



Original Article

Awareness about potential abuse among parents of children with autism spectrum disorder

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Abstract

Objectives: The aim of this study was to determine the abuse awareness level and related characteristics of parents with children aged 4-6 years diagnosed with autism spectrum disorder (ASD).

Methods: A total of 74 parents of children with ASD who presented at a university or an educational research hospital, or with children enrolled at 2 special education rehabilitation centers in January 2019–March 2020 were included in the study. The data were collected in face-to-face interviews using a family information form and the Abuse Awareness Scale for Parents. The analysis included t-test comparison of independent groups, calculation of number and percentage distribution, and analysis of variance. Ethics committee and institutional approval, as well as permission from the creator of the scale, were obtained and the parents provided informed consent.

Results: The scale scores indicated that the parents' awareness of abuse was high. Of the parents participating in the study, 92.40% were mothers. The mean scale score was 66.114±4.418. Parents identified the following factors most often as a source of risk: substance abuse of an abuser (92.00%), the parents' lack of information about abuse (88.50%), and the gender of the child (82.20%). They saw strangers (93.60%) as somewhat more threatening than known individuals (90.50%), and indicated that they thought abuse was more likely to occur on the street/in the community (79.60%) than in educational institutions (69.70%). Professionals they deemed most important in the prevention of abuse were the police (81.20%) and psychologists (80.40%); other health professionals received little to no mention. Parents indicated that if they suspected abuse, the most common sources of redress would be prosecutors (94.30%) and the police (92.30%).

Conclusion: Although the awareness level of potential abuse of their children was high, the parents interviewed felt that they lacked sufficient information about abuse. It is noteworthy that the parents did not consider healthcare professionals other than psychologists as having a meaningful role in the prevention of abuse. Training and counseling about the prevention of abuse for parents of children with special needs provided by pediatric and community mental health nurses could help raise awareness and knowledge of the community resources available to parents, as well as supplement a sense of caring and security.

Keywords: Autism spectrum disorder; child; child abuse; nurse; parents.

It is only possible to establish societies on a solid foundation if people, particularly children, are healthy. Experiencing an event with negative consequences has a significant impact on the health of children and the community.^[1] Any behavior that has a negative impact on a person's mental, physical, or social development may be considered abuse.^[2,3] Since the

consequences of a negative experience in childhood can have lasting, serious consequences, child abuse is addressed as a medical, legal, psychosocial, and national development problem.^[4,5] Child abuse has been classified as physical, sexual, or emotional abuse, but in recent years, economic abuse has also been added to the primary categories of abuse.^[6] The type of

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What is presently known on this subject?

• Child abuse can have severe negative consequences. It is a significant problem in Turkey and around the world. Children with disabilities are particularly at risk. Autism spectrum disorder (ASD) describes a broad group of disorders that impacts the development of communication, cognitive, social, behavioral, sensory processes. It can be accompanied by mild, moderate, or severe mental disability. A literature review did not reveal a study that examined ASD as a risk factor for abuse.

What does this article add to the existing knowledge?

• This study evaluated whether ASD was a risk factor for child abuse from the perspective of parents of children with ASD. The parents displayed a high level of awareness of abuse. Determining the details of this awareness was a primary aim of the research. The parents were most cognizant of potential sexual abuse, found strangers to be a greater risk than people they know, saw the street and educational institutions as risky, and did not view most health professionals as primary sources of assistance in prevention of abuse.

What are the implications for practice?

• Clarifying the relationship between ASD and abuse and the views of parents on this issue could be very useful as a foundation for abuse prevention training for parents. Increased parental awareness of the issue and the resources available to them is important in terms of prevention, early detection, and intervention.

abuse is very important to a comprehensive understanding of the details of the abuse, determining its frequency, and prevention. The World Health Organization reported that as many as 1 in 4 adults were physically abused as a child, 1 in 5 women and 1 in 13 men were sexually abused in childhood, and that some 31,000 children under the age of 15 die each year as a result of child abuse.^[7] According to the results of the Child Abuse and Domestic Violence Research in Turkey study, 43% of the 7-18 age group had been physically abused; 51% had experienced emotional abuse; 3% had been sexually abused at school, by family members, or others; and 681,000 children had been neglected and abused.^[8]

Autism Spectrum Disorder (ASD) is defined as a neurodevelopmental disorder. The first symptoms typically appear before the age of 3, and include deficiencies in social communication, obsessive or repetitive behaviors, and a restricted range of interests.^[9-11] A rate of ASD in 8-year-old children of 1 in 68 was reported in the United States.^[12] Although there there appears to be no study specific to this area in Turkey, a rate of 1 in 150 has been reported, and it is thought that there are approximately 450,000 individuals with ASD in the country.^[13] ASD is a prevalent developmental disorder and can represent a lifelong disability. It can have multiple negative effects on communication and cognitive, behavioral, and sensory processes.^[12,14] ASD can lead to a variety of complications in a child's ability to function. Therefore, it is very important to protect children with ASD from being the target of abusers.

These children often cannot protect themselves or explain an abusive incident clearly to others, as they often have some degree of mental or motor development delays. An important means to prevent abuse is parental awareness. A determination of the awareness, thoughts, and attitudes of parents, both in terms of prevention and approach following abuse, could form the basis for valuable training and educational content.

Pediatric nurses and community mental health nurses should be members of a multidisciplinary team that stands alongside the child and the family to help protect them from abuse.^[13,15-21] Nurses often spend more time with the child and family than some other healthcare providers, which can facilitate an approach to the family on this delicate subject.^[6,15] Community mental health nurses and others should evaluate the awareness of parents and work to increase their knowledge and ability to prevent child abuse, as it is an important social issue that demands our collective attention and action.

The aim of this study was to provide a detailed analysis of the awareness level of parents of children aged 4-6 years diagnosed with ASD to help protect their children from abuse. The views and thoughts of the parents of children with ASD regarding abuse and their approach after possible abuse were examined and analyzed to provide additional useful data.

The research sought to answer the following questions:

- What is the awareness level of parents of children aged 4-6 years with ASD about potential child abuse?
- Do sociodemographic characteristics have a significant impact on the awareness level of parents of children aged 4-6 years with ASD?
- What are the thoughts of parents of children aged 4-6 years with ASD about abuse?

Materials and Method

Ethical Considerations

The Akdeniz University Faculty of Medicine Clinical Research Ethics Committee granted ethics approval for the study on January 16, 2019 (no: 57) and written permission was also obtained from Akdeniz University Hospital, the Health Sciences University Antalya Training and Research Hospital, and the private institutions where the research was conducted. The author of the scale used provided permission for the research, and the parents also provided written, informed consent. The principles of the Declaration of Helsinki were followed throughout the study.

Study Type and Sample

The research was designed as a descriptive study. The population consisted of all parents who had a child aged 4-6 years of age diagnosed with ASD who presented at the Akdeniz University Hospital Pediatric Neurology Outpatient Clinic, the Antalya Training and Research Hospital Pediatrics Clinic, or had children enrolled at 2 special education and rehabilitation centers in Antalya.

The study sample consisted of 74 parents who met the criteria and agreed to participate between January 2019 and March 2020. To ensure that there was a sufficient number of cases, the data collection phase continued for about 15 months, but was halted in March 2020 due to the coronavirus 2019 (COVID-19) pandemic. The sample (74 parents) represents approximately 62% of the population (119 parents).

The data were provided by the parents in interviews conducted by the researchers (Y.Z., S.S., and F.D.T.) in a quiet environment at the institutions where the research was conducted. A pre-test was carried out with 5 parents; those data were not included in the study.

Research Variables

The mean score of the Abuse Awareness Scale for Parents (AASP) constituted the dependent variable of the study. The sociodemographic data of the parents and their children participating in the research, the parents' thoughts on abuse, the situations they considered hazardous, and the individuals, places, and services they contact in the event of potential abuse were independent variables.

Data Collection Tools

The data were evaluated using a family information form and the AASP.

Family Information Form

A form for parents with children with ASD was created by the researchers based on the literature^[22,23] and expert opinions. It consisted of 14 questions: 1 open-ended item and 13 multiple-choice questions related to the sociodemographic characteristics.

Abuse Awareness Scale for Parents

Pekdoğan^[17] developed the AASP scale to determine the level of child abuse awareness of Turkish parents of healthy children in the 4-6 age group. The instrument consists of 18 items scored using a 5-point, Likert-type scale (1=strongly disagree, 2=disagree, 3=undecided, 4=agree, 5=strongly agree). Three items are reverse coded.^[12,15,17] The lowest possible score is 18 and the highest possible score is 90. A score of 18-42 range indicates low awareness of abuse, 42-66 represents a moderate level of awareness, and scores in the range of 66-90 signify a high level of awareness. A Cronbach alpha reliability coefficient of 0.98 was determined for the original study. In this research, the Cronbach alpha value was 0.75.

Statistical Analysis

The research data were analyzed using IBM SPSS Statistics for Windows, Version 21.0 software (IBM Corp., Armonk, NY, USA). Descriptive statistics such as number, mean, SD, and percentile distribution were calculated to answer the study questions. The normal and homogeneous distribution of the data permitted the use of parametric tests: independent (2 sample) t-testing and one-way analysis of variance. The Scheffe test was used as a post hoc test to determine the relationship direction. The confidence interval was 95% and $p < 0.05$ was considered statistically significant.

Results

The mean±SD AASP score and the descriptive features of the parents and their children with ASD are shown in Table 1. Of the parents who participated, 92.40% were mothers and the average age of the parents was 38.70±4.30 years. In all, 37.80% of the mothers and 95.90% of the fathers were employed, and 43.40% of the parents stated that they were not sufficiently informed about children's rights. Characteristics of the children revealed that 62.20% were male (Table 1).

There was no statistically significant difference between the mean AASP score of the mothers and that of the fathers. Similarly, the father's employment status yielded no statistically significant difference. However, results related to the mothers and the child's gender were different. The abuse awareness level of non-working mothers was statistically greater than that of working mothers, as was the level of the parents of girls, and the

Table 1. Comparison of descriptive characteristics of parents of children with ASD and the AASP score (n=74)

Characteristics of parents and their children with ASD	Number (n)	Percent (%)	AASP Mean±SD
Parents			
Mother	68	92.40	3.505±0.450
Father	6	7.60	3.185±0.181
			t=1.721*
			p=0.089**
Employment of mother			
Yes	28	37.80	3.318±0.452
No	46	62.20	3.744±0.271
			t=4.501*
			p<.001**
Employment of father			
Yes	71	95.90	3.465±0.446
No	3	4.10	3.814±0.084
			t=-1.345*
			p=0.183**
Gender of the child			
Female	28	37.80	3.744±0.271
Male	46	62.20	3.318±0.452
			t=4.501*
			p<.001**
Informed about children's rights			
Yes	42	56.60	3.296±0.465
No	32	43.40	3.720±0.264
			t=4.612*
			p<.001**
Total	74	100.00	

*t: Significance of difference in independent groups; **p: Statistical significance level ($p \leq 0.05$). AASP: Abuse Awareness Scale for Parents; ASD: Autism spectrum disorder.

number of parents who reported that they did not have sufficient knowledge about children's rights was statistically significantly greater than the number of the parents who indicated

Table 2. Comparison of AASP score and descriptive characteristics of parents and their children with ASD (n=74)

Characteristics of parents and their children with ASD	Number (n)	Percent (%)	AASP Mean±SD
Mother's education			
Primary school	16	21.60	3.003±0.314 ^a
High school	41	55.40	3.481±0.369 ^b
University	17	23.00	3.924±0.157 ^c
			F=33.872* p<.001**
Father's education			
Primary school	14	18.90	2.984±0.276 ^a
High school	36	48.60	3.471±0.419 ^b
University	24	32.50	3.768±0.274 ^c
			F=22.316* p<.001**
Definition of abuse in 1 sentence			
Physical	2	2.30	3.111±0.078
Emotional	1	1.90	2.944±0.028
Sexual	71	95.80	3.497±0.443
			F=1.500* p=0.230**
Age of child (years)			
4	16	20.00	3.930±0.160 ^a
5	26	35.10	3.474±0.178 ^b
6	34	44.90	3.271±0.506 ^b
			F=17.492* p<.001**
Length of time since diagnosis (years)			
New diagnosis	17	22.90	3.924±0.157 ^a
<1	23	31.10	3.458±0.165 ^b
1-3	13	17.60	3.388±0.175 ^b
3-6	21	28.40	3.198±0.625 ^b
			F=13.078* p=0.000**
Level of intellectual disability of the child			
Low	18	24.50	3.046±0.322 ^a
Moderate	22	29.50	3.497±0.500 ^b
High	34	46.00	3.692±0.275 ^b
			F=18.826* p<.001**
Total	74	100.00	

a, b, c: Groups with a difference of 0.05 error level determined by Scheffe test. *F: One-way analysis of variance test; **p: Statistically significant. ASD: Autism spectrum disorder.

that they were knowledgeable about children's rights (Table 1).

Table 2 provides the mean±SD AASP score and descriptive characteristics of the study group parents and their children with ASD. In all, 55.40% of the mothers and 48.60% of the fathers were high school graduates. In the group, 44.90% of the children were 6 years old, 54.0% had been diagnosed within the previous year, and 46% had severe intellectual disability (Table 2).

Normal distribution was accepted with a p value of >0.05 in all groups. Similarly, the homogeneity assumption was met with p values >0.05. The F and p values obtained from one-way analysis of variance for both assumptions are shown in Table 2. The abuse awareness scores of both mothers and fathers were statistically different according to education level (Table 2). There was a statistically significant difference (p<.001) in the parents' AASP score according to the age of the children; a difference was seen in the 4-year-old group. Similarly, a statistically significant difference (p<.001) was observed between the mean parent AASP score and the duration of illness and the intellectual disability of the child. The analysis indicated that there was a statistically significant difference in the results of the parents of children with a recent diagnosis and those with mild intellectual disability. Most of the parents (95.80%) mentioned sexual abuse in response to the question "Can you describe the abuse in 1 sentence?" with no statistically significant difference between groups (p=0.230) (Table 2).

The scale items, mean±SD values of the total and item scores of the AASP are shown in detail in Table 3. The mean total AASP score was 66.114±4.418, and the mean item score ranged between 1.837±0.794 and 4.878±0.260. As mentioned in the introduction, in order to accurately understand and prevent abuse, it is important to consider the type of abuse (physical, emotional, and sexual abuse).

The distribution of the parents' responses about abuse is shown in Table 4. The factors that the parents found most precarious were substance abuse by an abuser (92.00%), their own lack of knowledge about abuse (88.50%), and the gender of the child (82.20%). They ranked potentially dangerous individuals as strangers (93.60%), familiar individuals (90.50%), and neighbors (82.40%); and the places they considered most risky were the street (79.60%), educational institutions (69.70%), and public transportation (59.60%). Professionals considered important in the prevention of abuse were the police (81.20%), psychologists (80.40%), and teachers (71.20%). Other health professionals received little to no mention. The parents reported that if they suspected abuse, they would seek assistance from the prosecutor's office (94.30%), the police (92.30%), and the gendarmerie (51.70%) (Table 4).

Discussion

The findings indicated that parents of children with ASD had a high level of awareness that their children may be targets of

Table 3. Parents' total and item AASP scores

Item number	Item	Mean score (Mean±SD)
Item 1	When my child demonstrates negative behavior, I utilize physical punishment.	3.680±1.030
Item 2	When my child misbehaves, I deny them something they want.	3.473±0.744
Item 3	When my child demonstrates negative behavior, I ignore the behavior.	3.770±0.712
Item 4	When my child talks about sexual matters, I ask where they learned about the subject.	3.689±0.992
Item 5	When my child talks about sexual issues, I say these topics are shameful.	3.621±0.989
Item 6	When my child talks about sexual matters, I talk to them in detail so that they are properly informed about the subject.	3.864±0.816
Item 7	I turn off the TV or change channels during sexually explicit scenes if my child is watching.	3.621±1.016
Item 8	If there are scenes of sexuality, violence, etc. on TV while my child is watching, I comment on it, so that they are properly informed about what they are seeing.	3.540±0.814
Item 9	I only watch TV programs with scenes of sexuality, violence, etc. after my child is asleep to avoid exposure to this content.	3.810±0.870
Item 10	If I find signs of being beaten on my child's body, I think it might be playing, I don't worry too much.	3.635±1.001
Item 11	If I find signs of being beaten on my child's body, I get very worried and I take them to the doctor immediately.	4.878±0.260
Item 12*	If I see signs of being beaten on my child's body, I ask them how it happened. I get information.	1.837±0.794
Item 13	When I get very angry with my child, I beat them and say hurtful words.	3.783±0.726
Item 14	When I am very angry with my child, I tell them that their behavior upsets me.	3.648±1.012
Item 15*	When I get very angry with my child, I try to stay away from them and try to calm down.	2.337±0.737
Item 16	When I'm busy and my child wants to tell me something, I take a break and listen.	3.594±0.842
Item 17*	When I'm busy and my child wants to tell me something, I tell them to tell me later.	2.337±0.707
Item 18	When I'm busy and my child wants to tell me something, I continue to do my job and listen.	3.581±0.860
**AASP		66.114±4.418

*Items that are reverse scored. **AASP: Abuse Awareness Scale for Parents.

potential abuse. Yet, importantly, the parents stated that they lacked sufficient information about abuse. The mean abuse awareness scores as well as the parameters associated with the scores were examined in detail.

The fact that most of the parents interviewed were the mother is similar to the results of other studies conducted with parents of children with neuro-developmental disorders.^[24,25] However, as in previous research, the AASP scores did not show a statistically significant difference in terms of the gender of the parents.^[26] We noted a difference in the AASP score between working and non-working mothers. This result is in contrast to another study that found no significant difference, but most of the mothers in that study were employed outside the home at the time of the research.^[26] The higher proportion of boys in our study is consistent with statistics indicating that ASD is more common in boys.^[14] Another finding that was similar to those in the literature was that the abuse awareness level of the parents of girls was statistically significantly different and higher than that of the parents of boys.^[19,25-34] Examination of the parents' lack of knowledge about children's rights revealed a surprising result. It was expected that the abuse awareness level of parents who claimed to be knowledgeable about children's rights would be significant-

ly higher, however, the opposite was observed. A previous study determined that there was no significant difference between parents' knowledge about children's rights and their awareness of abuse.^[25]

We also examined the impact of education level on the AASP score and found statistically significant differences. It was an expected result that the parents with the highest abuse awareness score would be the parents with the highest level of education. However, there is also a study in the literature that indicates that mothers and fathers with low education levels had a higher awareness of abuse.^[25]

It is a very important and significant finding that when parents were asked to define abuse in 1 sentence, the majority of parents referred to sexual abuse and saw this as the greatest risk to their children. The awareness of sexual abuse was very high among the parents interviewed in this study.

The fact that there was a statistically significant difference ($p < .001$) between the parents' mean AASP score and the age of the children indicated that the awareness of abuse of parents with young children was significantly different and greater than that of other groups. The awareness score of the parents of children in the youngest age group (4 years) was significantly greater than that of other groups, and there

Table 4. Distribution of parents' thoughts on abuse (n=74)

Thoughts on child abuse	Number (n)	Percent (%)
Potential abuse factors		
Child's age	60	80.10
Gender of the child	61	82.20
Child's intellectual disability	58	78.70
Child exhibits behaviors that parents do not want	2	3.20
Family structure	46	6.50
Economic situation of the family	3	3.90
Insufficient family knowledge of abuse	65	88.50
Alcohol-substance use	68	92.00
Individuals parents consider a potential threat		
Immediate family	7	8.90
Relative	30	41.10
Familiar person	67	90.50
Neighbor	61	82.40
Stranger	69	93.60
Environments parents consider a potential threat		
Home	25	33.90
School/rehabilitation center	52	69.70
Street	59	79.60
Public transportation	44	59.60
Visit to another home	39	52.10
Crowded occasions, such as a wedding or funeral	40	54.30
Professionals parents considered important in prevention of abuse		
Nurse	0	0.00
Doctor	0	0.00
Police	60	81.20
Lawyer	4	5.40
Teacher	53	71.20
Psychologist	59	80.40
Social worker	3	3.90
Resources parents would use if abuse is suspected		
Police	68	92.30
Gendarmerie	38	51.70
Ministry of Family and Social Services	4	4.80
Teacher/counselor	9	12.30
Child evaluation center	3	3.70
Prosecutor's office	70	94.30
Total	100	100.00

*More than one answer was permitted.

awareness of abuse and ASD. Even healthy young children have generally not yet developed the motor and speech skills necessary to explain and express themselves in a way that may be needed to protect themselves.^[15,22,23,35,36] Normal neuromotor, psychomotor, and mental development of a child does not convey the strength and skills of an adult. Children do not have the motor skills (strength) to resist an adult abuser or the verbal skills (expression) to clearly describe the event. Therefore, it is not surprising that the parents of children with ASD who are both young and behind their age group in the development of many skills have a high level of abuse awareness and feel considerable unease. Examination of the duration of the disease and parental attitudes revealed that parents of a child newly diagnosed with ASD had a significantly different and higher AASP score than the other groups. A diagnosis of a disease often characterized by multiple disabilities, such as ASD, can create a significant amount of anxiety and fear in parents, including worry about abuse as a result of the child's inability to protect himself. The fact that parents showed higher awareness of abuse soon after a diagnosis may also be interpreted as a reflection of families learning about life with the disease in the subsequent years. Due to the lack of qualitative and quantitative studies on the abuse awareness of parents with children with ASD, the results were interpreted based on the characteristics of the sample and their general view of abuse.

Evaluation of the parents' total AASP score indicated a high awareness of abuse. This answered our first research question. We also aimed to evaluate the level of awareness of parents of children with ASD in greater detail and analyze potentially relevant factors. In other studies that used the same scale and a sample group of parents of children of the same age group who did not have any disease, the abuse awareness level of parents was determined to be moderate.^[6,21,25,26] Although this study did not include a control group of parents with children without ASD and the high AASP score cannot be directly attributed to ASD, it is significant that these parents of children with ASD had a higher awareness of potential abuse than seen in the literature. Two studies that used the same scale analyzed correlations and performed regression analysis of some variables and the mean score of the scale, but the abuse awareness levels of the parents was not determined.^[37,38] The importance of determining the awareness of the parents of children with ASD about possible abuse against their child is clear. Although the presence of ASD cannot be considered the only factor, the high level of abuse awareness among parents in this study compared to studies conducted with parents of healthy children, is important and should not be neglected.

The results are much more meaningful when interpreted with the parents' thoughts on abuse. The responses of the parents about the people and environments they see as risky in terms of potential abuse, and the professionals they consider valuable resources to prevent or address abuse provide more thor-

was no significant difference seen in the scores of the parents of older children (5-6 years). This may reflect growing

ough understanding. The findings of this study provide both a broad view and useful details.

The findings of this study reveal unexpected and significant results. The parents' thoughts on abuse, situations that they considered hazardous, and the people they considered important in preventing abuse, as well as the methods they would use to address abuse were specified and evaluated. This is new information that could be of considerable value. We found no previous similar study in the literature.

The parents' high rate of response that they had insufficient knowledge about abuse is closely related to awareness. This was a primary goal of our research. It is important to note that parents were both very aware and yet recognized that a lack of knowledge constituted another source of risk, rather than simply the characteristics of the child (age, gender, etc.).

The parents' responses indicated that they saw substance abuse as the greatest risk factor for abuse. This may reflect a belief that it is a cause of behavioral disorders and therefore, possible abuse. While the parents viewed strangers as a significant source of potential threat, it is notable that they also recognized that familiar individuals may also pose great risk. Our results are consistent with several other studies and reports on child abuse.^[3,8,19,26] In many cases, the perpetrator of sexual abuse is an acquaintance or a member of the familial circle, followed by a lover/partner of an adult in the home, a stranger, a relative, and a family member.^[19,27-34]

The fact that the external environment was considered the most dangerous in terms of the risk of abuse by the parents is not surprising, since it is complex and includes a variety of unknown and unpredictable elements. In Turkey, this often includes crowded streets and public transportation, which may understandably lead to some fear. Sadly, educational institutions are also a risky environment.^[22,35] However, educational institutions also play a key role in the education and rehabilitation of children with ASD. Education and rehabilitation institutions often serve as a cornerstone of management and provide great strength and impetus. All of these factors are interrelated and meaningful parts of the whole.

The parents viewed security forces, the therapy/rehabilitation services of psychologists, and teacher training as the most valuable sources of abuse prevention and as the most likely used sources of redress in the event of abuse. Educational institutions were found to be a potential source of threat, and teachers were considered important in preventing abuse. This may be interpreted as a belief among parents that it is crowded educational institutions that are unsafe, and reflect trust in the teachers, rather than seeing them as a potential source of abuse. Another important issue observed in this study is that parents did not see health professionals as part of an abuse prevention team. This may encourage additional examination of the counseling role of health professionals regarding abuse. Abuse is a serious medical and public health problem. It is very important for health professionals, especially community mental health nurses, to fulfill their educational, advisory, and advocate roles.

Limitations

This research was designed to include a larger sample, but after approximately 1 year of data collection, the COVID-19 pandemic put a halt to our efforts. As a result of the lack of similar studies evaluating the abuse awareness of parents with children with ASD, discussion of literature findings was limited. The opinions of the sample group and the authors' views were presented in the context of the available findings.

Conclusion

The parents of a child with ASD who participated in the study demonstrated a high level of awareness about potential child abuse. Our research data revealed a statistically significant difference between the AAPS scale scores and parent characteristics of the mother's occupation, education level of the mother and father, and the parents' knowledge of children's rights. A statistically significant difference was observed according to the child's gender, age, disease duration, and degree of mental disability. The details of locations and individuals the parents felt posed the greatest risk and source of prevention or response to abuse were identified and noteworthy. Health professionals received very little recognition as a source of support.

Further studies of the awareness of abuse among parents of children with ASD should be conducted with larger samples, longer follow-up, and qualitative analysis. The results of qualitative studies and studies with a high level of evidence would be an important addition to the literature and a valuable source for training.

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References

1. Koçtürk N, Ulaş Ö, Bilginer Ç. Career development and educational status of the sexual abuse victims: The first data from Turkey. *Sch Ment Health* 2019;11:179-90.
2. Derman O. Çocuk istismarına ve ihmaline yaklaşım temel bilgiler. 1. baskı. Çocuk İstismarını ve İhmalini Önleme Derneği. Ankara: Akademisyen Kitabevi; 2014; p.1-114. [Turkish]
3. Doğrucan A, Yıldırım Z. Yazılı basında çocuk istismarı haberlerinin incelenmesi: (Cumhuriyet, Hürriyet, Posta, Sabah, Yeni Şafak ve Zaman Gazeteleri Örneğinde). *Uşak Üniversitesi Sosyal Bilimler Dergisi* 2011;4:176-94. [Turkish]
4. Solak Y, Yoldascan BE, Okyay RA. Assessment of the knowledge, awareness, and attitudes of family physicians in Ad-

- ana regarding child abuse and neglect. *J Public Health* 2020;29:1–8.
5. Çakmak B. An analysis of the news about child abuse in Turkey. *Glob Media J TR Edition* 2018;9. [Turkish]
 6. Söngüt S, Akça SÖ. Child abuse and role of pediatric nurse. *Zeynep Kamil Med J* 2019;50:241–50. [Turkish]
 7. World Health Organization (WHO). Child maltreatment. Available from: <http://www.who.int/mediacentre/factsheets/fs150/en/2018> Accessed on May 12, 2020.
 8. Resarch study on child abuse and domestic violence in Turkey. Available from: <http://www.unicef.org.tr/files/bilgimerkezi/doc/cocuk-istismari-raporu-tr.pdf>. Accessed on May12, 2020.
 9. Demiral Ö. Otizmli çocukların eğitimiyle ilgili bir web portalı tasarımı. *İstanbul Aydın Üniversitesi Dergisi* 2016;8:137–48. [Turkish]
 10. Kircaali G. Otizm spektrum bozukluğu. 2. baskı. İstanbul: Daktalos Yayınevi 2015 p.32.
 11. Köroğlu E.. Diagnostic and Statistical Manual of Mental Disorders (DSM–5). American Psychiatric Association. Ankara: Hekimler Yayın Birliği 2014 p.43.
 12. Centers for Disease Control and Prevention. Prevalence of autism spectrum disorders: Surveillance summaries. *Morbidity and Mortality Weekly Report*, 56,1–40. 2007. Available from: <http://www.cdc.gov/mmwr/pdf/ss/ss5601.pdf>. Accessed on June 6, 2020.
 13. Dur Ş, Mutlu B. Autism spectrum disorder and nursing approach. *Hemşirelik Eğitim ve Araştırma Dergisi* 2018;15:45–50. [Turkish]
 14. Meral BF, Cavkaytar A. The perception of family quality of life of parents of children with autism. *Kastamonu Eğitim Dergisi* 2014;23:1363–80. [Turkish]
 15. Geçkil E. Physical abuse in children and nursing interventions. *Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi* 2017;6:129–39. [Turkish]
 16. Güven ŞT, Dalgıç Aİ, Erkol Z. Emotional and psychosocial problems encountered by children who have been sexually abused. *J Psychosoc Nurs Ment Health Serv* 2018;56:37–43. [Turkish].
 17. Pekdoğan S. Abuse awareness scale parents form: Scale development study. *Akademik Bakış Dergisi* 2017:173–85. [Turkish]
 18. Kürklü A. Öğretmenlerin çocuk istismarı ve ihmaline yönelik farkındalık düzeyleri. [Master Thesis] Afyon Kocatepe Üniversitesi, Sağlık Bilimleri Enstitüsü; 2012.
 19. Aslan G. An assesment of the child sexual abuse cases evaluated by forensic assessment in Turkey. *Electronic Journal of Social Sciences* 2020;19:48–68. [Turkish]
 20. Güzelyurt T. Okul öncesi dönemde cinsel eğitim ve istismar: Çocuk kitaplarına yönelik bir inceleme. *Int J Childrens Literature and Education Res* 2020;4:54–69. [Turkish]
 21. Çapık A, Apay SE, Mermertaş Ü. Determination the mothers' abuse potentials with 4-6 years old children. *Atatürk Üniversitesi Kadın Araştırmaları Dergisi* 2019;1:57–63. [Turkish]
 22. Bulut S, Karaman HB. Engelli bireylerin cinsel, fiziksel ve duygusal istismarı. *Ankara Üniversitesi Eğitim Bilimleri Fakültesi Özel Eğitim Dergisi* 2018;19:277–301. [Turkish]
 23. Gönener HD. Abuse - neglect in mentally handicapped children and nursing approach. *J Exp Clin Med* 2010;27:137–43. [Turkish]
 24. Gürhopur FDT, Dalgıç Aİ. Family burden among parents of children with intellectual disability. *J Psychiatr Nurs* 2017;8:9–16. [Turkish]
 25. Söyünmez S, Zülkar Y, Turan FD, Dalgıç Aİ. Awareness about abuse of parents who have children with epilepsy. *Epilepsi* 2021;27:102–12. [Turkish]
 26. Ercan N. 4-6 yaş grubunda çocuğu olan ebeveynlerin istismar farkındalıkları (Diyarbakır örneği) [Master Thesis] Mersin: Çağ Üniversitesi, Sosyal Bilimler Enstitüsü; 2018. [Turkish]
 27. Işık Ü, Aktepe E, Şimşek F, Akyıldız A, Yıldız A. Sociodemographic, clinical and family characteristics of victims of sexual abuse in a university hospital Isparta province: 2014–2018 data. *Süleyman Demirel Üniversitesi Sağlık Bilimleri Dergisi* 2019;10:53–7. [Turkish]
 28. Topal Y, Balcı Y, Erbaş M. Retrospective evaluation of cases of sexual abuse under 18 years old in Muğla. *Ortadoğu Tıp Dergisi* 2018;10:135–41. [Turkish]
 29. Usta MB, Akbaş S, Aydın B. Behavioural problems associated with child sexual abuse in adolescents: A retrospective study. *Konuralp Tıp Dergisi* 2018;10:188–93. [Turkish]
 30. Yektaş Ç, Tufan AE, Büken B, Yurteri ÇN, Yazıcı M. Evaluation of abuse and abuser's features and risk factors associated with psychopathology in children and adolescents victimized by sexual abuse. *Anadolu Psikiyatri Dergisi* 2018;19:501–508. [Turkish]
 31. Urazel B, Fidan ST, Gündüz T, Şenlikli M, Özçivit AB. Assessment of sexual abused child anadolescent. *Osmangazi J Med* 2017;39:18–25. [Turkish]
 32. Gencer Ö, Özbek A, Özyurt G, Kavurma C. A comparison of extra and intra-familial sexual abuse of children and adolescents. *Anadolu Psikiyatri Dergisi* 2016;17:56–64. [Turkish]
 33. Dönmez YE, Soylu N, Özel Ö, Yüksel T, Çalışkan DA, et al. Sociodemographic and clinical features of sexually abused children and adolescents cases. *J Turgut Ozal Med Cent* 2014;21:44–8. [Turkish]
 34. Özdemir E, Özmen S, Öztop DB, Özdemir Ç, Çıkılı M. The assesment of demographic characteristics, familial variable and mental disorders in child and adolescent sexual abuse cases. *Adli Tıp Bülteni* 2014;19:146–153. [Turkish]
 35. Yelboğa N. Analysis of sexual harassment under the rights of children. *J Soci Work* 2019;3:202–221. [Turkish].
 36. Kutlu M, Kurt O. Teaching individuals with developmental disabilities to respond to the lures of strangers: A review of the literature. *Abant İzzet Baysal Üniversitesi Eğitim Fakültesi Dergisi* 2017;17:1350–68. [Turkish]

-
37. Çubukcu A, Kahraman PB. The relation between academic internal motivation and self-leadership levels of preschool teacher candidates. *Uludağ Üniversitesi Eğitim Fakültesi Dergisi* 2019;32:25-4. [Turkish]
38. Pekdoğan S, Kanak M. A study on the levels of child abuse of mothers who have 4-6 year-old children related to their mothers' perceived sexual roles and work life. *J Int Soci Rese* 2017;10:510-6. [Turkish]