Extents of abuse and behavioural disorders in autistic children who were abused and who were not abused

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Abstract

This study aimed at identifying the extents of abuse of autistic children and some behavioural disorders in who were abused and who were not abused from parents and teachers' perspective. To achieve the study's objectives, the researcher adopted a descriptive research method and used a survey as a tool for the task. The sample consisted of 200 autistic children. The study found a positive relationship between the extents of abuse (physical, emotional, neglect and sexual) and the degrees of behavioural disorders (self-harm, aggression, anxiety and depression) in children with autism who were abused. Autistic children who were abused suffered more from these behavioural disorders. The study recommends an increase in interest in children with autism within the family and community levels by planning and implementing programmes that can help them to adapt socially to the environment, which keeps them away from the exposure to abuse.

Keywords: Abuse extents, behavioural disorders, autistic children.

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1. Introduction

Autistic children experience many unorthodox education methods and socialisation in the family and school environment (Dell'Osso et al., 2018). These methods vary from physical and behavioural abuse to autistic child neglect, emotional and behavioural rejection, and isolation from the family and society (Maclean et al., 2017). Family characteristics play a significant role in negatively affecting the family's willingness to care for an autistic son in order for him to carry out his duties. Among these family characteristics are the low educational level of the family, lack of financial income and psychological and health pressures that parents suffer from (McDonnell et al., 2019).

Therefore, child abuse is one of the most dangerous phenomena threatening any society, and abusing autistic children is one of the most dangerous types of abuse directed towards children (Baio et al., 2018); because of its adverse effects on children, the autistic behaviour of a child turns to be more aggressive, which negatively affects their psychological health (Mayes, Breaux, Calhoun & Whitmore, 2019). It promotes behavioural disorders such as withdrawal behaviour, anxiety, fear, aggression, depression, self-harm (Mandell et al., 2005), and may develop their psychological states for the worse, so that they may reach advanced and challenging stages for treatment in case they are repeatedly subjected to abuse by the family or teachers in the inclusion school (Kerns, Newschaffer & Berkowitz, 2015).

Autistic children who have been neglected or severely abused are at a significant risk of many mental disorders (Westcott & Jones, 1999).

A child's disability status has been robustly associated with increased rates of maltreatment within the United States and internationally (Fisher et al., 2019; Norman et al., 2012), while intellectual disorder has consistently been associated with heightened maltreatment risk (Gee, 2020). Evidence is ambiguous with regard to autism spectrum disorder (Dion, Paquette, Tremblay, Collin-Vézina & Chabot, 2018). Samples of children with autism spectrum disorder receiving mental health treatment have documented elevated rates of maltreatment (Hoover & Kaufman, 2018) in terms of studies using regional or nationally representative sample heterogeneity of abuse among children with autism (Carbajal & Praetorius, 2020). There have been reports indicating the risk of physical and sexual exploitation of children with intellectual disabilities and developmental disabilities (Rizo, Kim, Dababnah & Garbarino, 2020). Smaller abuse studies among clinical samples of children with developmental disabilities and multiple impairments have reported that the prevalence estimates are between 40% and 60% (Zaidman-Zait et al., 2014; Zou et al., 2019).

The numbers would likely be undervalued because cognitive and verbal disabilities mean that children with autism either cannot express abuse or no one believes them when reporting abuse Bishop, Richler, Cain and Lord. (2007) and Egger and Angold (2006) found that the number of family stressors was associated with the risk of abuse. Sevlever, Roth and Gillis. (2013) and Walker, Nishioka, Zeller, Severson and Feil (2000) found that the lack of social support for the mother was associated with the abuse of the autistic child (van Steensel, Bogels & Dirksen, 2012).

However, autistic children should be cared for and not be treated as a pressure or a risk factor. Researchers suggested that more specific factors for children with autism, family and social factors associated with abuse should be examined (Yirmiya & Shaked, 2005). There is a lack of studies related to autistic children's abuse in the community; behavioural and psychiatric disorders in them may increase the risk of abuse or be a clinical sign of abuse, given the growing interest in ASD and the increasing number of children receiving this diagnosis (Lange, Rehm, Anagnostou & Popova, 2018; Lord & Bishop, 2015; Paris, 2007)

The results of previous researches suggest that children who suffer neglect are significantly perturbed by the autism spectrum disorder (Fombonne, 2003) related to challenges for children who usually have been abused (Fang, Weinberg & Patten, 2020). Such behavioural interventions often refer to data inside derived reports rather than established measurements of symptoms. It was not possible to evaluate the results (for example, whether behaviours placed children at risk or a consequence of abuse) (Tekin-Iftar et al., 202)

As a result of the failure of the previous studies to deal with the needs and requirements of their children with different disabilities in general and the autism spectrum disorder in particular (Kerns et al., 2015; Rodgers et al., 2016; Sterling et al., 2015), some studies confirm that autistic children are the most important and vulnerable group. As a result, this disability may be a source of stress and tension for the family and teachers (McDonnell et al., 2019).

From the presentation of previous studies and researches that dealt with the prevalence of the extent of abuse in children with autism, it was clear that most studies sought to determine the extents of the abuse phenomenon. It is related to some variables such as gender, age and degree of disability. Most of these studies agree that the most common manifestations of child abuse, whether they are ordinary or with autism, are physical abuse, sexual abuse and neglect. Previous studies have also found a relationship between child abuse, whether they are disabled or ordinary, and the social and cultural level, where child abuse increases in various forms in the low social and cultural groups compared to the high social and cultural levels.

The current study aimed to illustrate the relationship between the extents of abuse and some behavioural disorders in children with autism spectrum disorders who were abused and who were not abused in the age group of 6–9 years from teachers and parents' perspective.

It has also become clear now that there is a relationship between abuse and cases of disability. Many studies have indicated that children with the autism spectrum disorder are more vulnerable to abuse than normal children (Vuillier, Carter, Teixeira & Moseley, 2020). Brenner, Pan, Mazefsky, Smith and Gabriels. (2018) determined that the percentage of those who are subjected to abuse from autistic children reached 35%, while the percentage of those who are subjected to abuse from ordinary children is only 9%.

Based on the above, the problem of the current study is determined in the following question:

1. What is the correlation between the extents of abuse and the severity of behavioural disorders in autistic children who are abused?

2. Materials and Methods

2.1. Methods

The descriptive survey was adopted to identify the relationship between the extents of abuse of autistic children and some behavioural disorders in who were abused and who were not abused. In Riyadh, from parents and teachers' perspective, the descriptive approach is appropriate for collecting, classifying and tabulating data and facts to obtain significant conclusions and reach generalisations regarding the phenomenon under study (Cohen, Manion & Morrison, 2017).

2.2. The study sample

The sample consisted of 200 autistic children who were divided into two groups belonging to the age group of 6–9 years; the first group (100 children) represents the group of autistic children who were

abused (50 female and 50 male). The second group (100 children) represents the group of autistic children who were not abused (50 female and 50 male). From the inclusion programmes for children with an autism spectrum disorder in mainstreaming school in Riyadh, the study sample randomly chose from the original community autistic children. During the second semester in March 2020, the teachers and parents received the questionnaire through an email.

2.3. Study tool:

The researcher used a questionnaire to reach the study objectives and answer questions to collect data from the study sample. The following procedures were adopted for building the study tool.

2.3.1. Building a study tool:

To design and build the initial form of a questionnaire for abused autistic children, the scale of means to assess the extents of abuse (physical, emotional, neglect and sexual) towards autistic children who were abused and who were not abused, the researcher used the following steps:

1. Reviewed the unique education literature and related studies (Rizo et al., 2020) that discussed the extents of maltreatment and surveys that were utilised in this field;

2. Prepared an exploratory survey of a sample of 120 teachers and parents of autistic students who are teaching in mainstreaming schools and group of parents to benefit from it in determining teachers' views about essential child abuse. The proportion of the response of the group was 70 teachers and 50 parents.

3 The teachers and parents' opinions, which indicated abuse occurrence, were gathered. After that, four extents of abuse were determined, which were the most common abuses in autistic children;

4. The scale was introduced in its initial form to the teachers and parents, and they agreed on its statements and the importance of the statements.

5. The questionnaire was assessed by 10 specialised professors in special education, psychology and mental health, and the scale was adjusted based on the reviewer's notes.

6. The questionnaire items consisted of 45 statements distributed among the four extents. The first is physical abuse, consisting of 15 statements; the second is emotional abuse consisting of 9 statements; the third is neglection, consisting of 14 statements; and the fourth is sexual abuse, consisting of 7 statements.

2.3.2. Validity of the tool

The scale was presented in its initial form with 45 statements to a group of arbitrators, to examine the suitability of each word to the domain to which it belongs, to adjust or delete any information that does not agree with the field and to add any information that serves the objectives of the study. The researcher benefited from the observations of the arbitrators, and for more confirmation, the researcher verified the psychometric properties of the study tool in the following ways:

Validation of the arbitrators: The researcher presented the scale in its initial form with 45 statements distributed among the four domains related to abuse to 10 specialised academic arbitrators and the required modifications were made. Four statements were deleted and the percentage of the agreement did not reach 80%. After this deletion, the scale consisted of 41 statements.

2.3.3. Reliability of the tool

To ensure the scale's reliability (41), statements were applied to the chosen sample that consisted of 120 teachers and parents of autistic students in Riyadh. The correlation coefficients of each account were calculated to the total degree of the domain to which they belong. The coefficients' values rnged between 0.778 and 0.523, which are statistically significant coefficients at the level of 0.01, which confirms that the scale has a significant stability.

Also, the reliability coefficients of the scale were calculated as a whole using Cronbach's alpha, and the reliability coefficients were as follows. The first domain was physical abuse (0.952), the second domain was emotional abuse (0.955), the third domain was neglection (0.965) and the fourth domain was sexual abuse (0.974); the overall score of the scale was 0.958.

2.3.4. Scale correction method

The scale consisted of 41 statements divided into four domains; the first domain had 11 statements, the second domain had 11 statements, the third domain had 11 statements and the fourth domain had 8 statements to be answered by choosing one of the five responses (highly agree – agree – somewhat agree – not sure – disagree). To analyse the data and to answer the study questions, a Likert scale quintet was used to answer the questions according to the following degrees and the evaluation was carried out with the following grades: (5) highly agree, (4) agree, (3) somewhat agree (Carbajal & Praetorius, 2020), (2) not sure (Brenner et al., 2018), and (1) disagree.

2.4. Study tool

Behavioural disorders questionnaire: To design and build the domains and items for the behavioural disorders questionnaire for autistic children, the researcher used the following steps:

1- Reviewed the unique education literature and related studies (Zaidman-Zait et al., 2014; Zou et al., 2019).

2- Carried out an exploratory study on a sample of 80 autistic children's teachers and parents to determine teachers' views on behavioural disorders for children with autism in the mainstreaming school.

3- The researcher identified the domains of the questionnaire, where the first domain was 'aggressive behaviour of autistic children' (20 statements), the second domain was 'self-harm behaviour of autistic children' (20 statements), the third domain was 'anxiety disorder of autistic children' (22 statements) and the fourth domain was 'depressive disorder of autistic children' (22 statements).

4- The scale was introduced in its initial form (84 statements) to a group of professors in order to evaluate the suitability of each statement to the domain to which it belongs and to modify or delete any statement that does not match with the domain and to add any statement that serves the objectives of the study. The researcher benefited from the observations of the professors, and for more confirmation, the researcher verified the psychometric properties of the study tool in the following ways:

5- The Validation of the arbitrators: The researcher presented the scale in its initial form (84 statements) (distributed among the four domains related to behavioural disorders for autistic children in mainstreaming school) to 15 specialised academicians professors and the required evaluations were made and four statements were deleted. The percentage of a consensus reached was 87.96%.

The questionnaire, after deletion and modification, consisted of 80 statements.

2.4.1. Validity of the scale

The validity of the scale was determined by the professors specialised in special education and psychology. The percentage of consensus was 87.96%.

2.4.2. Reliability of the scale

To ensure the reliability of the scale (80 statements), the scale was applied to the rationing sample that consisted of eight children with autism in Riyadh, and the correlation coefficients of each statement were calculated with the total degree of the domain to which it belongs, and the values were between 0.778 and 0.523, which are statistically significant coefficients at the level of 0.01, which confirms that the scale has a significant reliability.

Also, the reliability coefficients of the scale were calculated as a whole using Cronbach's alpha. The reliability coefficients were as follows. The first domain was aggressive behaviour of autistic children (0.962), the second domain was self-harm behaviour of autistic children (0.965), the third domain: anxiety disorder of autistic children (0.985) and the fourth domain was a depressive disorder of autistic children (0.974); the overall score of the scale was 0.968.

2.4.3. Scale correction method

The scale consisted in its final form 80 statements divided into four domains: the first domain (20 statements), the second domain (20 statement), the third domain (20 statement) and the fourth domain (20 statement), which were answered by choosing one of five responses (highly agree – agree – somewhat agree – not sure – disagree) and the evaluation was carried out with the following grades 5–1, respectively (Tekin-Iftar et al., 2020; Brenner et al., 2018).

3. Results and Discussion

3.1. Results of the first question:

Q1: What is the correlation between the extents of (physical–emotional–neglect–sexual) abuse with the degrees of behavioural disorders (self-harm–aggression–depression–anxiety) in autistic children who were not abused?

To test the validity of this question, the researcher used Pearson's correlation coefficients to verify the existence of a relationship, as shown in Table 1.

Table 1. Pearson's correlation coefficients between the extents of (physical–emotional–negligence–sexual) abuse in autistic children who were not abused and some behavioural disorders

Extents of abuse	Autistic children without abuse			
	Self-harm	Aggression	Anxiety	Depression
Physical abuse	0.03	0.15	0.02	0.06
Emotional abuse	0.04	0.19	0.01	0.02
Abuse of negligence	0.01	0.18	0.03	0.1
Sexual abuse	0.09	0.19	0.01	0.06
Total marks	0.05	0.18	0.02	0.07

All values are non-significant.

It is clear from Table 1 that the values of the coefficients of Pearson's correlation between the extents of (physical–emotional–neglect–sexual) abuse are not significant, and this means that there is no correlation between the extents of abuse in autistic children who were not abused and degrees of behavioural disorders (self-harm, aggression, anxiety and depression) which indicate no occurrence of abuse.

3.2. Results of the second question

Q2: Why is there a correlation between the extents of (physical, emotional, neglect and sexual) abuse and the degrees of behavioural disorders (self-harm, aggression, anxiety and depression) in children with an autism spectrum who were abused?

To test the validity of the question, Pearson's correlation coefficients were used to verify the existence of a relationship, as shown in Table 2.

Table 2. Pearson's correlation coefficients between the extents of (physical, emotional, neglect and sexual) abuse in autistic children who were abused and some behavioural disorders.

Extents of abuse	Autistic children who were abused			
	Self-harm	Aggression	Anxiety	Depression
Physical abuse	0.08	0.71*	0.71*	0.62*
Emotional abuse	0.02	0.51*	0.51*	0.41*
Abuse of negligence	0.43*	0.47*	0.59*	0.52*
Sexual abuse	0.13	0.57*	0.59*	0.66*
Total marks	0.29*	0.69*	0.72*	0.65*

*All values are significant at 0.01.

It is clear from Table 2 that the values of the coefficients of Pearson's correlation between the extents of abuse (physical, emotional, neglect and sexual) are all statistically significant with degrees of behavioural disorders (self-harm, aggression, anxiety and depression), and this means that there is a correlation between the extents of abuse in autistic children who were abused and degrees of behavioural disorders (self-harm, aggression, anxiety and depression); except for the self-harm variable, there was no relationships between extents of physical, sexual and emotional abuse.

3.3. Results of the third question

Q3: What is the difference in behavioural disorders severity degree (self-harm, aggression, anxiety and depression) in autistic children according to abuse occurrence and autistic children (who were abused and who were not abused)?

To test the validity of this question, the researcher used the 't' test to check for differences, as shown in Table 3.

Table 3. The significance of differences using the 't' test for some behavioural disorders (self-harm, aggression, anxiety and depression) in autistic children according to abuse occurrence (autistic children who were abused and autistic children without abuse occurrence)

Behavioural Disorders	Kind of abuse	N Sample	Mean	P Std. deviation	D Freedom	t Value	Significance level
Self-harm	Not abused	100	22.53	0.5972	198	19.291	0.01
	Abused	100	63.19	2.423			
Aggression	Not abused	100	18.46	6.165	198	13.388	0.01
	Abused	100	36.33	1.184			
Anxiety	Not abused	100	34.29	1.231	198	17.211	0.01
	Abused	100	75.61	2.061			
Depression	Not abused	100	17.47	0.5517	198	20.403	0.01
	Abused	100	39.08	0.9042			

Significant at the level of 0.01.

It is clear from Table 3 that the results of the 't' test for some behavioural disorders (self-harm, aggression, anxiety and depression) in autistic children according to abuse occurrence (autistic children who were abused and autistic children without abuse) show significant differences between the two groups in favour of children who were not abused (in the best direction), meaning that autistic children who were abused have a more severity degree of these behavioural disorders (self-harm, aggression, anxiety and depression). All the values of 't' were significant at 0.01.

3.4. Results of the fourth question.

Q4: What is the difference between male and female autistic children who were abused according to the extents of abuse?

To test the validity of this question, the researcher used 'Pearson's correlation coefficient', as shown in Table 4.

Table 4. The significance of differences using the 't' test for the extents of abuse (physical, emotional, neglect and sexual) in autistic children who were abused according to gender (male and female)

Extents of abuse	Sex	N Sample	Mean	P Std. deviation	D Freedom	t Value	Significance level
Physical abuse	Male	50	35.577	7.792	98	3.446	0.01
	Female	50	40.25	5.459			
Emotional abuse	Male	50	17.577	4.327	98	2.453	0.05
	Female	50	19.604	3.901			
Abuse of negligence	Male	50	16.269	9.282	98	5.305	0.01
	Female	50	27.125	11.156			
Sexual abuse	Male	50	18.192	2.884	98	2.8	0.01
	Female	50	19.541	1.749			
Total marks	Male	50	87.961	18.332	98	4.905	0.01
	Female	50	106.521	19.507			

Significant at the level of 0.01.

It is clear from Table 4 that there are statistically significant differences between males and females who were abused in favour of females in all extents of abuse and the overall score had a significance level at 0.01, 0.05.

3.5. Results of the fifth question

Q5: What is the difference in behavioural disorders type (self-harm, aggression, anxiety and depression) in autistic children who were abused according to their gender (male and female)?

To test the validity of this question, the researcher used the 't' test to check for differences, as shown in Table 5.

Table 5. The significance of differences using the 't' test for some behavioural disorders (self-harm, aggression, anxiety and depression) in autistic children who were abused according to gender (male and female)

Behavioural disorders	Sex	N Sample	Mean	P Std. deviation	D Freedom	t Value	Significance level
Self-harm	Male	50	63.307	22.748	98	1.887	Not significant
	Female	50	63.065	25.989			
Aggression	Male	50	34.211	12.684	98	5.751	Not significant
	Female	50	38.625	10.501			
Anxiety	Male	50	65.711	20.344	98	1.725	0.01
	Female	50	86.333	14.835			
Depression	Male	50	37.596	10.154	198	20.403	Not significant
	Female	50	40.687	7.432			

Significant at the level of 0.01.

It is clear from Table 5 that the results of the 't' test for some behavioural disorders (self-harm, aggression, anxiety and depression) in children with an autism spectrum disorder who were abused show that there are no differences between males and females in the disorders of aggression, depression and self-harm. However, differences in anxiety appeared in favour of males, meaning that males were more anxious than females.

3.6. Results of the sixth question

Q6: What is the difference in behavioural disorders type (self-harm, aggression, anxiety and depression) in autistic children who were not abused according to gender (male and female)?

To test the validity of the question, the researcher used the 't' test to check for differences, as shown in Table 6.

Table 6. The significance of differences using the 't' test for some behavioural disorders (self-harm, aggression, anxiety and depression) in autistic children who were not abused according to gender (male and female)

Behavioural Disorders	Sex	N sample	Mean	P std. deviation	D freedom	t Value	significance level
Self-harm	Male	50	21.211	6.832	98	2.35	0.05
	Female	50	23.958	4.524			
Aggression	Male	50	17.096	6.334	98	2.355	0.05
	Female	50	19.937	5.677			
Anxiety	Male	50	34.069	12.66	98	0.163	Not significant
	Female	50	34.5	12.038			
Depression	Male	50	17.673	5.923	98	0.381	Not significant
	Female	50	17.25	5.093			

Significant at the level of 0.01.

It is clear from Table 6 that the 't' test results for some behavioural disorders (self-harm, aggression, anxiety and depression) in autistic children who were not abused show that there are no differences between males and females in anxiety and depression disorders. However, markable differences appeared in aggression and self-harm disorders in favour of males, meaning that the males were more sensitive towards these disorders.

4. Discussion

Overall, the results of the current study are consistent with the results of many studies and researches. We found a study (Barzeva, Richards, Meeus & Oldehinkel, 2019) which indicated that autistic girls were more abused than ordinary girls (Whitlock, Fulton, Lai, Pellicano & Mandy, 2020), which indicates that there are differences between the averages of autistic children who were abused and children who are not abused in favour of abused children with anxiety, depression, withdrawal, social problems and aggressive behaviour (Kenny, Crocco & Long, 2020). One of the most important causes of autistic children being subjected to abuse is the parents' stress, social isolation, bearing the burden of the autistic child and the characteristics of the autistic child. The severity of the disability is directly proportional to the degree of violence; the more severe the degree of disability, the greater the child's exposure to abuse (Hill et al., 2014). It indicates differences between children with autism who were abused with a group of autistic children who were not abused according to gender (Kanne & Mazurek, 2011), which confirmed that the rate of exposure of females with autism to sexual abuse is higher than the rate of exposure of males with autism to sexual abuse. It was found that the majority of children with autism suffer sexual abuse before reaching the age of 17 years. Zou et al. (2019) revealed behavioural disorders and multiple problems such as isolation associated with the cognitive deficit at the beginning of disability development and post-traumatic stress. The results also indicated that the abuse usually follows a difficulty in communicating with others (Jahan, Araf, Gozal, Griffiths & Mamun, 2020; Sevlever et al., 2013). Barzeva et al. (2019) showed that neglect and physical and sexual abuse are the most common types of abuse for these children. Hendaus et al. (2020) showed that the most prominent thing that children with autism are exposed to is their contempt, underestimation, blame and deprivation of their legal rights, which makes them suffer from the inability to communicate with society.

Cidav, Xie and Mandell (2018) indicated that there is a relationship between autistic child abuse and disability conditions, in addition to being less able to defend themselves compared to ordinary children when interacting with others. Bishop et al. (2007) found that autistic children plus intellectual disability and intellectual disability only were between two and three times more likely to experience maltreatment than other children. All groups were more likely to experience physical neglect, and youngsters within the autism spectrum disorder plus intellectual disability and intellectual disability only groups were more likely to experience all extents of abuse.

As autistic child abuse is a complex phenomenon that cannot be traced back to one reason, there are many reasons as the studies have shown. Some of them are due to the nature of the relationship between parents, parents' level of education, social and financial status, degree of acceptance for the disabled child, method of education, method of understanding and communication between family members, lack of information and parental skills, parents' misestimation and ignorance of the consequences of their childhood abuse, lack of assistance and resources that families can go to in times of crisis. There is no doubt that adverse effects are a result of childhood abuse, especially in autistic children, because if we imagine that the autistic child suffers from many disorders due to his disability, such as the negative attitude towards himself, aggressiveness, the inability to socialise and isolation, in addition to being abused by caregivers or the community, this will have many adverse effects on him.

Other factors that drive parents to abuse their children are mental maturity and inappropriate behaviour. These parents see their children as retards or slow-growing, selfish, bad and have limited independent behaviour capabilities. It is known that caring for a child with a disability is very difficult and represents emotional, physical and financial pressures for parents, which increases the vulnerability of these children; the reactions of the parents vary according to their acceptance of the disability conditions and how to deal with these groups of children.

Consequently, the child raised is unable to have proper social interactions because the primary source of teaching him to socialise abuses him. Hence, the abused child becomes aggressive and is unable to interact with others appropriately because his inner ego is improper.

Dion et al. (2018) also indicated that the essential effects of abuse on the emotional development of the autistic child are summarised in the studies as follows: unbalanced psychological development occurrence, autistic child inability to respect himself, the child always feels guilty, they have chronic frustration and they cannot socialise with others.

5. Conclusion

The results of the current study lead to the following conclusions:

-There is no correlation between the extents of abuse in children with autism who were not abused and the degrees of behavioural disorders (self-harm, aggression, anxiety and depression), which indicates that they were not abused in the survey sample.

-The existence of a positive correlation between the extents of abuse (physical, emotional, neglect and sexual) with the degrees of behavioural disorders (self-harm, aggression, anxiety and depression) in autistic children who were abused.

-There are significant differences between the two groups in favour of children who were not abused (in the best direction), meaning that autistic children who were abused have a more severity degree of these behavioural disorders (self-harm, aggression, anxiety and depression). As confirmed, there are statistically significant differences between males and females who were abused in favour of females in all extents of abuse.

-There are no differences between autistic children who were abused (males and females) in the disorders of aggression, depression and self-harm. However, there are differences in anxiety that appeared in favour of males, meaning that males were more anxious than females.

-There are no differences between males and females in anxiety and depression disorders. However, markable differences appeared in aggression and self-harm disorders in favour of the males, meaning that the males were more sensitive towards these disorders.

Finally, negative effects resulting from the abuse of autistic children are the emergence of behavioural and psychological disorders, affecting social communication, perception and the learning process.

Teachers should participate in workshops and educational programmes for professional growth and understanding through new improvements to protect children with autism from abuse.

6. Recommendations : Based on the results of the study, the researcher recommends the following:

- Increase interest in children with autism within family and community levels through the preparation, planning and implementation of programmes that help them adapt socially to the environment they live in, which keeps them away from exposure to abuse.

- Preparing media programmes to educate society about the nature of the disorder, the characteristics of autistic children and positive interaction methods with them.

- Adoption of home visitation programmes within the social and psychological services plan in inclusion schools to monitor the conditions of autistic children and their family environments and to educate parents of autistic children on how to recognise that their children are being abused and how to deal with this issue.

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