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**Resilience and Psychological Distress among Parents of Children with Autism Spectrum Disorder: Moderating role of Perceived Social Support**

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**Abstract**

The paper investigated the moderating role of perceived social support in the relationship between resilience and psychological distress using 100 parents of children with autism spectrum disorder. Purposive sample of participants was chosen from Rawalpindi and Islamabad (25-40 years old). The requirements of ethical guidelines of American Psychological Association (APA) were met, and informed consent was taken before data collection. Brief Resilience Scale was used to measure resilience (Smith et al., 2008), Kessler Psychological Distress Scale was used to measure psychological distress (Addonizio and Patrick, 2011), and Multidimensional Scale of Perceived Social Support was used to measure perceived social support (Zimet et al., 1988). Pearson correlation analysis has demonstrated that there is a positive relationship between resilience and perceived social support besides the fact that both variables showed negative relationships with psychological distress. The moderation analysis revealed that the perceived social support had a significant buffering effect on the relationship between resilience and psychological distress and, therefore, it provides a form of protection to the parents who have to struggle with raising a child with autism. The present study limitations and implications have also been discussed.

**Keywords:** Perceived Social Support, Resilience, Psychological Distress, Autism

**Introduction**

Autism Spectrum Disorder (ASD) is a lifelong and complicated neurodevelopmental disorder that is typified by sustained lack of social communication and interaction as well as limited and monotonous behaviors and interests. The great diversity in the manifestation of symptoms in different individuals implies that the treatment of children with ASD may significantly differ, and in many cases, such children may need special assistance, and constant monitoring. Such care gives subject needs subject parents to constant stressors which might adversely influence their psychological health. The evidence continually demonstrates that the psychological distress levels (stress, anxiety, and depressive symptoms) of parents of children with ASD differ considerably in comparison with parents of typically developing children and those with other developmental disadvantages (Secinti et al., 2024; Rahman et al., 2023). Research has also determined that this psychological burden has the potential of sabotaging parenting outcomes and family functioning in case it is not managed.

Caregiving responsibilities with children with ASD tend to be emotionally, socially, and financially demanding in the long term. These could be dealing with difficult behavior, finding the right educational and therapeutic support, breaking the stigma of society, and living in uncertainties about the future of the child. These chronic demands make parenting of children with

ASD more vulnerable to psychological distress and decrease the quality of life (Marsack et al., 2017). Further, stress associated with taking care of children with ASD is also predictive of symptoms in line with chronic psychological strain, including anxiety, depression, and high stress response, which have been indicated to be responsive to specific psychological interventions, such as cognitive-behavioral therapy (CBT) (Secinti et al., 2024). Nevertheless, even though it is obvious that not all parents are subjected to such negative effects in the same measure due to the evident connection of caregiving demands with the psychological distress, not all of them exhibit such negative outcomes. There are also parents who show significant resilience - the ability to adapt and continue with psychological functioning to chronic stress. Psychological resilience is known to entail the cognitive, emotional, and behavioral dynamics that can help individuals withstand misfortune that can lead to maladaptive consequences. Recently, resilience has also been identified as an important protective resource that can offset the adverse effect of caregiving stress on the mental wellbeing of parents. Indeed, as an example, resilience has been observed to be linked to subjective well-being in parents of children with ASD, implying that the greater the resilience levels, the less the psychological distress and the more positive the adaptation (Khan et al., 2017). An increasing literature also underlines the significance of social support to affect the psychological outcomes of parents. Perceived social support is when a person believes that he or she can be helped and empathized with by his or her social network, family, friends, and community resources. Social support has been identified to reduce perceived levels of parental stress in caregivers of children with ASD, and supportive networks have a beneficial role in coping and minimizing the emotional burden of the caring requirements (Rahman et al., 2023; Abd Rahman et al., 2023). Particularly, levels of perceived support are found to be associated with better emotional functioning and less distressing symptoms. Recent research conducted among parents of children with ASD indicated that the perceived social support mediated the correlation between caregiver characteristics and psychological outcomes, which indicates that support can have a buffering effect in reducing the distress (Masa'Deh et al., 2025).

Irrespective of such results, there is still a paucity of literature on the role of perceived social support in interaction with personal variables such as resilience in determining psychological distress in parents of children with ASD. Other studies have indicated that the interaction between social support and resilience can lead to positive outcomes: one example is longitudinal evidence that social support and resilience can complement each other over time, so that parents with stronger social support can be able to sustain or enhance resilience, which can in turn result in greater emotional adaptation (Wang et al., 2025). Other studies have shown that parental resilience and perceived social support are positively associated and therefore complementary across caregiving contexts (Ebrahim and Alothman, 2021). Parental experiences of stress and support might be further complicated by cultural beliefs and attitudes of the society towards disability in Pakistan and other South Asian contexts. Poor understanding of the causes and treatment of ASD, including the belief that developmental disorders have a supernatural explanation or that the fault is on the parent, may result in stigmatization and social isolation of caregivers, especially mothers. Not only do these factors increase psychological distress but also discourage the parents from seeking help or having access to the existing supports (Bashir et al., 2024). Despite the lack of national prevalence data on caregiver outcomes in Pakistan, national data show that in rural under-served areas, poor rehabilitation services, lack of awareness and stigma may rise to an even greater number of psychological burdens on parents.

There are theoretical models like the Stress-Buffering Model and the Transactional Model of Stress and Coping that offer an effective perspective of these dynamics. The perceived social support, according to the stress-buffering model, can decrease the responses to stress by increasing the capacity to cope with it, encouraging positive emotional responses, and accessing resources that can alleviate distress. In conjunction with resilience, the personal resource that can maintain

adaptive functioning, social support can also reinforce the capacity of parents to cope with disabling chronic care giving demands without the development of serious psychological impairment. Transactional model states that stress results are a combination of environmental demand and coping resources of an individual and these two statuses: internal (resilience) and external (social support) resources are required to comprehend some variability in parental distress (Lazarus and Folkman, 1984). Although the theoretical and empirical literature of the connection between social support and resilience and parental outcomes is strong, the gap in the literature about the role of perceived social support in moderating the relationship between resilience and psychological distress between parents who have children with ASD is significant. The vast majority of research has dealt with these variables either singly or dealt with mediating mechanisms as opposed to moderating ones. Knowledge of moderation is important as it assists in determining the strength or the direction of the relationship between resilience and psychological distress that varies at various levels of perceived support. This information is especially needed in collectivistic societies, where social systems and family ties could be very important when it comes to care experiences.

### **Rationale of the Study**

Parents who have children with autism spectrum disorder (ASD) face ongoing care giving requirements that, in most cases, result in high levels of psychological distress, such as stress, anxiety, and symptoms of depression. Consecutive empirical reports indicate that parents of children with ASD report higher levels of psychological distress than other parents of children with typically developing children and other developmental disorders (Karst & Van Hecke, 2012). Caregiving stress in ASD is considered chronic due to the necessity to deal with repetitive behavior, communication problems, therapies organization, financial issues, and cross-cultural doubts about future outcomes (Bonis, 2016; Estes et al., 2012). These accumulative stress factors subject parents to a high risk of emotional burnout and mental health problems. Although the adverse effect of caregiving has been recorded in ASD, the adjustment of parents differs significantly. Parents are not all in high distress, some are able to adapt effectively when encountering the long-term care giving requirements. This inconsistency demonstrates the importance of psychological resilience as a protective factor (Weiss et al., 2012). Better emotional regulation, adaptive coping styles, and reduced levels of stress and depressive symptoms in caregivers of children with developmental disabilities have been attributed to resilience, which has been defined as the capacity to sustain or recover psychological well-being despite adversity (Connor and Davidson, 2003; Bekhet et al., 2012). These results indicate that resilience is an internal resource that has the ability of alleviating the psychological effect of care giving in ASD (Masten, 2001). Perceived social support is another vital psychosocial factor, which affects the well-being of caregivers. Perceived social support is the perception of an individual that he or she has access to emotional, informational, and instrumental support of family, friends and other important people in their lives. There is significant evidence to suggest that the more the perceived social support, the less the psychological distress felt by parents of children with ASD (Wang et al., 2010). Social support alleviates the adverse impacts of stress of caring through amplifying coping efficacy, decreasing perceptions of isolation, and encouraging affirmative assessments of difficult experiences. Perceived social support can particularly be an important factor in sustaining psychological well-being in collectivistic cultural context where emphasis is placed on interdependence and extended family networks (Taylor et al., 2004).

Though the individual effects of resilience and perceived social support are well defined, there is a dearth of research conducted to ascertain the interaction between the two variables in alleviation of psychological distress among parents of children with ASD, especially in non-Western contexts. Apart from Pakistan, there is a lot of misconception about ASD which includes the belief that

syndrome is caused by some supernatural or spiritual forces (Imran et al., 2011). Such attitudes are a cause of social stigma, blame, and delayed help-seeking, especially among mothers. Moreover, there is lack of access to specialized services, financial limitations, and inadequate early interventions especially in rural settings that add to the burden of care giving. These social and cultural challenges and structures exacerbate psychological distress and affect the availability and efficacy of social support resources. The current research relies on Stress-Buffering Model (Cohen and Wills, 1985) and the Transformational Model of Stress and Coping (Folkman, 2020). The Stress-Buffering Model also holds that social support has the ability to minimize the harmful effect of stress through its influence on the appraisal of stressful events and improvement of coping resources. In a similar manner, the conceptualization of Stress within the framework of the Transactional Model represents the result of the dynamic interaction between environmental challenges and personal coping resources. Resilience is an in-house factor and seen as an internal resource, whereas perceived social support is an outhouse factor within the caring set up. Greater resilience in parents facilitates access to support networks available and the parents who have low perceived support may end up being susceptible to psychological distress despite having strong personal resources. Considering the fact that there is no pacifically dedicated study in Pakistan, the moderating effects of perceived social support should be investigated in the connection between resilience and psychological distress in parents with children with ASD. The knowledge gained during this study can be used to shape culturally sensitive psychosocial intervention to increase internal and external sources of support. This evidence can inform practice in clinics, community-based support interventions, and policy programs to enhance mental health caregiver and general functioning in the family as a context of ASD.

H1: There will be a negative relationship between resilience and psychological distress among parents of autism spectrum disorder children.

H2: There will be a positive correlation between perceived social support and resilience among parents of children with autism spectrum disorder.

H3: Perceived social support will moderate the relationship between resilience and psychological distress among parents of children with autism spectrum disorder.

## **Method**

### **Research Design & Sample**

The study utilized a cross-sectional survey research design to examine the relationship between resilience and psychological distress in parents of children with autism spectrum disorder (ASD) and how social perceived social support mediates the association between them. The study involved 100 parents of children with ASD living in Rawalpindi and Islamabad in Pakistan in a purposive sample. They were divided into 52 men and 48 women of age (25-40 years). The subjects were all primary caregivers of children diagnosed with ASD. Participants were also educated with the lowest competency being the high school level and some having postgraduate education. The sampling technique involved participants with different demographic and family backgrounds to ensure a detailed insight into the resilience of parents, social support, and psychological distress. This approach can help to better generalize the results to the parents of children with ASD in other metropolitan and cultural contexts.

### **Instruments**

**Brief Resilience Scale (BRS; Smith et al., 2008):** BRS is a six-item scale that is used to assess an individual capacity to recover after stress. The answers are measured on a Likert scale of 5 points (1- strongly disagree, 2- 4-6 strongly agree), and the items 2, 4, and 6 are reverse-scored.

The score varies between 6 and 30 with a high score showing the stronger spirit. The scale has a good level of reliability with Cronbach  $\alpha = 0.80$ .

**Kessler Psychological Distress Scale (K10; Addonizio and Patrick, 2011):** K10 is a 10-item self-rating scale that evaluates the presence of psychological distress (including symptoms of anxiety and depression). The respondents will have to answer on a 5-point Likert scale with 1 (none of the time) to 5 (all of the time) and the higher the score the higher the extent of psychological distress. The scale demonstrates good internal consistency ( $\alpha = 0.86$ ).

**Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988):** The MSPSS scale is a 12-item scale that measures perceived social support by the family, friends, and significant other. The participants answer on a 7 Likert scale with the scale of 1 (very strongly disagree), to 7 (very strongly agree). The larger the total scores, the greater the perceived social support. The scale has also been shown to be highly reliable ( $\alpha = 0.95$ ) and valid in a wide range of cultural populations.

### Procedure

The research protocol passed the Departmental Ethical Review Board. The purpose of this method was to approach the participants in Rawalpindi and Islamabad, and a clear description was made of the purpose, objectives, and procedures of the study. Informed consent was taken before participation. The confidentiality and anonymity were guaranteed, and the subjects knew that there would be no physical, psychological, social or any financial harm to them due to participation. The self-report questionnaires were also distributed using online platforms or in person depending on the preference of the participants. The participants were asked to be truthful and sincere in their answers, and their input was appreciated in the final stage of data collection. SPSS Version 27 was used to analyze the data.

### Results

**Table 1**

*Correlation among all study variables (N=100)*

Variables	<i>M</i>	<i>SD</i>	$\alpha$	Resilience	PSS	PD
Resilience	18.57	7.63	.80	-	.65**	-.71**
PSS	54.55	15.47	.95		-	-.97**
PD	21.30	5.21	.86			-

*Note.* \*\* $p < .01$ . PSS = Perceived Social Support; PD = Psychological Distress.

The descriptive statistics, reliability coefficients, and bivariate correlations of resilience, perceived social support (PSS), and psychological distress (PD) of parents whose children have autism spectrum disorder were presented in table 1. The outcomes show that resilience was found to have a ( $M= 18.57, SD = 7.63$ ) with good internal consistency  $\alpha = .80$ . Perceived social support had a ( $M= 54.55, SD = 15.47$ ) and very high reliability  $\alpha = .95$ . The mean score of Psychological distress have a ( $M= 21.30, SD = 5.21$ ) and the internal consistency was excellent  $\alpha = .86$ . Pearson correlation analysis found that there is a significant positive correlation between resilience and perceived social support ( $r = .65, p < .01$ ), which means that parents who have a higher resilience are more likely to report a higher perceived social support. Psychological distress was significantly and negatively related to resilience ( $r = -.71, p < .01$ ), indicating that increase in resilience has a negative relation with psychological distress. In the same way, perceived social support also showed a negative relationship with psychological distress ( $r = -.97, p < .01$ ). This result indicates that those parents who have a higher perceived social support report less psychological distress.

**Table 2**

*Moderating Role of Perceived Social Support for the relationship between Resilience and Psychological Distress among parents of children with Autism Spectrum Disorder (N = 100).*

Predictors	Psychological Distress			
	$\beta$	SE	95% CI	
			LL	UL
Resilience	-.65***	.06	-.78	-.53
Perceived Social Support	-.41***	.01	-.43	-.38
Resilience*Perceived Social Support	.01***	.00	.00	.01
$R^2$	.97			
$F$	1522.5***			

Note. \*\*\* $p < .001$ .

Table 2 shows the findings of the moderation analysis on whether perceived social support moderates the relationship between resilience and psychological distress in parents of children with ASD. The total model had high significance,  $R^2 = 0.97$ ,  $F(3, 96) = 1522.5$ ,  $p < .001$ , which accounted 97% of the variation in psychological distress. Resilience was a significant predictor of psychological distress with a negative relationship ( $\beta = -0.65$ ,  $SE = 0.06$ ,  $p < .001$ ), meaning that the higher resilience individuals are the less psychological distress they have. The perceived social support was also found to have a substantial negative influence on distress ( $\beta = -0.41$ ,  $SE = 0.01$ ,  $p < .001$ ). The resilience-perceived social support interaction term was also significant ( $\beta = 0.01$ ,  $SE = 0.00$ ,  $p < .001$ ), indicating that perceived social support is a mediator of the relationship between resilience and psychological distress. In particular, perceived social support is lower in the protective role of resilience to psychological distress and higher levels of social support moderate distress despite resilience levels.

## Discussion

The psychological health of children with Autism Spectrum Disorder (ASD) is one of the topics that have been studied extensively because of the special challenges and pressures related to care giving. Stress, anxiety, and depressive symptoms among parents can also become significant problems, and they can be aggravated by societal stigma and a low understanding of autism in Pakistan (Nadeem et al., 2024). Social support is a very important buffer, which increases resilience, ability to cope, and psychological wellness of these parents. Family, friends and community network support have been linked to less psychological distress and better adaptive functioning (Collins et al., 2025; Lu et al., 2021). Theoretical models like Stress-Buffering Model hypothesize that social support will alleviate the adverse effect of stressors through the provision of emotional, informational and practical resources (Cohen and Wills, 1985).

Table 1 shows the correlation, alpha, mean and standard deviation of resilience, perceived social support and psychological distress. In the first hypothesis, resilience was projected to have a positive predictive effect on perceived social support among parents reporting having children with ASD. This is a hypothesis that was confirmed by the current study findings (see Table 1). The positive correlation means that the more resilient parents are, the more they feel that their social support is more effective, which is corroborated by the previous literature, according to which resilience and supportive networks interact in order to enhance parental mental health (Khan et al., 2017; Ebrahim and Alothman, 2021). Also, psychological distress showed a negative correlation with resilience and perceived social support, which confirmed the hypotheses that a greater resilience and social support should be associated with a lower level of distress in parents. The

results, align with the results of previous research that showed that resilient parents and those who had adequate support network are more capable of managing the demands of caregiving and have a less significant psychological burden (Nadeem et al., 2024; Lu et al., 2021).

Table 2 reports the findings of the moderation analysis and analyzes the perceived social support as a modifying factor in the connection between resilience and psychological distress. The results indicate that social support mitigates the adverse effect of low resilience on psychological distresses substantially. This helps the hypothesis that social support is a protective factor, which secures the impact of low resilience on mental health. The findings indicate that the level of resilience and perceived support are relevant in alleviating psychological distress in parents, and the most psychologically distressed parents are those who have a higher resilience and perceived support. The same findings have been documented in other countries, which proves the buffering effect of social support on reducing stress and enhancing adaptive coping in caregivers of children with ASD (Ebrahim and Alothman, 2021; Collins et al., 2025).

In Pakistan, the extended families and close-knit communities offer emotional, practical, and informational support culturally, which can potentially strengthen the observed moderating intervention of social support (Nadeem et al., 2024; Khan et al., 2017). Such cultural background helps to strengthen resilience and lessen the psychological load, and social support bears relevance especially in helping parents of children with ASD to reduce stress. The findings produce solid empirical support that the interventions of enhancing the social support networks and resilience might be effective measures that might be implemented in order to decrease the psychological distress among this population.

### **Limitations**

Although this study offers useful information on the psychological well-being of parents of children with autism in Pakistan, there are some weaknesses associated with the study. First, the sample was quite narrow and culture-specific, and it might not be applicable to more extensive groups of people or other cultures. Second, cross-sectional nature limits the possibility of drawing causal relationships among resilience, social support and psychological distress. These studies would require longitudinal studies to determine the interaction of these variables with time. Third, self-reporting of the data could result in response bias or social desirability biases, as talking about psychological distress could be a stigma in a cultural setting. Also, other possible influencing attributes including socioeconomic status, the severity of symptoms in the child, and the coping strategies of parents were not massively studied, which could be further investigated in future studies to determine other predictors of parental well-being.

### **Implications**

The implications of the findings for some practices by healthcare providers, policymakers and support networks are various. Interventions developed by mental health professionals, such as psychologists and counselors, can help to build resilience and perceived social support among parents and help to reduce the level of psychological distress. Possibly culturally sensitive interventions that capitalize on extended family and community support might especially be useful in Pakistan, where the collectivist frameworks offer natural support resources. The findings can inform policymakers to promote the provision of mental health services, caregiver support programs, and educational materials to the families of children with ASD. Also, community-based programs and parent-support groups may be used as the source of experience sharing, coping, and practical support, which helps to lower the level of isolation and promote psychological well-being.

## Conclusion

The paper presents the importance of resilience and perceived social support in alleviating psychological distress in parents of children with autism in Pakistan. The findings prove the positive correlation of resilience with perceived social support and negative correlation of the two situations with psychological distress and the moderate dependence of social support between resilience and distress. The results highlight the necessity of specific interventions that will support caregivers and help them become more resilient. Considering them, the involved parties can work to improve the mental health of parents, their coping mechanisms, and eventually achieve improved outcomes among parents and children with autism.

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