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The Role of Religious Communities in Reducing Stigma and Building Empathy Towards Children with Special Needs

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Abstract: Stigma toward children with special needs remains a social issue manifested through negative labeling, exclusion, unequal treatment, and perceptions that they are burdens to their families and communities. Previous studies have primarily examined inclusive education, psychological services, teacher training, and social policies, while the role of religious communities in transforming stigma into empathy requires further discussion. This study aims to analyze the role of religious communities in reducing stigma and fostering empathy toward children with special needs, as well as to explain how religious values can support inclusive social acceptance. This study employs a qualitative literature review approach, using thematic content analysis of relevant literature on social stigma, empathy, children with special needs, and religious communities. The literature synthesis indicates that religious communities can contribute through public education, family mentoring, inclusive participation, empowerment, cross-community collaboration, and inclusion campaigns. The study highlights the importance of moving beyond compassion toward justice, equal participation, and empowerment. It positions religious communities as socio-religious spaces that can connect changes in social perspectives, empathetic interactions, and inclusive practices. These findings provide a conceptual basis for understanding the contribution of religious communities to more equitable social acceptance.

Keywords: Children with Special Needs, Empathy, Religious Communities, Social Inclusion, Social Stigma.

INTRODUCTION

Children with special needs are an integral part of social life, possessing diverse conditions, needs, and developmental patterns, encompassing physical, intellectual, emotional, social, and communication aspects. Children with special needs, abbreviated as ABK and also referred to as children with disabilities, are children who deviate from the average normal child (Normasari et al., 2020). Children with disabilities can be categorized as a vulnerable group—namely, a group that most frequently experiences discrimination and whose rights are often unfulfilled (Dwi Ningsih, 2022). However, this diversity is not always accepted as normal

within society. Children with special needs are often viewed as difficult to educate, unable to be independent, disruptive, or even a burden on their families and communities. This situation demonstrates that the issues facing children with special needs are not solely related to educational or health services, but also closely related to social acceptance. A lack of societal understanding can lead to the differences among children with special needs becoming a reason for attitudes of distance, rejection, and unequal treatment (Nursholichah et al., 2024).

Stigma against children with special needs can manifest in the form of teasing, negative labeling, exclusion, and discriminatory treatment. Labels such as "naughty child," "stupid child," "weird," "abnormal," and even "cursed" demonstrate that disabilities and special needs are still viewed through prejudice, rather than through knowledge and empathy. Stigma is the act of assigning a social label aimed at separating or discrediting an individual or a group of people through negative branding or views (Hati et al., 2017). This stigma not only impacts the child but also impacts their family life. Parents of children with special needs can experience social pressure, shame, anxiety, and even guilt due to comments and judgments from their environment. In some circumstances, families become reluctant to take their children into public spaces for fear of receiving stares, questions, or hurtful treatment. Thus, stigma does not stop at the child, but also affects family life as a whole (Al Fikroni et al., 2025).

Persistent stigma can hinder the development of children with special needs. Negative treatment can lead to decreased self-confidence, difficulty interacting, withdrawal from the environment, and feelings of being unaccepted. However, children with special needs still have the potential to grow, learn, participate, and add meaning to their surroundings. They need appropriate support, not condescending pity. In this context, empathy is a crucial attitude to develop. Empathy is an affective response stemming from an understanding of another person's emotional state-feeling the same way that the other person feels (Rismi et al., 2022). Empathy is not merely pity, but the ability to understand the condition of children with special needs in a more humane way, respect their dignity, and provide space for them to develop according to their abilities. Empathy positions children with special needs not as objects of pity, but as individuals with rights, potential, and the need to be accepted equally (Br Nainggolan et al., 2025).

Social acceptance is crucial because children do not live in isolation. They grow up within families, schools, places of worship, play environments, and the wider community. An accepting environment can help children feel safe, confident in interacting, and have opportunities for self-development. Conversely, an environment full of rejection can reinforce feelings of isolation and limit children's participation. Therefore, efforts to reduce stigma cannot be achieved solely through formal policies or school education, but require the involvement of the broader social environment, including families, teachers, neighbors, community organizations, the media, and local communities. The more social spaces that understand the conditions of children with special needs, the greater the opportunity for a more welcoming, inclusive, and non-discriminatory culture to develop (Eka Mayang Sari & Opi Andriani, 2024).

In Indonesia's religious society, religious communities hold a strategic position in shaping social perspectives. Religion serves as a guide for humans to fulfill their roles on earth (Sunardin, 2021). Religious values are not only present in worship practices but also influence how people understand humanity, suffering, diversity, compassion, and justice. Religious leaders, religious educational institutions, places of worship, study groups, Sunday schools, community services, and religious organizations are spaces closely connected to people's daily lives. Therefore, religious communities can be important actors in reducing the stigma against children with special needs. Through sermons, religious education, family support, social activities, and inclusive service practices, religious communities can help society view children with special needs not as a burden, but as fellow human beings who deserve respect and support (Mustika Septi Handini, 2025).

However, religion's role in disability issues is not always positive. In certain contexts, misconceptions about religion can reinforce stigma, for example, when disability is viewed as punishment, a family disgrace, a humiliating test, or a sign of low worth. These views can further marginalize children with special needs and their families. On the other hand, religion has the potential to foster a more just and compassionate awareness. Studies on disability and religion show that religious communities should not stop at compassion, but rather move toward justice, participation, and empowerment. Compassion without justice can relegate people with disabilities to mere recipients of assistance, rather than active members of society.

Discussions about children with special needs have focused largely on inclusive education, psychological services, teacher training, or social policy. These studies are important, but they do not adequately explain how religious communities can play a role in transforming stigma toward children with special needs into empathy. This research gap lies in the inadequate discussion of the role of religious communities in transforming stigma into empathy toward children with special needs. Yet, religious communities possess social networks, moral authority, and emotional closeness to the community. If religious values are interpreted inclusively, religious communities can become spaces for education, support, advocacy, and empowerment for children with special needs and their families. Conversely, if religious communities remain passive, the stigma that develops in society can persist without adequate moral and social correction (Noor, 2016).

The uniqueness, or state-of-the-art, of this research lies in its placement of the issue of children with special needs from a socio-religious perspective, viewing religious communities as spaces with the potential to reduce stigma and build empathy. This perspective places the values of compassion, justice, respect for human dignity, and acceptance of differences as the foundation for building a more inclusive social environment. Thus, this research not only views religious communities in the context of providing compassion, but also in relation to justice, participation, and empowerment. This position distinguishes this research because the discussion of children with special needs is positioned not solely as an issue of education or social welfare, but also as part of the socio-religious responsibility in creating a society that is more humane, just, and able to accept diversity.

Several previous studies have addressed issues related to the support, education, and social inclusion of children with special needs and persons with disabilities. Badi et al. (2017) discussed the importance of parental involvement in addressing the needs of children with emotional and behavioral disorders at home in accordance with their needs at school. Noviandari & Fitriara Huda (2018) emphasized education as a fundamental right for everyone, including children with special needs. Retnaningsih & Hidayat (2012) highlighted the importance of moral and science education in relation to the influence of peer relationships on the development of individuals with intellectual disabilities. Meanwhile, Ririn Izzati Pangestuti et al. (2026) discussed the strategic role of volunteers in supporting the social inclusion of persons with disabilities. These studies provide relevant perspectives on family support, educational rights, social development, and inclusion. However, based on the scope of the studies discussed here, further examination is needed to connect these issues with the role of religious communities in reducing stigma and fostering empathy toward children with special needs. This study addresses that focus by examining religious communities from a socio-religious perspective, particularly their potential contribution to compassion, justice, participation, and empowerment.

Based on these research gaps and unique characteristics, this study aims to analyze the role of religious communities in reducing stigma and building empathy for children with special needs. It also aims to explain how religious values of compassion, justice, respect for human dignity, and acceptance of differences can serve as a foundation for building a more inclusive social environment. Thus, this study positions the issue of children with special needs as part of the socio-religious responsibility to create a more humane, just, and diverse society.

METHODS

This study employed a qualitative method with a literature review approach. Data collection in qualitative research involves non-numerical data, such as observations, interviews, and questionnaires (Salsa Bela et al., 2025). A literature review is a part of research that involves examining or analyzing cases related to an existing topic, based on the findings of previous research (Andreanus et al., 2018). This approach was chosen because the study did not involve direct data collection in the field, but rather through exploration, reading, and analysis of various literature relevant to the issues of children with special needs, social stigma, empathy, and the role of religious communities in building social acceptance. The literature review was used to understand how stigma against children with special needs is formed in society, its impact on children and families, and how religious communities can play a role in transforming this stigma into an empathetic and inclusive attitude (Nugrahani, 2022).

The object of this study is the study of children with special needs, particularly those related to social stigma, empathy, social acceptance, and the role of religious communities in building an inclusive environment. The research data sources come from primary and secondary literature that is in line with the research theme. The literature used includes scientific journal articles, books, research results, academic reports, and studies discussing disability, children with special needs, social stigma, empathy, inclusive education, religious communities, empowerment of people with disabilities, and religious-based social inclusion. The literature selection was carried out purposively, namely by selecting sources that are in line with the research focus. The selected literature not only discusses children with special needs from an educational and socio-psychological perspective, but also includes a socio-religious perspective to align with the research direction.

The research population and sample are not described in terms of population and respondent samples, as this study does not utilize direct data collection from respondents. Instead, the study utilizes literature purposively selected based on its suitability to the research focus. The literature criteria used include several aspects. First, literature discussing forms of stigma, discrimination, and negative labeling of children with special needs or persons with disabilities. Second, literature explaining the impact of stigma on the social, emotional, and psychological development of children and their families. Third, literature discussing the importance of empathy, social interaction, and community acceptance of children with special needs. Fourth, literature specifically discussing the role of religion, religious leaders, religious institutions, faith-based communities, or religious organizations in mentoring, empowering, and advocating for persons with disabilities. Based on these criteria, the research is directed at connecting studies on stigma against children with special needs with socio-religious studies.

The data analysis technique used was content analysis with a thematic approach. The collected literature was thoroughly read and then categorized based on the main themes that emerged. These themes included forms of stigma against children with special needs, the impact of stigma on children and families, empathy as a basis for social acceptance, the role of the social environment in building inclusion, and the contribution of religious communities in reducing stigma and building empathy (Richard West Lynn H. Turner, 2008). After these themes were identified, the relationships between them were analyzed to demonstrate that the issue of stigma against children with special needs can be understood not only as an educational or social welfare issue, but also as a socio-religious issue that requires the involvement of religious communities.

Further research analysis will examine the position of religious communities as social actors with strategic potential in building inclusive awareness. Religious communities have moral influence, social networks, and educational spaces integrated into community life. However, this research does not automatically position religion as the solution. The role of religion in building empathy and social justice depends on how religious values are understood and applied inclusively. Conversely, erroneous religious understandings can reinforce stigma

when disability is viewed as a disgrace, punishment, or a burden on the family. Therefore, the research analysis will examine how religious communities can move from mere compassion to practices of mentoring, empowering, and more equitable acceptance of children with special needs.

RESULTS AND DISCUSSION

Children with Special Needs and Social Stigma in Society

The results of the study indicate that children with special needs are children who have certain conditions or obstacles in the physical, intellectual, mental, social, emotional, sensory, or communication aspects, so that they require services, approaches, and support that are different from children in general (Putri et al., 2025). These differences do not indicate that children with special needs do not have the potential to develop. They still have the ability, rights, and opportunities to learn, interact, and participate in social life. However, in society, these differences are still often misunderstood and placed as shortcomings that make children in a lower position compared to other children.

One of the problems identified is the emergence of social stigma through negative labeling. Labels such as "stupid child," "naughty child," "strange," "abnormal," "cursed child," or "family burden" indicate a lack of understanding regarding disabilities and special needs. This stigma is related to a lack of knowledge, education, and empathy in social interactions. Nursholichah et al., (2024) showed that stigma against children with disabilities arises through negative labeling of the child and their family, including the assumption that the child is stupid, naughty, cursed, or a burden. This condition is influenced by a lack of education about disabilities and low social empathy.

Stigma isn't always conveyed directly through words. It can be seen through withdrawn behavior, condescending stares, unequal treatment, and limited opportunities. Children with special needs may be perceived as unable to participate in group activities, difficult to communicate with, or unworthy of being in the same social space as other children. As a result, exclusion can occur in schools, extended families, neighborhoods, and public spaces. In mainstream schools, children with special needs also face interaction challenges because some members of the public don't yet understand that their learning and communication processes require adaptive approaches tailored to each child's individual circumstances (Eka Mayang Sari & Opi Andriani, 2024).

These findings demonstrate that stigma is not merely an individual issue, but a social one. The obstacles experienced by children with special needs stem not solely from their personal circumstances, but also from environments that are not yet friendly, open, and accommodating of differences. This aligns with the view that negative perceptions of disability can lead to social exclusion and isolation, while positive societal attitudes can foster acceptance and social inclusion (Babik & Gardner, 2021). Therefore, reducing stigma requires a shift in perspective from judging children based on impairments to respecting the dignity, potential, and rights of children with special needs.

The Impact of Stigma on Children with Special Needs and Their Families

Further studies have shown that stigma impacts the psychological, social, and educational development of children with special needs. Children who consistently receive negative labels or are treated differently can experience low self-esteem, anxiety, lack of confidence, and feelings of inadequacy in their social environment. When children are considered "weird," "disturbing," or "incapable," their opportunities for interaction and development become increasingly limited. Negative attitudes from their environment can also exacerbate the obstacles children already face, leading them to face not only their own condition but also social rejection (Zaskia et al., 2025).

In educational settings, stigma can hinder the participation of children with special needs. Children may feel afraid to interact, reluctant to ask questions, or withdraw from group learning activities. Inclusive education should provide every child with the opportunity to develop according to their abilities. However, when the school environment or surrounding community is not accepting of differences, children can experience social exclusion. Children may be physically present in the educational environment, but they may not feel emotionally and socially accepted. This situation can cause the learning environment, which should support development, to become a source of additional stress (Eka Mayang Sari & Opi Andriani, 2024).

The impact of stigma is also evident in children's social lives. Children with special needs may miss out on opportunities to play, make friends, and participate in community activities due to the perception that they are unable to fit in. When society focuses more on limitations than on potential, children become increasingly isolated from their environment. Healthy social relationships are crucial for building a sense of security, courage, and adaptability. If children are consistently perceived as different and to be avoided, their identity development can also be disrupted.

Stigma also places a burden on families, especially parents. Parents not only face challenges in caring for and supporting their children, but also face social pressure from their environment. Comments, stares, comparisons with other children, and demeaning advice can be a psychological burden. Stigma toward families isn't always overt but can manifest through excessive questioning, advice that makes parents feel like failures, or the assumption that the child's condition is caused by poor parenting (Al Fikroni et al., 2025).

Stigma from extended family, neighbors, friends, and those who should be providing support can cause parents to experience guilt, shame, low self-esteem, loss of self-confidence, and social withdrawal. In some circumstances, families limit their children's presence in public spaces to avoid hurtful stares or comments. This situation further limits the child's opportunities to socialize while simultaneously isolating parents from their child's condition.

Stigma can also influence parenting styles. Social pressure can make parents overprotective, anxious, or hesitant to involve children in social activities. Conversely, social support, reflection, spirituality, and an accepting environment can help families build resilience. Therefore, efforts to reduce stigma should not be solely directed at children; they also need to address families and the social environment. Families need support, society needs understanding, and communities need to recognize that children with special needs are not a burden, but rather a part of society with the right to be accepted, respected, and given space to thrive.

Empathy as the Foundation of Social Acceptance

The study's findings indicate that empathy is a crucial foundation for changing society's perspective on children with special needs. Empathy differs from pity. Empathy is the ability to recognize, understand, and feel another person's condition through cognitive and affective dimensions. In social relationships and humanitarian services, empathy is demonstrated through responses that respect human dignity, demonstrate concern, and build more humane relationships (Dudella Desnani Firman Yasin et al., 2025). In the context of children with special needs, empathy needs to be demonstrated through acceptance, support, and providing space to participate in social life.

Empathy also plays a role in building healthier interactions. Children with special needs may require more patient, flexible, and tailored communication patterns to their circumstances. Without empathy, a child's behavior is easily misinterpreted as disorder, delinquency, or disability. Conversely, empathy helps society understand that each child has a different way of learning, communicating, and expressing themselves. Research on the relationship between student empathy and their ability to interact with children with special needs shows that

empathy is a crucial component in building healthy social relationships (Br Nainggolan et al., 2025).

Strong empathy goes beyond theoretical understanding and can drive concrete action. This can manifest itself in patience when communicating, not rushing to judge a child's behavior, helping when the child experiences difficulties, and providing opportunities to engage in shared activities. In the research reviewed, empathy is seen as caring translated into action, from how we view children with special needs, to our emotional responses when facing difficulties, to concrete behaviors in providing support.

Social acceptance is also influenced by the quality of interactions between the community and children with special needs. A lack of interaction can foster prejudice because society doesn't directly recognize the child's needs and potential. Conversely, positive interactions can open new understandings. Through daily interactions, the community can see that children with special needs are also capable of learning, playing, responding to affection, and contributing according to their abilities. Therefore, empathy needs to be built through social experiences, not just knowledge.

Empathy can reduce discriminatory tendencies because society begins to see children with special needs as individuals with feelings, needs, and potential. Empathy makes people more careful in their words and actions, thereby reducing the tendency to ridicule, distance themselves, or treat children as burdens. Thus, empathy forms the basis for tolerance, acceptance of differences, and social awareness. However, empathy also needs to be directed appropriately. Empathy without understanding can turn into excessive treatment or condescending pity. Children with special needs need respect for their rights, independence, and participation.

Religious Communities as Agents in Reducing Stigma

The study's findings indicate that religious communities hold a strategic position in reducing stigma due to their close relationship with social life. Values such as compassion, caring, justice, and respect for human dignity can form the basis for shaping society's perspective on children with special needs. Religious leaders, counselors, teachers, mosque or church administrators, service groups, study groups, Sunday schools, Islamic boarding schools, and other religious organizations have a significant influence on community life.

This role can begin through simple activities such as sermons or lectures on the acceptance of children with special needs, family mentoring activities, inclusive Sunday school, or socio-religious activities involving people with disabilities. These activities create a space for interaction between the community and children with special needs. Through these encounters, people who previously only saw the children from a distance have the opportunity to get to know, understand, and interact more closely.

In the Islamic context, Mustika Septi Handini (2025) research shows that Islamic religious instructors can strengthen the mental and spiritual resilience of families with disabilities through an empathetic, systematic, and sustainable approach that positions the family as the subject. This approach is based on the principle *mercy for all the worlds, moderate, and participation*. These findings indicate that religious guidance is not simply about providing advice, but rather needs to be provided with empathy, without judgment, and oriented toward strengthening the family in the face of social pressures (Mustika Septi Handini, 2025).

Within the Christian community, the church can also be a space for empowerment. Research on the Kaero Congregation of the Toraja Church demonstrates the church's role through pastoral care, material assistance, and diaconal programs. Through this support, people with disabilities who previously struggled to accept their condition can begin to recover, think positively, become independent, and become active in church services (Devi et al., 2021). These findings demonstrate that religious communities can be spaces for social healing, not just places of worship.

This role is also evident in faith-based institutions such as Yaketunis and Yakkum. Both institutions demonstrate that religious concern for people with disabilities can be realized through education, religious guidance, physiotherapy, clinics, the provision of assistive devices, psychosocial support, skills training, and community-based rehabilitation (Noor, 2016). Meanwhile, the Friends of the Disabled in Lampung (SADILA) community carries out socio-religious activities that not only involve worship and learning to read the Quran, but also include handicrafts, farming, cooking, and skills training (Marlina, 2022).

Several reasons explain why the aforementioned activities highlight the importance of religious community engagement in reducing negative stigma toward children with special needs. First, in Christian teachings, theological values can be integrated with the principles of inclusivity and respect for every human being as a creation of God. This perspective emphasizes that every individual, including persons with disabilities, possesses equal dignity and status before God (Wicaksono & Irawaty, 2023). A person's human worth is not determined by their background, physical condition, or limitations. This understanding can serve as a moral foundation for fostering mutual respect, embracing diversity, and rejecting discrimination against children with special needs.

Second, Thahir & Haramain (2025) explain that, according to Islamic teachings, every human being possesses inherent dignity because they are creations of Allah. Therefore, physical, sensory, mental, or intellectual limitations should never be used as a reason to demean an individual, either in spiritual life or in social interactions. This perspective aligns with Abdullah Thahir's view, which emphasizes the importance of respecting human dignity without using individual limitations as a basis for discriminatory treatment. Accordingly, religious communities can play a role in fostering public awareness that children with special needs deserve respect, acceptance, and opportunities to participate in social life.

Third, according to Pali et al. (2025), Buddhist teachings in the *Sigālaka Sutta*, found in the *Dīgha Nikāya*, describe five forms of conduct in friendships: showing generosity (*dānena*), speaking kindly (*peyyavajjena*), providing assistance (*atthacariyāya*), treating friends as one would treat oneself (*samānattatāya*), and ensuring that one's actions are consistent with one's words (*avisamvādanatāya*). One value particularly relevant to inclusive education is providing assistance (*atthacariyāya*). This value can be practiced in everyday life, including in school environments, by encouraging students to help and support one another regardless of physical condition, ability, or special needs. Applying this principle can strengthen equal social relationships while reducing the exclusion of children with special needs.

Based on these perspectives, the role of religious communities in reducing negative stigma toward children with special needs can be realized in three main ways. First, they can educate the public that children with special needs are neither a disgrace nor a burden. Second, they can provide support and guidance to families so that they can cope with social pressures without feeling isolated. Third, they can create opportunities for participation that enable children with special needs to be present, interact, and develop alongside other members of society. Thus, religious communities serve not only as places of worship but also as social spaces that foster empathy, strengthen acceptance of diversity, and promote an inclusive and equitable society.

From Compassion to Justice and Empowerment

The study's findings suggest that compassion or pity is not always enough to eliminate stigma. When children with special needs are viewed solely as weak, helpless, and dependent on others for help, compassion can actually perpetuate their position as objects of concern. Children may be invited to attend, but not necessarily heard; given attention, but not necessarily empowered. This situation is an important consideration for the role of religious communities (Panther & Bornman, 2025).

Studies of people with disabilities in the church show that compassion without justice can perpetuate the passive and dependent status of people with disabilities. Misplaced compassion, stereotypes, prejudice, and discrimination can hinder the participation of people with disabilities in religious communities (Panther & Bornman, 2025). Therefore, care needs to be directed toward respecting the dignity and rights of children with special needs.

In this context, justice means providing equal opportunities. Children with special needs need space to participate in social and religious activities, be treated with respectful language, be supported in developing their skills, and not be constantly viewed as underprivileged. Religious communities also need to adapt their spaces and activities through accessible facilities, more accessible communication methods, patient support, and activities that allow children to participate according to their abilities.

Empowerment is the next step after justice. While justice provides space, empowerment helps children with special needs and their families utilize that space. Empowerment can be achieved through education, family counseling, skills training, social services, and mental and spiritual strengthening. This role is evident in Yaketunis and Yakkum, which not only provide assistance but also provide education, religious services, physiotherapy, clinics, assistive devices, psychosocial support, skills training, and community-based rehabilitation (Noor, 2016).

These findings demonstrate that religion can be a social force manifested through action. When religious communities provide support, provide access, provide training, and build support networks, the value of compassion goes beyond teachings to translate into social action to help children and families address stigma. Children with special needs also need to be seen as members of the community capable of contributing and fulfilling roles according to their abilities. They can be involved in worship, art, games, social service, and other shared activities.

Thus, a shift from compassion to justice and empowerment is crucial to building social acceptance. An inclusive religious community not only conveys the value of all human beings, but also demonstrates it through tangible acceptance, access, support, and empowerment.

Strategies for Religious Communities in Building Empathy and Social Inclusion

The study's findings indicate that religious communities' strategies for reducing stigma are not simply based on general moral advice, such as encouraging love or not insulting children with special needs. These strategies need to be translated into activities and social systems that make children and their families feel truly accepted.

First, make religious spaces a means of community education.

Sermons, religious studies, Sunday school, madrasah education, and community forums can be used to improve understanding of disabilities. This education should dispel the perception that children with special needs are a disgrace, a curse, or a burden on the family. However, children with special needs should not be solely portrayed as examples of suffering in sermons, as this can further cast them as objects of pity. Religious education should emphasize the dignity, rights, potential, and participation of children with special needs.

Second, develop a mentoring program for families. Religious communities can provide a safe space for families to share experiences and cope with social pressures. Research on Islamic religious instructors in *Family Support Group* Wonosobo Regency demonstrates mental and spiritual strengthening of families with disabilities through an empathetic, systematic, sustainable, and network-based approach (Mustika Septi Handini, 2025). This support needs to go beyond advising on patience to provide emotional support, social support, appropriate information, and non-judgmental support.

Third, open up space for participation in religious activities. Children with special needs should not simply be allowed to attend places of worship or community activities; they should be given the opportunity to participate according to their abilities. The concept of an inclusive church emphasizes that the church needs to be a community that is welcoming to people with

disabilities and reduces stigma through values of love, justice, and openness (Wicaksono & Irawaty, 2023). YAKKUM also emphasizes that an inclusive church means more than just symbolic openness, but also includes disability-friendly facilities, medical and social support, and the full participation of people with disabilities in church life (YAKKUM, 2024).

Fourth, prioritize empowerment, not just providing assistance. Yaketunis and Yakkum demonstrate forms of empowerment through education, religious services, physiotherapy, clinics, assistive devices, psychosocial support, skills training, and community-based rehabilitation (Noor, 2016). Yaketunis focuses more on the visually impaired and Muslim beneficiaries, while Yakkum reaches people with disabilities from a more diverse background (YAKKUM, 2024). These findings suggest that religious institutions can play a role in empowerment, while also addressing the need for broad access to services.

Fifth, build cross-community collaboration. The issues of children with special needs cannot be resolved by a single institution. Religious communities can collaborate with schools, health workers, psychologists, social workers, organizations for people with disabilities, local governments, and families. This collaboration is necessary because stigma can arise in homes, schools, places of worship, social media, and the community.

Sixth, utilize digital media for inclusion campaigns. Stigma arises not only through face-to-face interactions but also through social media. Children with special needs can be the target of jokes, content exploiting pity, or demeaning comments. Therefore, religious communities can use digital media to present narratives that position children with special needs as individuals with dignity and potential. Campaigns can take the form of short educational resources on how to interact, stories of family resilience, calls to make places of worship disability-friendly, or community experiences in building spaces for participation.

These six strategies demonstrate that efforts to build empathy and inclusion occur at three levels. The conceptual level relates to changing understandings of children with special needs; the relational level relates to establishing more empathetic interactions between communities, children, and families; and the structural level relates to changing community spaces, programs, and policies to be more accommodating. Without changes at these three levels, empathy risks becoming a symbol or a moral statement. Children with special needs need a real space to be present, accepted, engaged, and thrive.

Research Findings and Novelty

Based on the overall results of the study, the main findings of this study indicate that the role of religious communities in reducing stigma against children with special needs does not stop at conveying the value of compassion, but needs to be translated into three interrelated forms of action: education to change the community's perspective, mentoring to strengthen children and families, and creating spaces for participation and empowerment to ensure social acceptance can be realized. These findings show that the transformation of stigma towards empathy occurs through changes at the conceptual, relational, and structural levels.

The findings of this literature review are consistent with previous studies emphasizing the importance of family support, social interaction, and inclusive practices in addressing the challenges experienced by children with special needs. Al Fikroni et al. (2025) highlight the social stigma experienced by parents of children with special needs, while Br Nainggolan et al. (2025) discuss the relationship between empathy and the ability to interact with children with special needs. The present study extends these discussions by connecting social stigma and empathy with the specific role of religious communities. Furthermore, the findings correspond with Devi et al. (2021), who describe the church's role in empowering people with disabilities, and Mustika Septi Handini (2025), who discusses the role of Islamic religious instructors in strengthening families of people with disabilities. Taken together, these studies suggest that family support, empathetic interaction, and religious community involvement are interconnected aspects of social inclusion. However, the contribution of the present study lies

in synthesizing these aspects into a broader socio-religious framework rather than examining them as separate issues

The novelty of this study lies in its conceptualization of religious communities as socio-religious spaces that connect changes in public understanding, empathetic relationships, and structural inclusion. Previous studies discussed in this article address particular dimensions, including parental experiences of stigma, empathy in interactions, religious guidance, and disability empowerment. This study brings these dimensions together to explain how religious communities may contribute to reducing stigma through three interconnected levels: conceptual change, relational support, and structural inclusion. Conceptual change involves challenging negative assumptions about children with special needs; relational support involves developing respectful interactions and strengthening families; and structural inclusion involves providing accessible spaces and opportunities for participation. This framework emphasizes that religious involvement should not be assessed solely through expressions of compassion or charitable assistance, but also through the extent to which children with special needs are recognized as members of the community who have dignity, potential, and the right to participate.

Religious values become tangible when realized through public education, family guidance, equal access, participation in religious activities, empowerment, and social collaboration. Positioned as such, the issue of stigma toward children with special needs is understood not merely as an educational or social welfare concern, but as a socio-religious responsibility to build acceptance, empathy, and an inclusive environment.

Table 1. Synthesis of Research Results

Focus of findings	Study results	Sources in research
Forms of stigma	Negative labeling, exclusion, demeaning stares, unequal treatment, and limited opportunities	Nursholichah et al. (2024); Eka Mayang Sari & Opi Andriani (2024)
Impact on children	Low self-esteem, anxiety, decreased self-confidence, barriers to interaction, and social exclusion	Zaskia et al. (2025); Eka Mayang Sari & Opi Andriani (2024)
Impact on the family	Social pressure, shame, guilt, anxiety, loss of self-confidence, and withdrawal from the environment	Al Fikroni et al. (2025)
Empathy	Understanding the child's condition, respecting dignity, providing support, and encouraging healthier interactions	Dudella Desnani Firman Yasin et al. (2025); Br Nainggolan et al. (2025)
The role of religious communities	Community education, family support, creation of participation spaces, and empowerment	Mustika Septi Handini (2025); Devi et al. (2021); Noor (2016); Marlina (2022)
Shift in approach	From pity to justice, participation, and empowerment	Panther & Bornman (2025); Noor (2016)
Inclusion strategy	Religious education, family support, activity participation, empowerment, cross-community collaboration, and digital campaigns	Wicaksono & Irawaty (2023); YAKKUM (2024); Noor (2016); Mustika Septi Handini (2025)
Findings/novelty	Religious communities play a role through conceptual, relational, and structural changes to transform stigma into empathy and more equal acceptance.	Synthesis of research results

Although the literature reviewed provides a basis for understanding the potential contribution of religious communities to stigma reduction and social inclusion, the findings have limitations. This study uses a qualitative literature review and thematic content analysis; therefore, it synthesizes arguments and findings from existing publications rather than measuring changes in attitudes or participation through direct observation. The reviewed literature also covers different social, educational, psychological, and religious contexts, which means that the practices discussed may not operate in the same way across all communities.

Consequently, the proposed connections between community education, empathetic interaction, family support, and inclusion should be understood as an analytical synthesis, not as evidence that a particular intervention will always reduce stigma. Future empirical research involving children with special needs, their families, religious leaders, and community members could examine how these practices are implemented and how participants experience them in different settings. Such research would help clarify which approaches are most relevant to specific community contexts and what challenges may limit their implementation.

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

This study concludes that religious communities can contribute to reducing stigma and fostering empathy toward children with special needs by connecting religious values with inclusive social practices. The literature reviewed identifies negative labeling, exclusion, and unequal treatment as forms of stigma that affect both children and their families. Addressing these challenges requires more than individual compassion; it requires changes in social understanding, interpersonal relationships, and opportunities for participation.

The findings indicate that religious communities can support this process through public education, family mentoring, inclusive religious activities, empowerment, and collaboration with other social institutions. These efforts can help translate religious values of compassion, justice, respect for human dignity, and acceptance of differences into practices that recognize children with special needs as individuals with rights, potential, and the capacity to participate in community life. The main contribution of this study is its socio-religious perspective, which connects changes in public understanding, empathetic relationships, and structural inclusion as interrelated dimensions of stigma reduction.

Because this study is based on a qualitative literature review, its findings represent a synthesis of existing literature rather than direct empirical evidence of the effectiveness of particular interventions. Nevertheless, the synthesis highlights the potential role of religious communities in promoting more inclusive social acceptance when compassion is accompanied by justice, meaningful participation, and empowerment.

Limitations

This research has limitations in the approach used, namely a literature review using qualitative methods. The research did not involve direct data collection through observation, interviews, or interactions with children with special needs, their families, or members of religious communities. Therefore, the results primarily reflect findings and insights already available in the literature on social stigma, empathy, disability, inclusive education, and the role of religious communities.

Another limitation relates to the scope of the sources analyzed. The literature was purposively selected based on its suitability to the research focus and encompassed social, psychological, educational, and socio-religious perspectives. This situation makes it possible that certain perspectives or experiences may not be represented in the study. Furthermore, this study did not directly compare the practices of religious communities from various religious backgrounds, regions, or community characteristics through empirical data. Therefore, the findings regarding the role of religious communities in reducing stigma and building empathy should be understood as a synthesis of the literature and not as an empirical description of all religious communities.

Recommendations

Further research is recommended to complement the findings of this literature review through empirical research involving children with special needs, families, religious leaders, religious institution administrators, and members of religious communities as data sources.

Interviews, observations, or case studies can be used to gain a more in-depth understanding of experiences of stigma, the forms of support families receive, and the practices of religious communities in building acceptance and empathy.

Future research could also more specifically examine the forms of religious programs that are effective in reducing stigma, such as inclusive religious education, family mentoring, social activities, empowerment, and providing participation spaces for children with special needs. Comparative studies between communities or regions could also be conducted to examine differences in practices, challenges, and strategies in building inclusive religious environments. Thus, further research could strengthen the findings of this literature review through empirical evidence while providing a more contextual understanding of the application of the

Author Contributions

First author contributed to the formulation of the research idea, literature search and analysis, manuscript preparation, and interpretation of the research results. The second author contributed by providing direction on the research substance, reviewing and providing input on the manuscript. Third author contributed to providing academic direction, reviewing the research substance, and providing input for improving the manuscript. All authors read, reviewed, and approved the final version of the manuscript.

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