

Abuse, Self-Esteem, and Recovery: The Power of Clinical Support

Dianella Portell Porras ¹, Alejandra Catalá Portell ², Juan Carlos Mirabal Requena ^{3*}, Belkis Alvarez Escobar ⁴

¹First-level specialist in adult psychiatry and family medicine. Assistant professor. Provincial Teaching Psychiatric Hospital of Sancti Spiritus. University of Medical Sciences of Sancti Spiritus. Sancti Spiritus Cuba.

²First-level specialist in dermatology. Camilo Cienfuegos Provincial General Hospital. University of Medical Sciences, Sancti Spiritus. Sancti Spiritus Cuba.

³Master in Natural and Bioenergetic Medicine. Second Degree Specialist in Family Medicine and Physical Medicine and Rehabilitation. Full Professor. Assistant Researcher. University of Medical Sciences of Sancti Spiritus. Sancti Spiritus, Cuba. Multi-profile Clinic, Luanda, Angola.

⁴Master in Satisfactory Longevity. Second Degree Specialist in Family Medicine. Full Professor. Associate Researcher. University of Medical Sciences of Sancti Spiritus. Sancti Spiritus, Cuba.

***Correspondence Author:** Juan Carlos Mirabal Requena, Department of Otorhinolaryngology, Federal University of Health Sciences, Azare, Nigeria.

Received Date: October 10, 2025; **Accepted date:** October 21, 2025; **Published date:** October 30, 2025

Citation: Dianella P. Porras, Alejandra C. Portell, Mirabal Requena JC, Belkis A. Escobar, (2025), Abuse, Self-Esteem, and Recovery: The Power of Clinical Support, *Clinical Research and Studies*, 4(5); **DOI:**10.31579/2835-2882/097

Copyright: © 2025, Juan Carlos Mirabal Requena. this is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

The purpose of this letter is to reflect on a topic of profound clinical and public health relevance: the high incidence of abuse, its direct correlation with the deterioration of victims' self-esteem, and, crucially, how interventions focused on enhancing the latter are not merely palliative but a determining factor in accelerating physical and mental recovery processes. Although the literature has extensively documented the negative consequences of abuse, we believe it is imperative to emphasize the role of self-esteem as a central therapeutic target and a key mediator in prognosis.

Key words: abuse, self-esteem; social support; mental health; psychological resilience

1. Introduction

1. Incidence and spectrum of abuse

Abuse, in its multiple forms (physical, psychological, sexual, economic, and neglect), constitutes a silent global epidemic. The most recent figures remain telling. A 2022 global meta-analysis encompassing data from 366 studies found that the lifetime prevalence of intimate partner violence against women was 27%, and non-partner violence was 24%, highlighting that certain regions and marginalized groups present substantially higher rates. (1) In the case of children, follow-up data on the Sustainable Development Goals indicate that progress in preventing violence is slow and insufficient, with a high prevalence that continues to undermine human capital and the long-term health of societies. (2) These statistics, although overwhelming, underestimate reality, given the high number of unreported cases due to fear, stigmatization, or the normalization of violence in certain contexts.

2. The causal link between abuse and the devastation of self-esteem

The impact of abuse transcends immediate physical injuries. Its most insidious and lasting effect is the damage to the victim's psychological integrity, with self-esteem being the primary casualty. Contemporary research reinforces that self-esteem acts as a central mediator in the relationship between exposure to violence and the development of psychopathology. (3)

Systematic abuse sends a constant and distorted message to the victim, corroding self-image. The victim internalizes these messages, resulting in profound feelings of shame, guilt, and inadequacy. Recent longitudinal studies have shown that childhood maltreatment, in particular, is associated with significantly lower self-esteem trajectories that persist into young adulthood, establishing a clear pathway toward negative mental health outcomes. (4) This low self-esteem is not a simple symptom; it is the central wound that fuels a cycle of vulnerability. It becomes a robust risk factor for developing depressive disorders, anxiety disorders, post-traumatic stress disorder (PTSD), self-harming behaviors, and a greater propensity for re-victimization. (5)

3. Strengthened self-esteem as a catalyst for recovery

The traditional intervention paradigm often focuses on crisis containment, physical safety, and symptomatic management. We propose that recovery is significantly faster, deeper, and more sustainable when the enhancement of self-esteem is placed at the center of the therapeutic plan, an approach supported by recent evidence.

Strengthened self-esteem acts as a powerful resilience factor. From a clinical standpoint, this translates into:

- Increased treatment adherence: A patient who values themselves is more likely to believe they deserve to recover.
- Reactivation of internal resources: It facilitates the implementation of adaptive coping mechanisms (assertiveness, seeking support) instead of maladaptive ones.
- Reinterpretation of trauma: It allows the victim to stop attributing the cause of the abuse to an inherent defect in themselves, which is fundamental to healing. (6)

4. Strategies for enhancing self-esteem in clinical support

Rebuilding self-esteem is an active process that must be intentional. Some key strategies with recent empirical support include:

- Unconditional validation: Creating a safe space where the victim's experience is believed and validated is the first step to counteracting the internalization of guilt.
- Interventions focused on self-compassion: Approaches such as Compassion-Focused Therapy (CFT) have proven effective in populations that have suffered abuse by directly addressing feelings of shame and self-criticism, fostering a more compassionate and empowering relationship with oneself. (7)
- Trauma psychoeducation: Educating about the neurobiology of trauma and adaptive responses to abuse helps depersonalize and normalize the victim's reactions, externalizing blame and alleviating shame.
- Strengthening self-efficacy: Engaging the person in activities that allow them to reconnect with their capabilities and achievements helps build an identity separate from that of "victim". (8)
- Peer support groups: Professionally facilitated support groups are invaluable, as they allow for the normalization of experiences and the receipt of positive feedback, greatly strengthening self-efficacy and social self-esteem. (9)

Conclusion

The incidence of abuse remains unacceptably high, and its sequela on self-esteem is the core of long-term psychological damage. Recent clinical evidence consistently suggests that interventions that deliberately prioritize the reconstruction of self-esteem and self-compassion not only mitigate suffering but also significantly shorten the path to recovery. As a medical and mental health community, we must systematically and protocolically integrate these empowerment strategies. Investing in a survivor's self-esteem is investing in the strongest foundation for their healthy and resilient future.

Conflicts of interest

The authors declare no conflicts of interest.

Availability of Data and Materials

Not Applicable.

Author Contributions

DPP: Conceptualization, Writing – Original Draft.

ACP: Writing – Review & Editing.

JCMR: Conceptualization, Writing – Review & Editing, Supervision.

BAE: Writing – Review & Editing.

Ethics Approval and Consent to Participate

Not Applicable.

Acknowledgments

None.

Funding

This research received no external funding.

References

1. Sardinha L, Maheu-Giroux M, Stöckl H, Meyer SR, García-Moreno C. (2022). Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018. *The Lancet*. 399(10327):803-813.
2. Hillis S, Mercy J, Amobi A, Kress H. (2023). Global Prevalence of Past-year Violence Against Children: A Systematic Review and Minimum Estimates. *Pediatrics*. 151(2):e2022058372.
3. Khan AN, Bilek E, Tomlinson RC, Becker-Haimes EM. (2023). The mediating role of self-esteem in the relationship between childhood maltreatment and adult mental health: A systematic review and meta-analysis. *Clinical Psychology Review*. 105:102339.
4. Mund M, Johnson MD, Neyer FJ. (2024). The Development of Self-Esteem in the Early Life Course: Reciprocal Effects between Self-Esteem and Difficult Life Events. *Journal of Personality and Social Psychology*.
5. Hailes HP, Yu R, Danese A, Fazel S. (2019). Long-term outcomes of childhood sexual abuse: an umbrella review. *The Lancet Psychiatry*. 6(10):830-839.
6. Vanzhula IA, Coyle E, Sala M, Christian C, Levinson CA. (2021). The role of self-compassion and shame in the relationship between childhood maltreatment and disordered eating. *Eating Behaviors*.
7. Leaviss J, Uttley L. (2020). Psychotherapeutic benefits of compassion-focused therapy: an early systematic review. *Psychological Medicine*. 50(2):185-196.
8. Marriott C, Hamilton-Giachritsis C, Harrop C. (2024). Factors promoting psychological resilience in victims of child abuse: A systematic review. *Trauma, Violence, & Abuse*. 25(1):748-762.
9. Campbell R, Goodman-Williams R, Feeney H, Fehler-Cabral G. (2024). Evaluating a trauma-informed and survivor-centered response to rape victims: A qualitative study of the knowledge and perspectives of service providers. *Psychology of Violence*. 14(1):34-45.

Ready to submit your research? Choose ClinicSearch and benefit from:

- fast, convenient online submission
- rigorous peer review by experienced research in your field
- rapid publication on acceptance
- authors retain copyrights
- unique DOI for all articles
- immediate, unrestricted online access

At ClinicSearch, research is always in progress.

Learn more <https://clinicsearchonline.org/journals/clinical-research-and-studies->



© The Author(s) 2025. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated in a credit line to the data.