery however, it is the victims forgiving themselves. For victims, forgiveness is unachievable until “the perpetrator has sought and earned it through confession, repentance and restitution”. Herman (2001)’s mentions, the healing process depend on the victims’ directing their concentration to their thoughts and feelings towards themselves as opposed to thinking about the perpetrator.

The third stage is reconnection. Herman (2001) has mentioned that when a victim has come to their realization of the past trauma experience, he/she begins to reconnect the different levels of tolerance and emotions in everyday life. Another fact that adds on to this reconnection process is learning to fight. In this stage the victim learns how to take charge of the power that he/she has and gets through reality and faces daily challenges in life. Herman (2001) explains that when the victim reaches this point of recovery, he/she will have to recognize the post traumatic symptoms are “pathological exaggeration”.

The ability to reconnect socially is another part that needs to be learnt. Herman (2001) has suggested the first step to recovery is the family involvement, and friends. This allows the victim to open up about the past during therapy. In most cases, many discussions are done within the family that causes the interaction to be taken for granted. The whole dynamics of the family regarding the roles of dominance and submission are always overlooked or ignored. Lastly, extra attention should be given to the victim’s plan and maybe prediction of possible responses from the family, and friends, when the time comes for full disclosure.

Understanding and giving time for one to heal is a big part in the recovery process. Although it is difficult to go back to the “normal” self after being bullied, it is not impossible. These three stages help the victim to be at peace with what had happened and also give time to recollect the essence of who he/she is as a person. Once the victim is done mending the hurt with oneself, then he/she moves on the other sources such as family, friends and others. However, it is reminded that the power is in their hands to make the right decisions as opposed to others directing them.

2. Method

2.1. Design

The present study employed a qualitative method that used the phenomenological design. The phenomenological design focuses on the individual’s experiences. In order to fully grasp the essence of the experiences, long and in-depth interviews will be conducted with all the participants and in some cases the researcher will have to conduct multiple interviews with the participants to have a full and a clearer picture of their experiences. In this research, the researcher will be conducting interviews to learn about their overcoming of childhood victimization process.

After the interviews, the researcher will go through the interview recordings and search for themes. This process takes places during the coding of themes. To ensure the reliability and validity of the data, there are three strategies that will used to ensure the trustworthiness.
Member check: After collecting the data, transcription will be done and it will be brought to the participants to verify the accuracy of the data.

Triangulation: The emerging themes among all participants will then be triangulate to verify the consistency of emerging codes/themes

Bracketing: To ensure the validity of the data, the researcher involved will keep away his/her personal beliefs/ biases about the phenomenon or researcher’s prior knowledge of the phenomenological issues addressed in this study.

2.2. Participants

Participants in this study were selected from the researcher’s circle of acquaintances who admitted they had been emotionally or physically victimized or had experienced both kinds of victimization during their childhood period from the ages of 5 to 17 years old. The participants were obtained based on at least a minimum of two incidences of emotional or physical victimization or both in a year. The final selected number of participants was seven adults aged between 20 and 25 years who declared that they had recovered or were in the process of recovering from their childhood victimization.

2.3. Material

An audio recorder was used in this study with the purpose of recording each session with the participants from the beginning to end. The same audio recorder was used throughout the research period as each spoken word was transcribed into written words later.

2.4. Procedure

Semi-structured interviews were conducted with every participant separately. Each of them was asked open-ended questions about their experience(s), the impact it had on their lives and the recovery factors from victimization. (e.g., what kind of impact did this have in your life? what helped you to overcome this feeling?). Interviews were conducted by the researcher and supervised by a supervising lecturer at the participant’s university or home. Each interview sessions lasted between 45 minutes and an hour and each participant had a minimum of two interview sessions.

2.5. Data Analysis

The thematic analysis of Braun and Clarke (2006) was used to analyze the data. It involved six steps in the analysis of data which are familiarizing with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report.

Step 1: Need to be familiar with the depth and breadth of the content.
Step 2: Involves generating initial codes from the data.
Step 3: Re-focuses the analysis at the broader level of themes, rather than codes, involves sorting the different codes into potential themes, and collating all the relevant coded data extracts within the identified themes.
Step 4: Refinement of the themes.
Step 5: Defining and naming the themes, which also means identifying the “essence” of what each theme is about.
Step 6: Final analysis and preparing the research report.
3. Results

Based on the researcher's findings it was identified that there were several healing experiences from the participants. The factors were then grouped accordingly into a total of six themes and analyzed further. The following are the themes that emerged:

3.1. Helping Oneself

Pertaining to the theme helping oneself, 6 out of the 7 participants shared the aspects of helping oneself as part of the recovering from childhood victimization. Helping oneself is divided into the internal and external help. The internal help is when one seeks help willingly or has had the realization of wanting to overcome or recover from victimization which includes the minor elements of self-talk and independence. The external help on the other hand is when one seeks help from others such as a counsellor or a psychiatrist.

3.2. Internal

Realizing that a change had to be made was also some sort of a trigger to some of the participants. For example, one of the participants had a history of emotional victimization during his time in primary and secondary schools. He had to go through severe verbal abuse by his peers due to his overweight and that resulted him to not be motivated to join his school activities. He became reserved for a long time, and his peers made him feel like he was, as quoted by him “a door mate”. As he was growing up, he got interested in things that a typical teenager would. As time passed, he had the realization.

“So, you need to consider you want to get into the...fashion world. So, you knew you have to do something about it because, most of my peers are already in that category, and I am the only one I think left out. So, in order for me to be part of their group, I know I needed to do something about it, my appearance. So, it’s about getting, fitting into this category or being associate with and part of the community, organization, so that’s why I had to buck-up.”

(Rohan, Inter 1, Line 136-141)

3.3. External

Unlike some people, it was difficult or they were unable to have the realization for themselves. A couple of the participants in this research had resorted to seeking help from the professionals due to confusion and lack of help from other resources. Ana was one of these participants where she did not know what to do or how to start her recovery process. Ana was a very creative and ambitious girl but unfortunately her family was not supportive of her, especially her father. Hence, that resulted in both physical and emotional victimization when growing up. Having reached to a point where it was unbearable with her father, only then she decided to seek help from the University counsellor. As mentioned before Ana was a creative girl and observing that, the counsellor had directed her to the path of recovery and pointed out several ways in order to heal from the victimization.
“...I realise there were coping skills that was not pointed out until I went to see a counselor. So, when I was in high school, I used to draw and paint and basically color a lot…” (Ana, Inter 2, Line 6-18)

3.4. Acceptance

Another important finding is acceptance. The theme of acceptance, was shared by 6 out of 7 participants in helping them to recover from childhood victimization. The minor elements that contributed to this theme were maturity (growing older), time and self-acceptance. Almost all the participants had accepted their history of victimization during childhood and this according to them was one of the elements that helped them to ‘move on’ in life. They had mentioned that it was difficult at first but with time and understanding of the situation they pulled through. For instance, one participant has a history of an alcoholic father. Growing up, Rian had a very verbally abusive father who would come home from work almost every day drunk and create problems for his mother. He yelled and scolded using the four-letter word on her and also to Rian. The constant yelling had really affected him. However, after the parents got a divorce, he started to get over what had happened and accepted for who he is. In his own words he had said the following.

“...at the end of the day, my biological father is still my biological father, I... have to accept it for who and what he is. So, be it alcoholic, criminal, ermm... anything else you can think of, err... yea I guess it’s an acceptance la”
(Rian, Inter 1, Line 541-544)

3.5. Reaching out to help others

The next theme that emerged from this research was not hurting others in the same way and help those in need. Again, almost all the participants had said that they would never repeat acts done on them to others but actually help those who were going through similar situations. There were 2 participants who mentioned very meaningful statements regarding this theme.

Alex is a young man who experienced mild (participant had mentioned ‘mild’) forms of both emotional and physical victimization from home. Although it was ‘mild’, the impact it had on him was severe. Alex grew up in a very strict household whereby his father was seen as the leader of the family. Alex’s mother, elder sister and dare not to overstep their boundaries as the consequences were severe. The reason for such discipline in his house was soon understood but some of the impacts and emotional detachment were too deep to forgo. The following statement was quoted by Alex.

“One thing I learned from that thing you know that episode of my life is not let my children to go through the same thing. I wouldn’t do that to my children. I probably would even for disciplining I would try a different way.”
(Alex, Inter 1, Line 275-277)

The second participant was Ana and one of the factors that allowed her to overcome her victimization was to help others. Ana was very much empowered and fascinated by this
feeling, as she is currently a psychology student. She believes in helping people and mentions that it is a very fulfilling.

“...so somehow reaching out to others is kind of like make you, it would be nice if someone like this to actually help to you when you going through a lot difficulty time.”

(Ana, Inter 2, Line 230 & 231)

3.6. Forgiveness

Very strong statements were given by the participants regarding forgiveness. For the theme forgiveness, 5 out of 7 participants shared the importance of forgiveness that helped them to recover from childhood victimization. The perpetrators seeking forgiveness from victims and vice versa was the minor element that was present among the participants. According to the participants forgiveness plays a huge role in overcoming victimization. Apologies coming from the perpetrator(s) had revealed some sort of remorse from them. That feeling of remorse shown by the perpetrators had given the participants a sense of ‘letting go’ of the past and to move on. As what Rian, the other participant had mentioned “Yup, let bygones be bygones.” (Rian, Inter 1, Line 549). Another participant Jerry, currently a 22 years old had gone through emotional victimization as he was a bit soft compared to other guys. He was verbally bullied in school by his peers. He suffered severe name calling and peer rejection during his time in school. After a couple of years, he had left school; the perpetrators approached him and apologized. He mentioned this during the interview:

“The fact that people actually come up to you and tell you “I am sorry”. The courage to apologize to you I think that’s a very helpful process.”

(Jerry, inter 1, line 291-293)

3.7. Support system

All the participants' revealed that support system played an important role in helping them to recover from childhood victimization. Friends, families and peers reaching out to help had built a sense of trust for the participants and this made them to open up and accept their support and help. This support system was a factor that the participants had in their lives already and did not go out seeking for it. The idea of having someone there during time of need had given the participants a sense of empowerment within themselves. The person may not necessarily be there physically, however just the thought of knowing that he or she was just a call or text away was comforting. For Candy this was the case. Candy currently aged 22 went through similar emotional victimization as Rohan, as she was overweight and was teased by her peers. The teasing by her peers became so bad that she developed an eating disorder just to lose weight. She had to reduce a lot of weight within a short period of time and that deteriorated her health. Her friends had noticed the drastic change in her and decided to help her to overcoming the disorder.

“I talked a lot to my friends and then they will like help me and then they help me to talk to the boys but those boys still didn’t stop their action until I lost weight and they found out I suffer from eating disorder. They also comfort me when I say I feel sad. I always ask them about their opinion also.” (Candy, inter1, line 88-91)

Pertaining to this theme, 5 out of the 7 participants shared about the aspect of spirituality in their lives that helped them to heal from childhood victimization. The last but not least interesting theme that emerged from this research is spirituality that participants believed in the quote “Everything happens for a reason”. This quote was combined with spirituality due to certain aspects of similarity. Based on the participants had said, somehow spirituality had given the strength and ability to overcome their victimizations. Participant Rian had said the following to explain the combination of this theme.

“I think everything happened for a reason, I believed that somehow rather if you are a religious person you believe in God. God send someone along the way, to talk to us, to guide and able us to cope with life. That's happen to my friends, my uncle, my stepdad, these are good examples.” (Rian, Inter 2, Line 188-103)

From the analysis the victims are now known as survivors of victimization. Based on the results gathered, a new conceptual framework has been created to accommodate the findings in this research. Further explanation will be discussed in the discussion part. The following presents the recovery process and facilitating recovery chart (Figure 2):

Figure 2: Recovery Process and Facilitating Recovery

4. Discussion

Based on the findings of this research, coping or healing from childhood victimization is a journey one takes through their lifetime. The experiences felt by them will not necessarily be like rainbows and butterflies nor will it be as bad as the heat in the desert according to the participants. The chart shown in Figure 2 is the recovery process and also the elements that facilitate the recovery process. The recovery process in the chart consists of three themes on the left side which are learn to accept, reaching to help oneself and reaching out to help others. These three themes facilitate the recovery part of the chart on the right that consists of three themes as well which are forgiveness, support system and spirituality.
4.1. Recovery Process

4.1.1. Learn to Accept (Acceptance)

Participants revealed that they need to learn to accept and come to terms with victimization. They said that ‘letting go’ and accepting the past gave them a sense of control and peacefulness. It has been said that when people feel they have an understanding and acceptance of events, they feel a greater sense of control in their lives (Bogdan & Taylor, 1987). Past studies have shown that with acceptance, lives have improved in many ways. Being able to accept, shows that important parts are being addressed by a victim such as self-stigma, shame and criticism towards oneself (Bond & Donaldso-feilder, 2004). These factors are important as they play a vital role in acceptance (Slaninova, & Stainerova, 2015).

Acceptance can come from anywhere and anyone. All one needs is the decision to change, move on and recover from the bad experiences (Hayes, Strosahl & Wilson, 1999). As for the participants, they had good people around them and being in a good environment, away from victimization did help a lot (Hayes et al., 2006).

4.2. Reaching to Help Oneself

Once acceptance takes place, the survivors search for resources to help themselves to recover from victimization. Some search for external resources, such as to get professional help. Others learn to help themselves by fitting in and be accepted.

4.2.1. Internal

One of the factors in helping oneself is self-talk. Self-talk was done by almost all the participants in this research as it had shown to help them to recover and gave them more self-confidence and motivation. Self-talk is not something uncommon, almost everyone talks to themselves and it doesn’t matter if they are a male or female (Treadwell & Kendall, 1996). It is a never-ending way of thoughts that run through our minds. Self-talk is defined as “what people say to themselves” according to Coffey, Beverley and Paul (1996) have also mentioned that it is an internal voice, the things we say to ourselves.

There have been reports of the positive effects that have occurred from self-talk with the combination of other mental skills (Kendall et al., 1990; Jansen et al., 1988). Furthermore, self-talk has reportedly increased one’s self-confidence and has shown a significant decrease in cognitive anxiety. Also, it has been suggested that facilitating self-talk on other tasks have a high probability of positive changes in one’s self-confidence (Hatzigeorgiadis et al., 2009).

4.2.2. External

In some studies, it showed that depending on the environment, gave a different perspective of helping oneself of victimization (Aleven et al., 2003). A study was done with jail inmates who had experiences of childhood victimization prior to their sentencing and it was found that the inmates preferred to cope with their victimization by seeking help from their friends and families (Goodkind et al., 2003; Goodman et al., 2003; Horton & Johnson, 1993). Another similar study was done but the targeted
participants were the rural and urban women. It was reported that more than half of the rural women preferred to seek help from a health professional compared to the urban women. However, what was interesting was that both types of women reported using four or five different facilities to deal with their victimization (Popescu, Drumm, Dewan & Rusu, 2010).

4.3. Reaching Out to Help Others

Reaching out to help others provides empowerment towards the survivors thus it helps them to survive and become triumphant (Luks & Payne, 2001). According to some of the participants, helping others in a similar situation they were helped them to be not only a better person but had helped them to overcome victimization by having the realization “there are people who go through worse” (Bushman & Anderson, 2009).

Many of them who reached out to help other usually were volunteers in shelter homes, disaster camps, orphanages and other (Flynn et al., 2006). Pursuing a career in profession helping is also not a common thing as the survivors find it a fulfilling experience in helping other people who are in need (Zimmerman, 1990). From the participants in this research, similar feelings were mentioned as stated before that 1 of the participants is now pursuing a degree in psychology and is most interested in art therapy.

4.4. Elements that Facilitate the Recovery

4.4.1. Forgiveness

Forgiveness towards oneself and the abuser somehow provides a sense of closure of the experiences of childhood victimization for the survivors (Macaskill et al., 2002). The experiences of childhood victimization are bound to have left victims with emotional scars for example severe depression, low self-esteem, rage and so on (Kessler et al., 1995). These feelings would in time influence how they perceive the world, their own self-worth and also the relationship with others (Enright, 1996).

Forgiveness has shone a light onto the participants in this study that is to forgive their abusers and move on with the good life they have now. Moving on is a form of positive coping and it has been proven that it does help in the healing process in victimization (Tugade et al., 2004). Also, the abusers seeking for forgiveness from them gives a sense of relieve (Enright & Coyle, 1998) and as mentioned before a better sense of closure (Exline & Baumeister, 2000).

4.4.2. Support System

The outcome of the study also revealed, participants found support from their families, partners, friends and professionals to go through the difficult journey of recover from childhood victimization. The availability of a strong support system to the victims has shown to have better safeguard of the victim's health (House, Landis, & Umberson, 1988; Sarason, Sarason, & Gurung, 1997; Seeman, 1996).

A few of the participants have said that having a support system has given them a lot of hope, strength and also a sense of empowerment within themselves to allow them to recover from victimization. The study done in the rural and urban areas has reported
that the urban women responded to having the strength and empowerment to transform the hostile situation to a calm and support environment (Popescu, Drumm, Dewan & Rusu, 2010).

4.4.3. Spirituality

The study revealed participants used spirituality in assisting them to recover from childhood victimization. Research has shown that spirituality has a very important role in helping victims overcoming their trauma (Hood, 2005; Sorajjakool et al., 2005; Miller, 2002). The participants of this research had mentioned “Everything happens for a reason” with the believe of something good always happen in the end. With this, it can be said that positive belief is strong among survivors. Past studies have shown that positive beliefs have an effect on one’s emotional state that affects the psychological thoughts (Bower et al., 1998; Larsen et al., 2006). Unlike other studies between the relationship of spirituality and positive belief. In this case it is different as indicated in the quote “Everything happens for a reason” is very rare.

However multiple studies have been done for religious coping. It has been reported that application of spirituality in a crisis or a problem solving situation has helped (Zinnbauer et al., 1997; Zinnbauer et al., 1999). On the contrary (Exline & Rose, 2005), doing research with the inmates, found no significant coping relationship with neither spirituality nor religious prayers.

The strength and implications of this research allow us to view situation from the participants’ perspective in their overcoming process. In addition, it will be able to help the current and future practitioners in this field. The limitation on the other hand is the number of past studies done in relation to this topic. The given duration of time to collect data was not sufficient as the process was not as organized as it could be. It is proposed that future studies look into specific gender groups and races such as how women and man overcame childhood victimization.

5. Conclusion

This research showed that childhood victimization from physical and emotional forms began as suffering in their daily lives to learning how to survive with victimization. Learning to accept, reaching out to help oneself and reaching out to help others were the helping factors to overcoming childhood victimization. The elements found to help to facilitate the healing process of these survivors were the support system, forgiveness and spirituality (“Everything happens for a reason”). It helped to understand better the survivors’ experiences of childhood victimization and it was interesting to learn the elements that helped to facilitate the overcoming and the recovering processes. Finally, this research could be really helpful for future practitioners in their respective fields.

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Conflict of Interests

The authors declare no conflict of interest in this study.

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