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Behavioral Impairment, Social Interactions and Emotional Well-Being among Overstaying Minor Residents in a Municipal Residential Facility: A Case Study

Corazon Lipaopao De Leon, RSW[1], Glenn Paulo K. Labasan, DPA, RSW[1]
[1]Master of Science in Social Work Program, University of La Salette, Inc., Santiago City, Isabela, Philippines

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Email of Corresponding Author: cld120278@gmail.com

Abstract

This study examined the behavioral impairments, social interactions, and emotional well-being of overstaying minor residents at the Roxas Lingap Center for Children in Roxas, Isabela, with particular attention to the effects of prolonged institutional care and factors affecting adjustment and reintegration. The study was anchored in Erikson's Psychosocial Development Theory, Maslow's Hierarchy of Needs, Social Learning Theory, and Environmental Press Theory. A qualitative phenomenological design was employed involving five female survivors of sexual abuse aged 11 to 17 years who had remained in residential care for two to seven years. Data were gathered through direct and non-participant observations, focus group discussions, psychological reports and assessments, in-depth interviews, anecdotal reports, and institutional documents. Inductive thematic analysis, triangulation, and member checking were used to establish recurring patterns and strengthen the credibility of the findings. Results revealed behavioral manifestations involving aggression and disruptive behavior, attention-seeking and rule violations, emotional dysregulation, and withdrawal. Although participants gradually developed stronger social participation, interpersonal relationships, adaptive coping, and supportive surrogate relationships with caregivers and peers, they continued to experience emotional distress, unresolved trauma, disrupted attachment, longing for family, and vulnerability associated with prolonged separation and restricted autonomy. The findings demonstrate that successful adaptation to residential care does not necessarily indicate complete emotional recovery. The study concludes that residential care provides essential protection, stability, education, and psychosocial support but cannot independently address the long-term effects of trauma and family separation. It recommends strengthened trauma-informed and child-centered interventions, mental health support, family-centered services, reintegration planning, and coordinated stakeholder participation. The study aligns with SDG 3 – Good Health and Well-Being, SDG 16 – Peace, Justice, and Strong Institutions, and SDG 17 – Partnerships for the Goals. Its sustainability contribution lies in strengthening public health, community support, institutional care, social welfare practice, and policy systems for vulnerable children.

Keywords: Behavioral Impairment; Family Reintegration; Institutional Care; Prolonged Institutionalization; Psychosocial Support; Social Interactions; Trauma-Informed Care

1. Introduction

Prolonged residence in institutional care can create complex psychological, social, and behavioral challenges, particularly for minors whose placement extends beyond its intended temporary duration. Overstaying residents may experience difficulties in emotional regulation, interpersonal relationships, autonomy, and adaptation to institutional expectations. Although residential facilities provide protection and structured support, prolonged placement may also intensify feelings of isolation, uncertainty, dependency, and frustration. This study focuses on the behavioral impairments, social interactions, and emotional well-being of overstaying minor residents in a residential facility in Isabela, Philippines. It further considers how institutional conditions, family circumstances, transition planning, and available support systems may contribute to these experiences and affect eventual community reintegration.

Overstaying in residential and institutional settings has increasingly raised concerns because of its potential effects on individual well-being and community dynamics. Prolonged residence may disrupt psychological development, social functioning, and behavioral adjustment. Saragih (2018) documented anxiety, depression, withdrawal, and aggression associated with overstaying in Indonesian institutions, while Smith et al. (2019) reported feelings of displacement, rule-breaking, noncompliance, and interpersonal conflict among individuals who remained for extended periods in urban settings. However, much of this literature concentrates on urban or institutional environments rather than rural and semi-rural contexts. In this study, behavioral impairment refers to difficulties in emotional regulation, social functioning, and conduct that interfere with adjustment to social expectations. These difficulties may include withdrawal, aggression, defiance, poor impulse control, depression, anxiety, and problems in peer relationships. Such conditions may be associated with institutional stress, unstable family structures, restricted social interaction outside the facility, and uncertainty regarding the resident's future. Within the Philippine context, prolonged placement in residential facilities is particularly important for minors temporarily sheltered because of crisis, abuse, neglect, or other circumstances requiring protective custody. Although Garcia et al. (2021) has explored general behavioral health issues among Filipino youth, limited research specifically examines how extended institutional residence contributes to behavioral difficulties among minors in rural settings. Reports from house parents, social workers, and community members indicate concerns regarding social isolation, emotional instability, and aggression among minors whose residential placement becomes prolonged. The present study therefore examines the behavioral impairments, social interactions and emotional well-being of overstaying minor residents. It also considers whether inadequate family reintegration planning, limited foster care opportunities, insufficient mental health support, and the absence of structured transitions may aggravate the effects of prolonged institutional care. Through this focus, the study seeks evidence that can inform social work practice, institutional reform, and policy initiatives for minors in protective custody, particularly sexually abused children.

The reviewed literature presents overstaying as a multidimensional issue shaped by institutional, behavioral, social, and policy factors. In immigration contexts, Marudut and Koswara (2023) favor administrative rather than criminal responses, while Barroso et al. (2022) show that socioeconomic background, academic preparation, institutional support, and academic integration affect persistence in higher education. Taherdoost (2023) highlights systematic approaches to complex research, and Paul and Sundaram (2023) show that behavioral biases may influence prolonged or suboptimal decisions. Overstaying may also result from institutional weaknesses and restrictive systems (Soleimani & Yang, 2022), while structured alternatives such as digital nomad visas may reduce unauthorized stays (Bednorz, 2024). Effective institutional support and policy therefore play important roles in adjustment, retention, and compliance (Barroso et al., 2022). Behavioral literature identifies emotional dependency, aggression, withdrawal, social isolation, and limited autonomy as key concerns. Emotional dependency is associated with low self-esteem, fear of abandonment, anxiety, and difficulty making independent decisions (Fernanda Dias Alves et al., 2023; Alves et al., 2023). Adolescent aggression may also be influenced by family, biological, and environmental factors (Shabrina et al., 2024), while substance withdrawal and technological dependency may contribute to emotional instability and interpersonal

difficulties (Sa Jan et al., 2022; Laor & Galily, 2022). Social isolation and relational adversity can further disrupt social behavior and emotional development (Takahashi, 2025; Viaux-Savelon et al., 2022), while Espinosa-Velasco et al. (2022) link repeated stimulant exposure with aggression and reduced social interaction. Institutional responses generally emphasize structured, preventive, and supportive approaches. Dodds and Butler (2019), Marudut and Koswara (2023), Robredo et al. (2022), and Sánchez-Vergara et al. (2023) demonstrate how regulation, institutional support, and policy design influence prolonged stays, mobility, and adjustment. Similar patterns appear in higher education, where academic, social, cultural, and institutional barriers affect persistence (Adeola et al., 2024; Abdul-Rahaman et al., 2022), while supportive programs, culturally responsive activities, faculty engagement, and financial assistance may improve adjustment and retention (Atobatele et al., 2024a, 2024b; Abdul-Rahaman et al., 2022). Overall, the literature underscores the importance of supportive environments, effective policies, and structured transition mechanisms.

Globally, research demonstrates that prolonged residence and institutional dependency may influence psychological adjustment, social relationships, autonomy, and behavioral functioning. Studies concerning institutional stays, immigration overstaying, international student retention, social isolation, and behavioral dependency indicate that extended exposure to restrictive or highly structured environments may create psychological and social pressures. At the national level, the Philippine literature demonstrates the importance of institutional support and policy responsiveness in addressing vulnerable or underserved populations. Garcia et al. (2021) provides broader evidence concerning behavioral health among Filipino youth, while Robredo et al. (2022) illustrates how institutional and regional conditions can produce unequal access to human and social resources. Locally, the issue is especially relevant to residential facilities in rural municipalities in Isabela, where minors in crisis may remain in protective care substantially longer than originally intended. Extended residence can occur when family reintegration is difficult, alternative placement is limited, or sufficient support for transition is unavailable. Such circumstances create a distinct context in which the protective benefits of institutional care must be considered alongside possible behavioral, social, and emotional consequences of prolonged placement.

The study integrates psychological, social, and environmental perspectives to explain how prolonged residential care may affect behavioral impairment, social interaction, and emotional well-being. Erikson's Psychosocial Development Theory (1950) suggests that restricted opportunities for autonomy, identity formation, and age-appropriate development may contribute to emotional distress and social withdrawal. Maslow's Hierarchy of Needs (1943) explains that unmet needs for belonging, esteem, autonomy, and personal growth may lead to frustration and psychological difficulties despite the provision of basic care and protection. Social Learning Theory (Bandura, 1977) emphasizes that behaviors develop through observation and interaction, suggesting that institutional routines, peer behaviors, and dependence may shape coping and adaptation. Environmental Press Theory (Lawton & Nahemow, 1973) further explains how institutional expectations and limited opportunities for independence may influence behavioral and emotional adjustment. Together, these theories provide an integrated framework for understanding how developmental needs, unmet psychological needs, learned behaviors, and environmental conditions influence the behavioral, social, and emotional experiences of overstaying residents and their need for appropriate institutional and reintegration support.

Existing literature provides substantial discussion of overstaying in immigration, tourism, education, and other institutional contexts, while behavioral research examines aggression, dependency, social isolation, withdrawal, and emotional instability. However, these strands of literature provide limited direct evidence concerning minors who remain in temporary residential care beyond the expected period, particularly in rural Philippine settings. A further gap concerns the interaction between prolonged institutionalization and pre-existing experiences of abuse, neglect, disrupted family relationships, limited autonomy, and uncertain reintegration. Existing work does not sufficiently explain how these conditions collectively affect behavioral impairment, social relationships, and emotional well-being among overstaying minors. There is also a need to examine how inadequate

transition planning, limited alternative placement, family reintegration difficulties, and insufficient psychosocial support may contribute to prolonged residence and its consequences. Accordingly, the study examines the experiences of overstaying minor residents in terms of behavioral impairment, social interactions, and emotional well-being and identifies factors contributing to their behavioral impairments. The research is intended to generate evidence for more responsive institutional practices, psychosocial interventions, family reintegration strategies, and policies that recognize both the protective function and the potential developmental consequences of prolonged residential care.

The study naturally aligns with SDG 3 – Good Health and Well-Being because its central concerns include psychological health, emotional well-being, behavioral functioning, mental health support, and the psychosocial consequences of prolonged institutional care. Understanding these experiences can support more appropriate counseling, emotional regulation interventions, trauma-responsive services, and institutional practices for vulnerable minors. The research also relates to SDG 16 – Peace, Justice, and Strong Institutions through its focus on minors in protective custody, including children affected by abuse, and on the effectiveness of institutional policies, care systems, family reintegration processes, and protective mechanisms. Strengthening residential care practices and transition arrangements can contribute to more responsive institutions serving vulnerable children. Finally, the study supports SDG 17 – Partnerships for the Goals because addressing prolonged residential placement requires coordination among Local Government Units, social welfare offices, residential facility administrators, house parents, social workers, NGOs, families, communities, and other stakeholders. Effective collaboration among these groups is important for psychosocial support, policy development, service delivery, and successful reintegration.

The study contributes primarily to public health, social and community, and institutional and policy sustainability. From a public health perspective, identifying behavioral and emotional difficulties associated with prolonged institutional residence can strengthen mental health and psychosocial support for minors. Early recognition of aggression, withdrawal, emotional instability, dependency, and difficulties in social adjustment may help residential facilities respond to residents' needs more appropriately. For social and community sustainability, the study emphasizes the importance of maintaining meaningful relationships among children, caregivers, families, and communities. Stronger family support, structured social interaction, and appropriate reintegration planning can reduce isolation and help residents transition from institutional care to community life. Institutionally, the findings can assist Local Government Units and other stakeholders in developing policies and programs addressing prolonged residence. The Social Welfare and Development Office, social workers, NGOs, and community-based organizations may use the findings in designing counseling, social integration, and other support programs. Residential facility administrators and house parents may likewise apply the findings to improve routines, mental health interventions, social interaction opportunities, and behavioral support within residential care. Families and communities may benefit from greater understanding of behavioral and emotional changes associated with prolonged residence, encouraging stronger support during reintegration. Finally, the study contributes to the research base on prolonged institutional care in rural settings and may provide future researchers with a foundation for examining its psychological, social, institutional, and broader socio-economic implications.

2. Material and methods

2.1 Research Design

The study used a qualitative research design to explore the lived experiences, perceptions, and behaviors of minors in institutional care. A phenomenological approach was applied to understand how prolonged institutional residence influenced their psychological well-being, social interactions, and behavioral development. Qualitative data were gathered from direct observations, psychological reports, focus group discussions, and institutional documents to provide an in-depth understanding of the participants' experiences and the environmental factors affecting their behavior.

2.2 Locale of the Study

The study was conducted at the Roxas Lingap Center for Children (RLCC) in Roxas, Isabela. RLCC is a municipal residential care facility that provides temporary shelter, protection, rehabilitation, and support to children who have experienced abuse, neglect, financial exploitation, and other difficult circumstances. Its services include psychosocial interventions, educational assistance, medical care, legal assistance, and family reunification programs intended to support children's recovery and overall well-being. RLCC was selected because it provides an appropriate setting for examining the experiences of children who remain in residential care for extended periods. Its residential environment allowed the study to explore the participants' behavioral concerns, social relationships, coping experiences, and emotional well-being within the context of long-term institutional care.

2.3 Respondents of the Study

The participants were five (5) female survivors of sexual abuse who remained at RLCC beyond the average period intended for temporary residential placement. They were 11 to 17 years old and had stayed at the facility for approximately two (2) to seven (7) years. All participants were engaged in education during data collection. One was enrolled in elementary school, two were attending high school, and two were pursuing education through the Alternative Learning System (ALS). Most came from economically disadvantaged families and had histories of neglect, dysfunctional family environments, and inadequate parental or family support. Several were beneficiaries of the Pantawid Pamilyang Pilipino Program (4Ps). These family and socioeconomic circumstances were among the conditions associated with their prolonged residence at the center.

2.4 Sample and Sampling Procedure

The sample consisted of the five (5) female minor residents described above. They were selected because they were survivors of sexual abuse who had remained at RLCC beyond the usual duration of temporary residential placement. Their extended stays provided the study with an opportunity to examine the longer-term behavioral, social, and emotional experiences associated with institutionalization. The manuscript does not specify a formally named sampling technique beyond these stated selection characteristics.

2.5 Research Instrument

Multiple qualitative data sources were used to obtain a comprehensive understanding of the participants' experiences. Direct observation was undertaken through house parents who interacted with the residents daily and documented their behaviors, emotional expressions, and social interactions in the residential environment. These observations provided information on naturally occurring behaviors and interpersonal dynamics. Focus Group Discussions (FGDs) were also conducted, primarily involving house parents and, where appropriate, selected residents. These discussions provided collective perspectives on interpersonal relationships and everyday experiences within the facility. Psychological reports prepared by the in-house psychologist were reviewed to validate behavioral observations and provide professional assessments of documented psychological and behavioral concerns. Institutional records, care protocols, policy documents, case files, and related reports were also examined to determine how organizational structures, rules, interventions, and care practices influenced the participants' development and rehabilitation. Together, these sources provided triangulated information on the lived experiences of minors who had remained in residential care for prolonged periods.

2.6 Data Gathering Procedure

Prior to data collection, the researcher obtained permission from the Local Chief Executive of Roxas, Isabela and informed the Municipal Social Welfare and Development Officer about the conduct and procedures of the study. Data were subsequently gathered through direct and non-participant observations, focus group discussions, psychological reports and assessments, in-depth interviews, anecdotal reports, and institutional documents. House parents assisted in observing residents' behaviors, while focus group discussions conducted by the psychologist facilitated reflection on shared experiences and social interactions within the center. In-depth interviews conducted by psychologists

as part of the residents' assessments provided information regarding their personal experiences, perceptions, coping mechanisms, prolonged stays, and reintegration challenges. Psychological reports were used to validate behavioral concerns, while official records, case files, institutional reports, policies, and care guidelines provided contextual information regarding the center's interventions and organizational practices. Non-participant observations supplemented interview and documentary data by examining social interactions, communication patterns, emotional expressions, participation in daily routines, compliance with facility rules, and responses to situations within the center. Field notes were maintained to document observed behaviors and interactions. Participants and their legal guardians or authorized representatives were provided with informed consent documents, which were signed before data collection.

2.7 Data Analysis Techniques

The study employed qualitative thematic analysis to identify recurring patterns, meanings, and insights in the collected data. Participants first underwent psychological evaluations involving oral and written assessments and in-depth interviews conducted by a psychologist. Approximately two weeks after the evaluations, the psychologist's reports were collected and transcribed verbatim for document review. Anecdotal reports submitted by house parents were also included in the analysis. The researcher conducted repeated readings of the transcripts and documentary materials to become familiar with the data. An inductive thematic process was then applied so that themes and subthemes emerged from the participants' narratives rather than from predetermined categories. Following coding, recurring patterns concerning abuse, neglect, institutional care, and reintegration challenges were identified and examined in relation to the psychological, social, and economic factors influencing residents' experiences. Credibility and validity were strengthened through triangulation by cross-referencing interview information, anecdotal reports, and institutional documents. Member checking was also conducted by allowing selected participants to review and verify interpretations of their narratives. The resulting themes were synthesized in relation to the objectives of the study to provide an in-depth account of the lived experiences of residents at the Roxas Lingap Center for Children.

2.8 Ethical Considerations

The study upheld ethical principles protecting participants' rights, dignity, privacy, and welfare. Formal authorization was obtained from the Local Chief Executive of Roxas and the Municipal Social Welfare and Development Office for participant recruitment, data collection, and access to institutional records, in accordance with the Data Privacy Act of 2012 (Republic Act No. 10173). Since all participants were minors, informed consent was secured from their parents, legal guardians, or authorized representatives, and participation was voluntary with the right to withdraw at any time without consequence. Anonymity and confidentiality were maintained through pseudonyms and secure handling of research data. Safeguards were also implemented to minimize psychological, emotional, and social risks, with referrals to social work and psychological services when necessary. Throughout the study, the principles of beneficence, non-maleficence, respect for persons, justice, objectivity, and professional conduct were observed.

3. Results and Discussion

3.1 Profile of the respondents

3.1.1 Aggressive and Disruptive Behavioral Manifestations

The results showed varying forms of aggression, irritability, impulsivity, interpersonal conflict, and emotional outbursts among the participants. Participant 1 changed from being responsible and nurturing to becoming increasingly irritable and impatient, particularly toward younger residents. Participants 4 and 5 demonstrated more observable aggression through hitting, pinching, verbal conflicts, inappropriate language, and impulsive reactions during emotionally stressful situations. Participants 2 and 3 rarely displayed overt aggression, although both showed frustration when situations exceeded their coping capacities. Overall, aggressive and disruptive behaviors reflected accumulated trauma, emotional exhaustion, disrupted relationships, and the pressures associated with prolonged institutional living rather than isolated disciplinary problems. These findings indicate that

prolonged institutionalization may intensify emotional vulnerabilities, particularly when opportunities for autonomy and family reintegration remain limited. The gradual emergence of irritability, impulsivity, conflict, and emotional fatigue is consistent with Del Valle et al. (2021), who associated prolonged residential placement with institutional fatigue, emotional exhaustion, and behavioral difficulties. Similarly, Ryan et al. (2021) reported that longer placement duration may be associated with increased behavioral problems and non-compliance. Thus, aggression among overstaying residents may reflect continuing psychosocial difficulties rather than simple intentional misconduct.

3.1.2 Attention-Seeking and Rule-Violating Behaviors

The results also revealed deception, dishonesty, non-compliance, inappropriate peer influence, intentional misconduct, and excessive conformity. Participant 1 engaged in prohibited communication with a romantic partner and denied her actions when confronted, suggesting an increasing desire for privacy, autonomy, and relationships outside the institution. Participant 5 intentionally committed mistakes, associated with disruptive peers, fabricated family stories, and appeared to seek attention even through reprimands. Participant 4 displayed impulsive non-compliance and peer conflicts, particularly when frustrated by restrictions and her desire to return home. In contrast, Participant 2 showed excessive compliance and dependence on institutional routines, indicating that conformity itself had become an adaptive response. These behaviors reflected attempts to obtain emotional validation, regain personal control, or establish identity within a highly structured environment. The findings suggest that rule violations and attention-seeking should be interpreted in relation to developmental needs for autonomy and emotional connection. González-García et al. (2023) found that adolescents in structured care environments may experience frustration from restricted autonomy, contributing to oppositional behavior and resistance to authority. Likewise, Del Valle et al. (2021) explained that prolonged institutional care may encourage behavioral resistance when opportunities for independence and meaningful participation are limited. The present findings therefore indicate that both rule-breaking and excessive conformity can represent adaptation to prolonged institutionalization rather than merely disciplinary concerns.

3.1.3 Emotional Dysregulation and Withdrawal

The results showed persistent emotional dysregulation despite gradual adjustment to institutional routines. Participant 1 experienced irritability and emotional sensitivity alongside a documented history of self-harm, suicidal ideation, intrusive sexual thoughts, and hallucination-like experiences. Participant 2 initially displayed frequent crying, homesickness, and withdrawal but later became emotionally restrained, while her longing for her mother persisted. Participant 3 experienced anxiety, low self-esteem, mood changes, withdrawal, and dependence on adults in relation to her cognitive limitations and parental abandonment. Participant 4 exhibited crying, nightmares, fearfulness, sleeplessness, emotional outbursts, and hallucination-like experiences, while Participant 5 continued to show heightened sensitivity and a strong need for reassurance. Although behavioral participation improved, emotional difficulties remained across the cases. These findings indicate that behavioral adaptation does not necessarily signify emotional recovery. McLaughlin et al. (2021) reported continuing emotional reactivity among children exposed to adversity even after environmental conditions improved. Similarly, Humphreys et al. (2022) observed that supportive care may improve emotional communication while anxiety, withdrawal, and other internalizing difficulties associated with trauma and disrupted attachment remain. The findings therefore show that behavioral impairment is multidimensional, arising from trauma histories, disrupted family relationships, developmental needs, prolonged institutionalization, and restricted autonomy. Residential care provided protection and stability, but these conditions alone did not eliminate the psychological consequences of abuse, neglect, abandonment, and prolonged family separation.

3.2 Social Interactions of Overstaying Minor Residents

3.2.1 Gradual Social Adjustment and Improved Interpersonal Engagement

The results showed that participants generally progressed from initial withdrawal, fear, homesickness, and difficulty adjusting to communal living toward greater social participation. Participant 1 developed meaningful peer relationships, assumed leadership roles, and cared for younger residents,

although prolonged residence and the departure of close peers later contributed to irritability and reduced interpersonal satisfaction. Participant 2 became increasingly involved in recreational, spiritual, and educational activities and developed cooperative relationships. Participant 3 improved through consistent caregiver guidance despite continuing difficulties associated with intellectual disability. Participants 4 and 5 also became more expressive and active in communal activities, although interpersonal conflicts remained. Social adjustment therefore occurred gradually and differed according to trauma history, emotional readiness, and cognitive functioning. The gradual improvement in social functioning demonstrates the supportive role of structured residential care. Del Valle et al. (2021) reported that quality residential environments can promote social competence through predictable routines, supportive caregiving, and meaningful peer interaction. Similarly, González-García et al. (2023) found that adolescents in residential care may develop stronger interpersonal skills when provided consistent emotional support and opportunities for participation. The findings therefore suggest that the structured environment of the Roxas Lingap Center supported social adaptation despite the participants' adverse experiences.

3.2.2 Development of Surrogate Relationships and Social Support

The results revealed that house parents, caregivers, social workers, and fellow residents became important sources of companionship, security, and emotional support. Participant 1 regarded fellow residents as sisters, although the discharge of close peers contributed to loneliness and irritability. Participant 2 formed trusting relationships with caregivers and recreated family-like roles through caring for younger residents while continuing to miss her mother. Participant 3 relied more heavily on caregivers for guidance because of difficulties interpreting social cues. Participants 4 and 5 developed relationships with caregivers and peers, although emotional sensitivity and the desire for acceptance occasionally complicated these interactions. Across participants, surrogate relationships promoted belonging and adjustment but did not eliminate their continuing desire for biological family connection. These findings demonstrate that institutional relationships can provide significant emotional support without completely replacing primary family attachment. Humphreys et al. (2022) emphasized that supportive substitute caregivers may foster emotional security but cannot fully replace the importance of primary attachment figures. Likewise, McLaughlin et al. (2021) argued that children with disrupted attachment may continue to seek emotional security from biological family members even after developing positive relationships in alternative care. Surrogate relationships therefore complemented rather than replaced family attachment and remained important protective factors during prolonged institutional residence.

3.2.3 Enhanced Emotional Expression but Continued Emotional Vulnerability

The results showed increased willingness among participants to communicate, participate socially, and express their feelings as trust developed within the residential facility. Participant 1 demonstrated confidence through leadership and academic participation but remained emotionally sensitive because of unresolved trauma. Participant 2 became socially cooperative while continuing to long for maternal care. Participant 3 improved in emotional expression but remained anxious and dependent on reassurance. Participant 4 became more communicative and socially involved, although crying, fear, nightmares, and emotional outbursts persisted. Participant 5 became more open with caregivers and peers but continued to respond sensitively to correction, trauma-related triggers, and family issues. Thus, improved social participation coexisted with continuing psychological vulnerability. The persistence of emotional difficulties despite improved interpersonal functioning is consistent with González-García et al. (2023), who observed that adolescents in residential care may improve socially while continuing to experience internal emotional struggles associated with previous adversity. Similarly, Humphreys et al. (2022) noted that supportive relationships can contribute to resilience without fully resolving trauma and attachment disruption. These findings indicate that social adjustment is only one dimension of recovery. Although institutional activities, supportive caregiving, and peer relationships strengthened social competence, continued attention to family visitation, family therapy, reintegration planning, and trauma-informed support remains important because institutional adjustment alone does not represent complete psychosocial recovery.

3.3 Emotional Well-Being of Overstaying Minor Residents

3.3.1 Persistent Emotional Distress and Unresolved Trauma

The results showed that emotional distress persisted among all five participants despite prolonged residence in a safe and structured environment. Participant 1 continued to exhibit irritability and serious trauma-related concerns despite strong academic and institutional functioning. Participant 2 initially experienced crying, homesickness, and withdrawal and continued to long for maternal affection even after becoming socially adjusted. Participant 3 experienced anxiety, low self-esteem, insecurity, withdrawal, and dependence on caregivers. Participant 4 displayed fear, nightmares, crying episodes, emotional outbursts, and hallucination-like experiences that diminished but did not entirely disappear. Participant 5 continued to demonstrate heightened emotional sensitivity, a need for reassurance, and trauma-related reactions. Across the cases, improvement in daily functioning did not remove unresolved traumatic experiences. The findings indicate that physical safety and behavioral adaptation do not automatically produce complete emotional healing. Saragih (2018) similarly associated prolonged institutional residence with anxiety, depression, withdrawal, and behavioral difficulties arising partly from restricted environments and uncertainty. Garcia et al. (2021) likewise emphasized that Filipino children and adolescents exposed to psychosocial adversity may continue experiencing emotional difficulties even after their external circumstances improve. Erikson's Psychosocial Development Theory further suggests that disruptions in trust, autonomy, and identity development may contribute to continuing emotional insecurity, while Takahashi (2025) identified adverse effects of disrupted social experiences on emotional regulation and resilience. The participants' emotional distress therefore reflected the cumulative influence of childhood trauma, disrupted family relationships, and prolonged institutional care.

3.3.2 Surrogate Attachment and the Continuing Longing for Family

The results revealed that participants developed meaningful relationships with house parents, social workers, caregivers, and fellow residents, which provided emotional security, companionship, and belonging. Nevertheless, all continued to demonstrate attachment to their biological families. Participant 1 remained concerned about reunification and her siblings, Participant 2 continued to seek maternal affection, and Participant 3 depended heavily on substitute caregivers while experiencing insecurity associated with parental abandonment. Participants 4 and 5 also continued to experience homesickness, desire for family acceptance, and emotional reactions connected with family relationships. Thus, institutional support strengthened adjustment but did not remove the participants' need for parental affection and family belonging. The continued importance of family attachment is consistent with Maslow's Hierarchy of Needs (1943), in which love, belongingness, and meaningful relationships are fundamental psychological needs. Although the facility provided safety, shelter, education, healthcare, and protection, participants' continued longing for family suggested that emotional belonging remained only partly fulfilled. Alves et al. (2023) linked emotional dependency to fear of abandonment, low self-esteem, and the need for reassurance, while Viaux-Savelon et al. (2022) associated early caregiver separation and adverse experiences with persistent emotional insecurity and socio-emotional difficulty. Garcia et al. (2021) likewise observed continuing emotional challenges among Filipino youth despite improved environments. Surrogate caregiving therefore provided important protection and support but did not fully replace biological family attachment.

3.3.3 Emotional Adjustment Accompanied by Continuing Vulnerability

The results showed that participants gradually developed adaptive coping behaviors within the stable and supportive environment of the center. They participated in educational, recreational, spiritual, and social activities, strengthened interpersonal relationships, and demonstrated greater confidence and future orientation. Participant 1 showed resilience through academic success and leadership; Participant 2 became more emotionally stable and socially responsible; Participant 3 increased her participation and confidence; Participant 4 improved in emotional expression and social involvement; and Participant 5 demonstrated increasing maturity and optimism. However, all continued to show some degree of emotional sensitivity or distress associated with trauma, abandonment, family separation, or developmental limitations. Emotional resilience and vulnerability therefore developed simultaneously. The findings may be understood through Bandura's Social Learning Theory (1977), as

participants acquired adaptive behaviors through observation, interaction, and reinforcement from caregivers, social workers, and peers. Lawton and Nahemow's Environmental Press Theory also explains how the predictable institutional environment reduced immediate stress and supported adaptation, although its highly structured nature may have limited opportunities for complete emotional independence. The findings are consistent with Garcia et al. (2021), who observed continuing emotional difficulties alongside improved functioning among Filipino children exposed to adversity. Erikson's Psychosocial Development Theory further suggests that supportive experiences can promote confidence, relationships, and developmental progress while unresolved trauma continues to affect psychosocial growth. Emotional adjustment among the participants therefore represented resilience rather than complete recovery, emphasizing the continuing relevance of trauma-informed psychosocial support and carefully planned family reintegration.

3.4 Interrelationship of Behavioral, Social, and Emotional Experiences

The overall results showed that behavioral impairment, social interaction, and emotional well-being were closely interconnected. Aggression, rule violations, withdrawal, excessive conformity, and emotional sensitivity occurred alongside participants' attempts to obtain autonomy, connection, reassurance, and belonging. At the same time, structured routines, educational and recreational involvement, supportive caregiving, and peer relationships promoted improved behavioral and social adjustment. However, unresolved trauma, disrupted family attachment, prolonged separation, developmental needs, and uncertainty remained evident even among participants who appeared well-adjusted within the institution. Collectively, the findings indicate that the behavioral difficulties of overstaying minor residents should not be considered independently from their social and emotional experiences. Del Valle et al. (2021) and Ryan et al. (2021) associate prolonged placement with behavioral and institutional adjustment difficulties, while González-García et al. (2023) highlights the effects of restricted autonomy and continuing emotional struggles within residential care. McLaughlin et al. (2021) and Humphreys et al. (2022) further demonstrate that supportive environments and relationships can promote adjustment without entirely resolving trauma and disrupted attachment. The findings therefore portray residential care as simultaneously protective and limited: it can provide safety, stability, social development, and opportunities for resilience, but prolonged placement cannot by itself fully address the lasting psychological and relational consequences of abuse, neglect, abandonment, and family separation.

4. Conclusion & Recommendations

The study concludes that prolonged institutionalization influences the behavioral, social, and emotional functioning of overstaying minor residents in complex and interconnected ways. Behavioral impairments should be understood within the context of the residents' lived experiences rather than as isolated behavioral problems, as unresolved trauma, disrupted attachment, prolonged family separation, and restricted opportunities for autonomy continued to affect their adjustment. Although participants gradually improved their interpersonal skills, social participation, educational engagement, and relationships with caregivers and peers, surrogate relationships did not replace their continuing need for parental affection, family belonging, and reunification. The structured, nurturing, and protective environment of the Roxas Lingap Center promoted safety, resilience, trust, and psychosocial adjustment, but successful institutional adaptation did not signify complete emotional recovery. Residential care therefore remains important for immediate protection, education, and psychosocial support but is insufficient by itself to address the long-term emotional and developmental consequences of abuse, neglect, abandonment, and prolonged family separation, emphasizing the continuing importance of trauma-informed, child-centered care, individualized psychosocial support, family reintegration, and timely permanency planning.

The Roxas Lingap Center for Children should strengthen trauma-informed behavioral interventions emphasizing emotional regulation, healthy coping, positive behavior support, individualized behavioral planning, regular mental health screening and psychological assessment, therapeutic activities, psycho-education, life-skills development, positive peer relationships, and supportive

resident-caregiver communication. Family-centered interventions should be strengthened through family visitation, counseling, parenting education, supervised interaction, and timely permanency planning whenever these are consistent with the child's best interests. Social workers should maintain continuous coordination with biological families, Local Government Units, and other stakeholders to support safe, timely, and sustainable family reintegration, while the Department of Social Welfare and Development (DSWD) and residential child-caring agencies should strengthen trauma-informed and attachment-focused counseling, psychosocial support, resilience-building, and emotional regulation services. Future research should include participants from multiple residential child-caring agencies, compare government and non-government facilities, incorporate the perspectives of social workers, caregivers, psychologists, biological families, and former residents, and examine behavioral, emotional, social, attachment, and reintegration outcomes longitudinally before, during, and after discharge.

Within its stated scope, the study involved five (5) female survivors of sexual abuse, aged 11 to 17 years, who had remained for two (2) to seven (7) years in a single municipal residential facility, the Roxas Lingap Center for Children; therefore, no additional limitations beyond those directly supported by the manuscript are asserted here. The recommendation for replication across multiple residential child-caring agencies, comparisons between government- and non-government-operated facilities, inclusion of additional stakeholder perspectives, and longitudinal investigation reflects the manuscript's identified directions for broadening future research.

5. Compliance with ethical standards

The authors declare no conflict of interest. Ethical standards for research involving minors were strictly observed through informed consent from parents, legal guardians, or authorized representatives, voluntary participation, confidentiality, and the use of pseudonyms to protect participants' identities. Necessary approvals were obtained from the Local Chief Executive and the Municipal Social Welfare and Development Office. Given the sensitive experiences of the participants, appropriate safeguards and access to social work and psychological support were provided when needed, in accordance with the Data Privacy Act of 2012 (Republic Act No. 10173).

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