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**| RESEARCH ARTICLE**

**Investigating the Experience of Emotional Neglect and Adaptive Coping in Children with Special Needs**

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**| ABSTRACT**

The study investigated the experiences of emotional neglect and coping strategies of Children with Special Needs (CSNs) at Canduman Elementary School, Mandaue City. It assessed levels of emotional neglect, extent of coping strategies, their relationship, and developed an action plan. Using a mixed-method design, 31 purposively selected SPED learners (20 male, 11 female, Kindergarten–Grade 6) participated through interviews or guided storytelling. Data were collected using the Child Abuse and Trauma Scale (CATS) and KidCOPE/Brief COPE inventory. Descriptive statistics measured neglect and coping, while Pearson's *r* tested the relationship between variables. Results showed common disabilities included Intellectual Disability, Autism Spectrum Disorder, and Hearing Impairment. All respondents relied on parents/guardians, with some support from teachers and classmates. Emotional neglect was generally low (mean = 2.19), though communication barriers were noted. Coping strategies were moderately used (mean = 3.31), with distraction, emotional expression, and problem-solving as common, alongside some maladaptive behaviors. Correlation analysis revealed a negligible, non-significant relationship ( $r = 0.243$ ,  $p = 0.188$ ). The study concluded that coping was not significantly influenced by neglect, but resilience and institutional support were crucial. These findings highlight the need for comprehensive family, school, and policy interventions to enhance emotional care and adaptive coping among CSNs, which was then used as a basis for the development of a Support System Developmental Plan.

**| KEYWORDS**

Children with special needs (CSNs), emotional neglect, inclusive education, special education (SPED)

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**Introduction**

Children with special needs (CSNs) remain at an increased risk for emotional neglect a hidden but harmful form of maltreatment. Emotional neglect is the continued failure to fulfill child's psychological and emotional needs, often shown by caregiver withdrawal, a lack of response, or emotional unavailability. And unlike physical abuse, it doesn't have visible scars, yet research demonstrates its severe developmental effects (WHO, 2020; Spinazzola et al., 2021).

On a global level, children with disabilities are at an even greater risk for emotional neglect compared to non-disabled children. A report by the United Nations Children's Fund (UNICEF, 2021), indicated that children with disabilities are three times more likely to experience violence or neglect, while emotional neglect is the type of abuse that is least likely to be reported. According to research conducted by Azeem et al. (2020), emotional neglect leads to long-lasting mental health effects, including anxiety, self-regulation difficulties, and social functioning impairment. Research also showed that caregivers of CSNs experience greater emotional exhaustion and stress which often leads to emotional withdrawal, or neglect (Stein et al., 2019; Schäfer et al., 2023). In developing countries, where institutional support is limited, emotional neglect is often compounded by poverty, stigma, and inadequate mental health services. A global synthesis by the Global Partnership on Children with Disabilities (2020) found that

inclusive education remains inaccessible for many CSNs, and the emotional needs of these children are often deprioritized in overburdened schools.

In the Philippines, the situation parallels global trends, with added complexities of cultural and systemic considerations. Republic Act No. 10533 (2013) Enhanced Basic Education Act of 2013 and Republic Act No. 11650 (2022) Instituting a Policy of Inclusive Education, 2022, guarantees the right to inclusive learner-centered education for learners with disabilities; there is still variability in implementation. A study conducted by Alampay and others (2021), showed that a number of public schools continue to be without SPED instructors, psychosocial supports, and trained staff who could identify, or assist with, situations of emotional neglect. Additionally, Filipino parents of children with disabilities feel significant stress, role overload, and emotional exhaustion, which leads to emotionally neglectful caregiving (De Guzman & Sison, 2020). When this stress becomes unmanageable, relational disengagement occurs negatively affecting a child's behavior and learning. At the same time, inclusive, public classroom teachers feel unprepared to tackle emotional or behavioral challenges resulting from neglect and tend to wrongly interpret this as defiance or disobedience (Bernardo & Garcia, 2023).

At the local level, a school in Canduman, Mandaue City faces the same challenges. Canduman Elementary School (Mandaue City) is offering inclusive education programs. Anecdotal evidence and prior observations suggest that emotional neglect is an invisible, though prevalent, concern. The teacher and student ratio is still high, and very few schools have access to psychologists or guidance counselors trained in trauma informed care. Teachers typically express doubt in recognizing the behaviors of CSNs (emotionally neglected) when it is concealed as disengagement and aggression in academics.

The psychological effects/consequences of emotional neglect on CSNs include increased likelihood of depression, social isolation, and academic difficulties (Hamza et al., 2023). These influences become even more severe with insufficient emotional scaffolding at school. CSNs individual strategies to cope, which can range from adaptive approaches and peer support to maladaptive strategies like avoidance/ isolation and rebellious or disruptive acts. According to Interpersonal Acceptance-Rejection Theory (Rohner et al., 2021), the availability of alternative sources of emotional useful acceptance (such as an understanding teacher or peers) can mitigate the emotional impact of neglect. Yet, there is minimal quantitative study in Philippine schools examining the processes in which these coping mechanisms occurs in neglected CSNs.

While local studies provide qualitative data for caregivers' sadness, or teachers opinions, there is a significant absence of empirical, quantitative data regarding the prevalence emotional neglect and coping strategies of some CSNs in daily school contexts. This gap greatly limits the ability for stakeholders educators, policymakers, and mental health professionals to intervene in evidence-based ways. What pushes this study forward is the urgent research gap in quantitatively measured emotional neglect with CSNs in public schools, especially in Canduman, Mandaue City. Emotional neglect is often considered generally and in research and in intervention paradigms, it remains largely 'invisible'. As a researcher, who is interested in the emotional and psychological well-being of disenfranchised learners, I need to understand how CSNs experience this hidden form of maltreatment at school classrooms where no/limited support systems exist. This study highlights coping and neglect prevalence data and seeks to contextualize the bridging of the gap between policy and practice, and it is my hope that this data could create teacher training, child protection policies, and emotional supports for students in inclusive school settings. The voices CSNs and their emotional realities often being ignored; this research shows a commitment to moving them towards the center of educational planning and mental health promotion.

## **Literature Review**

Children with special needs face elevated risk for emotional neglect and related psychosocial harm because they may depend more heavily on caregivers for communication, regulation, and daily support and because caregiver stress, stigma, and service gaps can reduce consistent emotional availability. Global evidence syntheses emphasize that violence and maltreatment prevention remains uneven worldwide and that neglect (including emotional neglect) is often under-detected, especially where systems for identification and family support are limited (World Health Organization et al., 2020). Disability-focused global reporting also highlights that children with disabilities are more likely to experience social exclusion and reduced access to supportive services conditions that can amplify vulnerability to neglectful caregiving environments and weaken protective factors (UNICEF, 2021). In parallel, child and adolescent mental health reporting underscores that adverse experiences in the family environment are strongly linked to emotional distress and developmental risk, reinforcing why measuring the level of emotional neglect among children with special needs is essential for understanding downstream wellbeing and functioning (UNICEF, 2021a).

Coping strategies are the practical ways children try to manage distress when emotionally affected (e.g., seeking support, problem solving, avoidance, suppression, or cognitive reframing). Recent global guidance on children's mental health emphasizes strengthening protective relationships and skills that help children identify emotions, seek help, and regulate distress especially for those facing adversity at home (UNICEF, 2021a). In disability contexts, rights-based frameworks stress that children with disabilities must have equitable access to supportive relationships, inclusive services, and accommodations that enable communication and emotional support factors that shape whether coping becomes more adaptive (support seeking, skills-based

regulation) or more maladaptive (withdrawal, disengagement) (United Nations, 2022). From a prevention standpoint, global violence-prevention strategies prioritize caregiver support, early identification, and service access interventions that can reduce neglect exposure while also improving children’s coping resources and resilience (World Health Organization et al., 2020; UNICEF, 2021).

**Methodology**

This study employs a quantitative descriptive–correlational design to determine the level of emotional neglect experienced by children with special needs (CSNs) and the extent of coping strategies they employ when emotionally affected, and to test whether a significant relationship exists between these variables. The research will be conducted at Canduman Elementary School, Mandaue City, a public school implementing inclusive education and established SPED services. Using purposive sampling facilitated by the SPED coordinator and guidance personnel, the study will recruit 31 CSNs (20 male, 11 female) from Kindergarten to Grade 5 who: (1) are officially recognized under SPED or documented with learning, behavioral, developmental, or intellectual disabilities; (2) can understand survey questions with or without guided assistance as verified by SPED teachers/guidance staff; (3) provide child assent with parent/guardian informed consent; and (4) have been enrolled for at least six months. Excluded are learners with severe cognitive/communication impairments preventing reliable self-report, newly transferred students (<6 months), and those in acute psychological crisis as identified by guidance officers. Emotional neglect will be measured using the Emotional Neglect subscale of the Child Abuse and Trauma Scale (CATS), while coping will be assessed using KidCOPE. Instruments will be translated/simplified (Filipino/Cebuano) using back-translation and piloted with a small SPED group to ensure clarity and cultural appropriateness; accommodations (guided reading, visual prompts) will be provided as needed. Data will be analyzed using descriptive statistics (frequency, mean, SD) to describe levels and extent, and correlational analysis (e.g., Pearson or Spearman, depending on normality) to test the association between emotional neglect and coping strategies, with strict confidentiality and ethical safeguards throughout.

**Results**

Table 1. Frequency and Percentage in terms of Age and Gender

Age (in years)	Female		Male		Total	
	F	%	f	%	f	%
Above 12	4	12.90	5	16.13	9	29.03
9-12	6	19.35	5	16.13	11	35.48
5-8	1	3.23	10	32.26	11	35.48
Total	11	35.48	20	64.52	31	100.00

Table 1 shows that most respondents are male (20, 64.52%) while females comprise 11 (35.48%). The largest age groups are 5–8 years and 9–12 years, with 11 learners each (35.48%), indicating that the sample is concentrated in early to middle childhood. Those above 12 years account for 9 learners (29.03%). Notably, males dominate the 5–8 group (10, 32.26%), while females are more represented in 9–12 (6, 19.35%).

Table 2. Frequency and Percentage in terms of Type of Special Needs

Type of Special Needs	f	%
Autism Spectrum Disorder	8	25.81
Hearing Impairment	6	19.35
Intellectual Disability	9	29.03
Speech/Language Impairment	3	9.68
ADHD	2	6.45
Cerebral Palsy	1	3.23

Learning Disability	1	3.23
Multiple Disability	1	3.23
Total	31	100.00

Table 2 shows the distribution of respondents by type of special needs. Intellectual Disability is the most common condition (9, 29.03%), followed by autism spectrum disorder (8, 25.81%) and Hearing Impairment (6, 19.35%). Smaller proportions include Speech/Language Impairment (3, 9.68%) and ADHD (2, 6.45%). The least represented are Cerebral Palsy, Learning Disability, and Multiple Disability with 1 respondent each (3.23%). Overall, the sample is largely composed of learners with cognitive and neurodevelopmental needs, which may affect how emotional neglect is experienced and how coping strategies are expressed or reported.

**Table 3. Frequency and Percentage in terms of Type of Support Background**

Type of Support Background	f	Rank
Parents/Guardians	31	1
Teachers	17	2
Classmates/Friends	11	3
Community	9	4

Table 3 indicates that parents/guardians are the most common source of support for the respondents, with all 31 learners identifying them, ranking first. Teachers follow as the second major support background (17), showing that school personnel play an important role in providing guidance and assistance to CSNs. Classmates/friends rank third (11), suggesting peer support is present but not as consistent as adult support. Lastly, the community ranks fourth (9), indicating that external support systems beyond home and school are the least accessed, which may limit broader social and emotional resources for coping.

**Table 4. Level of emotional neglect experienced by the respondents**

S/N	Indicators	WM	SD	Verbal Description
1	I feel ignored by the people who are supposed to take care of me.	2.39	1.09	Low
2	The adults in my life listen to me when I need to talk.	2.16	1.19	Low
3	I feel alone even when I'm with my family.	2.16	1.10	Low
4	My feelings are not important to my parents or caregivers.	2.00	0.97	Low
5	When I'm upset, there's no one who really notices.	2.16	1.04	Low
6	I am comforted when I'm sad.	2.00	1.21	Low
7	I feel like nobody cares about how I'm doing.	2.19	1.05	Low
8	I feel emotionally safe at home.	2.35	1.47	Low
9	I'm scared to tell my parents how I feel.	2.68	1.08	Low
10	I feel loved by the people around me.	1.84	1.16	Low
	Aggregate Mean	2.19		Low
	Aggregate Standard Deviation		1.13	

Table 4 shows that respondents experienced a low level of emotional neglect overall (aggregate WM = 2.19, SD = 1.13). All indicators were verbally described as Low, suggesting that most children generally perceive emotional support and care in their

environment. The highest mean was “I’m scared to tell my parents how I feel” (WM = 2.68), indicating some hesitation or fear in emotional expression at home. Other relatively higher items include feeling ignored (WM = 2.39) and emotional safety at home (WM = 2.35), which may reflect variability in caregiving responsiveness. The lowest mean was “I feel loved by the people around me” (WM = 1.84), still within the Low range, implying overall positive emotional conditions.

Table 5. Extent to which the respondents employed the coping strategies when they are emotionally affected

S/N	Indicators	WM	SD	Verbal Description
1	I try to fix the problem myself.	3.19	0.91	Moderately Utilized
2	I try to think of something else.	3.13	0.76	Moderately Utilized
3	I talk to someone about how I feel.	3.42	1.23	Utilized
4	I cry or get very upset.	3.71	1.10	Utilized
5	I get mad and hit something.	3.35	1.43	Moderately Utilized
6	I play or watch TV to feel better.	4.29	0.94	Highly Utilized
7	I keep my feelings to myself.	3.06	1.12	Moderately Utilized
8	I try to make myself feel better (e.g., deep breathing).	3.35	1.20	Moderately Utilized
9	I blame myself for the problem.	2.29	1.04	Less Utilized
10	I try to solve the problem step by step.	2.81	1.19	Moderately Utilized
11	I hope someone will make things better.	3.58	1.15	Utilized
12	I do something fun to forget the problem.	3.55	1.23	Utilized
	Aggregate Mean	3.31		
	Aggregate Standard Deviation		1.11	Moderately Utilized

Table 5 indicates that respondents moderately utilized coping strategies overall (aggregate WM = 3.31, SD = 1.11), suggesting they employ several ways to manage emotions but not consistently at a high level. The most used strategy was playing or watching TV to feel better (WM = 4.29, Highly Utilized), showing a strong preference for distraction-based coping. Emotional expression was also common: crying or getting very upset (WM = 3.71) and talking to someone about feelings (WM = 3.42) were both Utilized, indicating that many children release emotions and sometimes seek interpersonal support. Hope-based coping was likewise evident (“I hope someone will make things better,” WM = 3.58). Several strategies were only moderately used, including trying to fix the problem (WM = 3.19), thinking of something else (WM = 3.13), keeping feelings to oneself (WM = 3.06), and self-soothing techniques like deep breathing (WM = 3.35). Some potentially maladaptive reactions such as getting mad and hitting something (WM = 3.35) were also moderately present, which may reflect difficulty regulating strong emotions. The least utilized strategy was self-blame (WM = 2.29), which is a positive finding because frequent self-blame is often linked with poorer emotional outcomes.

Table 6. Test of relationship between the emotional neglect and coping strategies of the respondents

Variables	r-value	Strength of Correlation	p - value	Decision	Remarks
Emotional Neglect and Coping Strategies	0.243	Negligible Positive	0.188	Do not reject Ho	Not Significant

\*significant at  $p < 0.05$  (two-tailed)

Table 6 shows a positive, weak relationship between emotional neglect and coping strategies ( $r = 0.243$ ), and the correlation is statistically significant at  $p < .05$  (two-tailed). This means that as perceived emotional neglect increases, the respondents’ reported use of coping strategies also tends to increase, although the association is small. Practically, the result suggests that children who feel more emotionally neglected may be more likely to rely on coping responses (e.g., distraction, emotional expression, or support seeking) to manage distress. However, because the correlation is weak, emotional neglect explains only a small portion of differences in coping, implying that other factors influence how CSNs cope when emotionally affected.

### Discussion

The respondents were largely boys and were mostly in early to middle childhood, which is a period when children are still learning how to understand emotions and manage stress. The group included a mix of special needs, with many learners having

conditions that may affect communication, learning, and social interaction. These characteristics matter because children who struggle to express themselves or interpret social cues may experience emotional situations differently and may depend more on consistent adult guidance. In terms of support background, family emerged as the most consistent source of help, followed by teachers, highlighting that the children's main support system is centered on home and school. Peer and community support were less common, suggesting fewer social networks outside adults that could provide additional emotional reassurance and coping resources. Moreover, the children reported experiencing low emotional neglect, indicating that they often feel cared for and emotionally attended to. Still, some indicators point to possible difficulty in openly sharing feelings at home, which may reflect fear of being misunderstood, scolded, or ignored. When emotionally affected, the children commonly relied on distraction activities and emotional release, and many also sought someone to talk to, showing a combination of avoidant and supportive coping patterns. However, the test of relationship indicates that emotional neglect did not have a meaningful link with the coping strategies used. This suggests that coping behaviors among children with special needs may be influenced more by developmental level, disability-related communication needs, and the availability of supportive adults, rather than emotional neglect alone.

### **Conclusion**

From the results, it is evident that while children with special needs in Canduman Elementary School manifest low levels of emotional neglect, there are still issues regarding their comfort level in expressing emotions to caregivers. Additionally, these children employ a moderate use of both adaptive and avoidant coping strategies in managing emotional challenge. Of utmost importance, statistical analysis indicates there is no significant relationship between emotional neglect and respondents' coping strategies. That is, the perceived level of emotional neglect is not a significant predictor of their coping strategies, and therefore the null hypothesis is accepted. Thus, other variables not included in the measurement such as individual resilience, disablement-specific characteristics, school support quality, or environmental variables most likely play a larger role in the manner these children manage emotional challenge. This highlights the need for a multi-dimensional support strategy to address these multifaceted, interrelated variables to effectively promote emotional wellbeing.

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