Assessment of Patterns of Exposure to Physical Punishment and its Effect on Autistic Child

Thesis

Submitted for Partial Fulfillment of the Requirement of the Master Degree in Pediatric Nursing

By

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2019

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Acknowledgement

First and for most I feel always indebted to Allah, The Most Kind and Most Merciful.

I wish to express my deepest thanks and sincere appreciation to **Prof. Dr. Randa Mohamed Adly,** Professor of Pediatric Nursing, Faculty of Nursing, Ain Shams University for her great support and advice, her valuable remarks that gave me the confidence and encouragement to fulfill this work.

I express my special gratitude and appreciation to **Dr. Fatma**Mohamed Mohamed, Lecturer of Pediatric Nursing, Faculty of Nursing, Ain Shams University for her great efforts, valuable supervision, cooperation and direction that extended throughout this work.

I wish to convey my thanks to all studied children and their mothers who gave their time to and participated in this work.

🖎 Rania Raslan



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List of Abbreviations

Abbr.	Full term
ABA	Applied Behavior Analysis
ADI-R	Autism Diagnostic Interview-Revised
ADOS	Autism Diagnostic Observation Schedule
ASDs	Autism Spectrum Disorders
CARS	Childhood Autism Rating Scale
CBT	Cognitive-Behavioral Therapy
CDC	Centers for Disease Control
CDD	Childhood Disintegrative Disorder
CMAJ	Canadian Medical Association Journal
DISCO	Diagnostic Interview for Social and
	Communication Disorders
DLS	Daily Living Skills
DNA	Deoxyribonucleic Acid
DSM-5 R	Diagnostic and Statistical Manual, Fifth
	Revision
DSP	Disability Support Pension
EIBI	Early Intensive Behavioral Intervention
FDA	Food and Drug Administration
HFA	High Functioning Autism
IQ	Intelligence Quotient
LFA	Low Functioning Autism
M-CHAT-R	Modified Checklist for Autism in Toddlers-
	Revised
M-CHAT-R/F	Modified Checklist for Autism in Toddlers-
	Revised, with Follow-Up
MFA	Medium Functioning Autism
MgluR	Metabotropic Glutamate Receptors
MNS	Mirror Neuron System
PDD	Pervasive Developmental Disorders
PDD-NOS	Pervasive Developmental Disorder Not
	Otherwise Specified

List of Abbreviations

Abbr.	Full term
PDDs	Pervasive Developmental Disorders
PKU	Phenylketonuria
QCA	Qualitative Comparative Analysis
RBS-R	Restricted Behavior Scale-Revised
RRB	Restricted Interests and Repetitive
	Behaviors
UK	United Kingdom
US	United States

Assessment of Patterns of Exposure to Physical Punishment and its Effect on Autistic Child

<u>Abstract</u>

Background: An autistic child with physical punishment, bruises is the most common signs, even though there are other injuries as well. Bruises in abused children often found in areas protected from normal activity such as buttocks, thighs or trunk. The autistic children are more vulnerable to damage and physical punishment more often suffers from serious forms of injuries such as head trauma or fractures. Aim of the study: The study aimed to assess the patterns of exposure to physical punishment and its effect on autistic child. **Research design:** A descriptive design was utilized in carrying out this study. **Setting & Sample size**: Apurposive sample of 169 children suffering from autism and their mothers were attending the Out -Patient Child Clinic at Institute of Psychiatric Center, Out-Patient Child Psychiatric Clinic at Ain Shams University Hospital, Institute of Childhood Studies that affiliated to Ain Shams University and Abbasyia Psychiatric Mental Hospital. Tools: Interviewing Ouestionnaire Sheet was composed Tool I: Pre-Designed **Ouestionnaire** Sheet. **II**: Mothers' Reported Practices Tool Assessment Sheet, Tool III: Child's Assessment Sheet, Tool IV: Mothers' Patterns of Punishment toward their Autistic Children and its Effect, Tool V: Burden Interview Questionnaire Scale, Tool VI: Coping Inventory Scale. **Results:** It was found that, more than one third of the studied children were suffering from moderate degree of autism, less than half of the studied mothers had poor level of knowledge about autism, more than half of the studied mothers had poor level of reported practices regarding care for their autistic children. In addition almost majority of the studied mothers used physical punishment with their children. Conclusion: It was concluded that, majority of studied mothers used physical punishment with their children, used their hand beating to punish their children while minority of them used non - physical punishment. Also, near two-thirds of the studied children had negative effects due to punishment. **Recommendation:** The study recommended with conducting the practical training programs for families having children with ASD to be focuse on another methods than punishment for behavior modification techniques.

Key words: Autism, Children, Physical Punishment, Burden Effect.

Introduction

Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by deficits in social communication, social interaction and the presence of restricted, repetitive behaviors. Social communication deficits include impairments in aspects of joint attention and social reciprocity, as well as challenges in the use of verbal and nonverbal communicative behaviors for social interaction. Restricted, repetitive behaviors, interests or activities are manifested by stereotyped, repetitive speech, motor movement or use of objects, inflexible adherence to routines, restricted interests and hyperactive- and/or hyposensitivity to sensory input (Parr et al., 2015).

Globally worldwide, in 2000 the numbers of children affected were estimated at 1–2 per 1,000 children. In the developed countries, in 2015 24.8 million children affect autism. Meanwhile, about 1.5% of children are diagnosed with ASD in 2017, ASDs occurs four to five times more in boys than girls (**Ornoy et al., 2015**).

Autism appears to result from developmental impairement factors that affect many or all-functional brain systems and to disturb the timing of brain development more than the final product. It strongly suggested that autism's mechanism includes alteration of brain development soon after conception. This anomaly appears to start a cascade of pathological events in the brain that significantly influenced by environmental factors (Sohn et al., 2015).