Exploring Siblings Perceptions of Parental Parenting Styles and Family Functioning in the Context of Autism Spectrum Disorder (ASD) with Intellectual Ability (IA)

Noor Syarafana Mohd Razi[1], Muhammad Ajib Abd Razak[2], Nasrudin Subhi[3], Salina Nen[4], Chong Sheau Tsuey[5], Mohd Haikal Anuar Adnan[6], Najwa Afiqa Roshaizad[7]

[1234567]Center for Research in Psychology and Human Well-Being, Faculty of Social Sciences and Humanities, The National University of Malaysia, Malaysia.

***Corresponding Author**

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ABSTRACT

Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental condition that profoundly shapes the experiences of individuals and their families. While research has extensively documented parental stress and wellbeing, siblings' perspectives, particularly of those with autistic members with intellectual ability (IA), remain underexplored. Siblings often serve as both observers and direct participants in parenting dynamics and family functioning. This study therefore aims to explore siblings' perceptions of parenting styles and family functioning in households with ASD and IA. A qualitative design with a phenomenological approach was employed to capture participants' lived experiences from their own perspectives. Data were analyzed thematically, enabling the identification of recurring patterns and variations across narratives. Findings reveal that siblings' experiences reflect both challenges and resilience. Key themes include difficulties in daily routines, the centrality of emotional support, the dominant caregiving role of mothers, and communication as the foundation of family functioning. Variations emerged, such as limited paternal involvement and sibling relationships ranging from close to neutral. A novel finding highlights that parenting styles and family functioning directly shape the development of autistic individuals, particularly in self-care, autonomy, and behavioral regulation. This study contributes to family psychology and special education by foregrounding siblings' perspectives, often overlooked in previous research. It expands understanding of how parenting practices exert systemic effects on the entire family and underscores the importance of integrated support strategies that recognize parents, autistic individuals, and siblings as interdependent members of the family system.

Keywords: Autism, Intellectual Ability, Siblings, Parenting Styles, Family Functioning, Phenomenology, Thematic Analysis

INTRODUCTION

Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental condition characterised by difficulties in communication and social interaction, accompanied by repetitive behaviours and restricted interests, which in turn shape how individuals experience and interact with their environment (American Psychiatric Association, 2013; Joon, Kumar, & Parle, 2021). Within families, living with an individual with ASD demands patience, tolerance, unconditional acceptance, resilience, and holistic well-being. Some parents or individuals with ASD may choose to conceal the diagnosis rather than disclose the reality of the condition (Lawson, 2020; Lee et al., 2023; Low et al., 2024). Such concealment may restrict access to supports that are essential for developmental growth, particularly when compared with neurotypical peers.

Although some autistic individuals demonstrate average or above-average cognitive abilities, often referred to as high-functioning ASD (HFASD) or previously Asperger's syndrome, these strengths do not exempt them from the core challenges of autism, such as social reciprocity, flexibility, and adaptive functioning (Alvares et al., 2020; Loison, 2024). Despite their capacity to access mainstream education, pursue higher studies, and achieve independence, many report a lower quality of life and ongoing difficulties in emotional regulation and executive functioning (Ayres et al., 2018; Mason et al., 2018; Chien et al., 2023). Consequently, parents frequently experience elevated stress, emotional exhaustion, and disruption in personal and professional life, often exacerbated by societal stigma and negative judgements about their parenting (Bohadana, Morrissey, & Paynter, 2019; Salleh et al., 2022).

Parenting style plays a central role in shaping child behaviour and family outcomes. Positive parenting has been linked to reduced behavioural and emotional difficulties, whereas negative or inconsistent approaches are associated with externalising problems (Pinquart, 2017; Lin et al., 2023). Within families of children with ASD, siblings are particularly affected by parental practices and the differential attention given to autistic versus non-autistic children. While many siblings report empathy, adaptability, and growth, others experience feelings of neglect, jealousy, or burden due to caregiving responsibilities (Cridland et al., 2016; Pavlopoulou & Dimitriou, 2019; Salleh et al., 2022).

Taken together, the presence of an autistic child—particularly one with intellectual ability—shapes the entire family system, influencing parental stress, sibling dynamics, and overall family functioning. Yet, the perspectives of siblings remain underexplored despite their critical role in family adjustment. Their experiences provide valuable insights into how parenting practices and family functioning interact, highlighting the need for research that situates siblings as central informants in understanding family dynamics in ASD.

This study aims to explore the perceptions of siblings of autistic individuals with intellectual ability regarding parental styles and family functioning. While previous research has largely emphasized parental stress and wellbeing, siblings' perspectives remain limited. By adopting a qualitative approach, this study seeks to capture how siblings evaluate parenting practices and family functioning, thereby offering a more comprehensive understanding of family life in the context of ASD.

METHODOLOGY

Research Design

This study employed a qualitative research design with a phenomenological approach. Phenomenology was selected as it emphasises understanding participants' lived experiences in depth, from their own perspectives (Neubauer, Witkop & Varpio, 2019; Rietmeijer & Veen, 2022). Through this approach, the researcher was able to explore the meanings, interpretations and subjective experiences that participants associated with the phenomenon under investigation (Rietmeijer & Veen, 2022). This design was considered appropriate as the research questions focused on exploring experiences that could not be quantified. Instead, these understandings required elaboration through participants' narratives and reflections. Hence, a phenomenological design was deemed suitable to provide a comprehensive and holistic account of the phenomenon.

Participants

Four participants were recruited as the main respondents. Participants were selected using a snowball sampling strategy, beginning with referrals from the researcher's close contacts and subsequently extending to acquaintances or relatives of the first participant. This method was considered suitable for identifying participants with specific characteristics who would be difficult to reach using probability sampling. Recruitment ceased once data saturation was achieved, that is, when subsequent interviews no longer generated significant new themes or perspectives.

Participation in the study was voluntary. Participants were informed of their right to decline or withdraw at any point without providing a reason, and without any negative consequences. Written informed consent was obtained prior to each interview, including explicit permission for audio recording. All information shared was treated confidentially and used solely for the purposes of this study.

Inclusion criteria ensured that participants were representative of the study focus. Eligible participants had to: (a) be siblings of individuals diagnosed with Autism Spectrum Disorder (ASD) with intellectual ability, (b) be aged eighteen years or older, (c) have an autistic sibling who was currently attending or had attended school and was aged thirteen years or older, (d) come from a family with at least three children, and (e) have both parents in employment.

Exclusion criteria specified that individuals with ASD themselves and parents were not eligible, as the research focused on the experiences and perspectives of siblings. Additionally, siblings who were married or had been living away from the family home for more than twelve months were excluded, as their perspectives were less likely to reflect daily family interactions.

To provide an overview of the participants' backgrounds, brief demographic information was compiled (Table 3.1). Information about the autistic siblings in the family is presented in Table 3.2.

These tables highlight the diversity in participants' backgrounds and the characteristics of their autistic siblings, which enabled a more comprehensive understanding of siblings' experiences in different family contexts

Table 2.1: Demographic information of participant

Participant Code	Age	Gender	Employment Status	Number of Siblings
R1	22	Female	Student	5
R2	26	Female	Employed	4
R3	40	Female	Employed	6
R4	20	Female	Employed	2

Table 2.2: Information on autistic siblings in the family

Related participant	Gender	Age	Additional diagnosis (if any)
R1	Male	19	Schizophrenia
R2	Male	29	-
R3	Female	45	-
R4	Male	13	Dyslexia

These tables highlight the diversity in participants' backgrounds and the characteristics of their autistic siblings, which enabled a more comprehensive understanding of siblings' experiences in different family contexts.

Data Collection

Semi-structured interviews were the primary data collection method, as they allowed in-depth exploration of participants' experiences and perspectives while maintaining alignment with the study objectives. This approach balanced structure and flexibility, enabling follow-up questions and the exploration of emergent issues, while also allowing participants to share their views more openly compared to structured interviews.

Participants were given the choice of being interviewed in Malay (Bahasa Melayu) or English, depending on their comfort level. To ensure clarity, the researcher used straightforward, non-technical language when posing questions. Attention was also paid to both verbal and non-verbal communication, such as tone, pauses, facial expressions and body movements, which often added meaning to participants' responses.

The interview protocol was developed in line with the study objectives and comprised three main domains: (i) lived experiences of having a sibling with ASD, (ii) perceptions of parenting styles, and (iii) family functioning. This ensured coverage of key areas while leaving space for participants to elaborate freely.

All interviews were conducted by the researcher to maintain consistency and credibility. Field notes were taken during sessions to record observations that might not be captured through audio recordings. The interviews were transcribed verbatim and cross-checked with field notes and recordings to ensure accuracy. Transcripts were read repeatedly to achieve familiarity with the content, and review continued until data saturation was reached.

Procedures

Recruitment began with the creation of a digital poster using Canva. The poster included key information about the study's objectives, inclusion and exclusion criteria, and a link to a Google Form. To maximise outreach, the poster was distributed through multiple channels, including the Facebook pages of the Malaysia High Function Autism Association (MAHFAA) and Disleksia dan Autisme Malaysia (DDAM), the researcher's WhatsApp status, and personal networks.

Interested participants completed the Google Form, which included demographic details. Eligible participants were then contacted directly via WhatsApp. At this stage, the researcher explained the study purpose and procedures and sought to build rapport through informal text messages or brief calls. Participants were then provided with a digital informed consent form and interviews were scheduled at mutually convenient times.

Interviews were conducted individually, either face-to-face or online via Google Meet. One participant opted for a face-to-face interview, one participated via video call, and two via audio call only. These options provided flexibility for participants, with video calls offering the advantage of observing non-verbal cues, while audio calls accommodated those with constraints.

Each interview lasted between forty and sixty minutes, was audio-recorded with consent, and took place in a comfortable and supportive environment. Sessions began with general demographic questions to ease participants into the process, followed by the main questions. The researcher employed techniques such as strategic pauses to encourage elaboration. If participants showed signs of emotional distress, the option to pause or terminate the session was offered.

Transcriptions were assisted by Turboscribe software and subsequently refined manually by the researcher through repeated checks against field notes and recordings, ensuring accuracy and completeness prior to analysis.

Data Analysis

Data were analysed using thematic analysis, a widely used qualitative method that enables the identification, analysis and interpretation of patterns or themes (Elliott, 2018; Liebenberg, Jamal & Ikeda, 2020). Specifically, Braun and Clarke's (2021, 2023) reflexive thematic analysis approach was adopted, which highlights interpretative engagement and iterative theme development, while allowing for flexibility and inductive exploration of siblings' experiences.

The analysis proceeded systematically through several stages: (i) preparing transcripts and becoming familiar with the data, (ii) identifying key terms, (iii) developing codes, (iv) forming themes, and (v) conceptual interpretation leading to a final thematic framework (Naeem et al., 2023). Coding was conducted manually to preserve the richness of the data. Initial stages involved recognising basic concepts, followed by connecting categories, refining them, and constructing overarching themes and subthemes. Both explicit meanings and underlying implications in participants' accounts were considered to ensure depth and comprehensiveness (Braun & Clarke, 2021).

To ensure validity and reliability, reflexivity was maintained throughout. The researcher engaged in repeated transcript reading, cross-checking with field notes and recordings, and critically re-evaluating interpretations. A thematic summary table was also constructed to demonstrate data saturation. This process produced a systematic, comprehensive and trustworthy thematic framework for understanding siblings' perspectives.

Pilot Study

Prior to the main study, a pilot study was conducted with two participants. The aim was to assess the clarity, comprehensibility and relevance of questions in the semi-structured interview guide. These trial interviews helped to determine whether the question sequence was clear and whether the guide successfully elicited in-depth accounts without confusion. Feedback was reviewed critically to refine the structure, wording and delivery of questions. Adjustments were made accordingly, resulting in a more user-friendly and robust final interview guide (Table 2.3).

Table 2.3: Demographic information of participant

Domain	Sample Questions
Opening (Demographic)	a. Could you tell me a little about your background? b. Could you share some details about your autistic sibling? c. Are you directly involved in their care?
Experience	a. What is your daily routine with your autistic sibling? b. Could you describe specific experiences you have had with them? c. Do you receive support from parents or other family members?
Parenting Style	a. From your perspective, how do your parents raise, educate and care for your autistic sibling? b. What do you think of their approach? c. Do you personally approach your sibling differently from your parents? d. In your view, does your parents' style affect how your sibling is managed or cared for?
Family Functioning	a. How would you describe overall family relationships? b. How does communication usually take place in your family? c. Are there regular family activities or shared times together? d. How do family members carry out their roles? e. In your opinion, is your family functioning well?
Closing	a. As a sibling in a family with autism, what are your hopes for the future? b. What is the most valuable thing you have learnt? c. If you could give advice to others in a similar situation, what would you say?

RESULT

Lived Experiences

Participants described diverse day-to-day experiences as siblings of individuals with ASD with IA. Daily routines varied considerably, with some families reporting no fixed schedule due to parents' work commitments and the siblings' own educational or occupational demands. As one respondent noted, “There isn't really a routine because both parents are working, I'm also working, and my younger siblings are studying, so there isn't much of a set routine” (R1). Others highlighted differences between school days and weekends, where weekdays were structured around early wake-up times and school attendance, while weekends were more relaxed unless specific activities, such as robotics classes, were scheduled (R2, R4).

Alongside these routines, participants emphasised that their experiences were not limited to challenges but also included moments of enjoyment and gratitude. One sibling expressed appreciation for their brother's emotional support, recalling, "He told me, 'stop crying, what's the point of crying?'… even though he didn't fully understand why I was sad, he tried to comfort me. It was cute" (R2). Another valued their sister's independence, stating, "She can be left alone, she understands that I need to work" (R3). Collectively, these accounts illustrate the interplay of ordinary routines, challenges, and positive interactions that shape siblings' everyday lives

Perceptions of Parenting Styles

Participants described noticeable shifts in parenting approaches across generations and over time. Grandparents were often portrayed as providing "old school" care, focusing on basic needs without much attention to personal care. As one sibling explained, "From my grandparents' point of view, even though my brother is special, they still treat him like a normal person… a really old school style" (R1). By contrast, parents were said to emphasise routines and hygiene: "…with parents, it's more like okay, now he knows how to use soap, deodorant, shampoo, everything" (R1). Over time, parental involvement reduced as children developed independence: "Now my mum doesn't really teach him much anymore, because he already knows how to do everything" (R2). When caregiving shifted to siblings, the approach became more pragmatic and firm due to competing responsibilities. As one participant put it, "…I can't do what my parents did because I live alone and I have to work. If I give in to her behaviour, I'll be the one to suffer" (R3).

Perceptions of fairness also varied. Some siblings reported that parenting was largely equal across children: "Just the usual… making sure there's enough food, clothing, so the same" (R1). Others felt their sibling with ASD received more guidance and closer supervision: "For me, my mother just let me be… but with my younger brother she really guided him closely" (R2). In certain cases, fathers were seen as more indulgent, "Yeah, he is special… my dad really pampered him. There's no difference when it comes to punishment, he also got punished, but my dad still spoiled him" (R3). Another sibling reflected that rules seemed looser for the autistic child: "Same, but maybe there's slight favouritism… in terms of punishment it's really loose" (R4). These mixed experiences suggest that while equality was valued, siblings interpreted variations in discipline, support, and indulgence as shaping their sense of justice within the family.

Participants also held differing views on the suitability of these approaches. Some felt equal treatment was inappropriate, as children with ASD required additional attention: "…for a normal person we can think, but my brother is a special case who needs grooming, monitoring, extra attention" (R1). Another sibling agreed: "Even when he was older, they still used the same parenting style as for the others… that's slightly wrong because obviously an ASD child needs something different" (R4). Conversely, one respondent viewed their mother's approach as logical: "…for me, what my mother did was reasonable" (R2). Others argued that effectiveness depended on the caregiver's authority: "When others look after her, she misbehaves. With me, one stare and she stops. She's scared of me" (R3).

Some siblings suggested alternatives to the strategies they had observed. These included responding to repetitive behaviours as a form of attentiveness—"As for me I will try to pick his phone up… if I'm not busy" (R1)—or being firm in order to discourage dependency: "I teach him a lesson. To get something is difficult… if we give in, he'll become more demanding" (R3). Others felt unable to comment due to limited involvement in direct caregiving (R4). Taken together, these accounts highlight how siblings interpret, negotiate, and adapt parenting styles in families raising children with ASD, balancing equality, practicality, and the need for specialised attention.

Perceptions of Family Functioning

Participants expressed mixed perceptions of how their families functioned in the context of raising a child with ASD and intellectual disability. For some, relationships were described as close and supportive. One sibling highlighted the strong bond between their mother and autistic brother: “They really can’t be separated… he’s very attached to her” (R2), while another emphasised sibling cooperation, “…among siblings we are close, because we take over caring responsibilities if one is busy” (R3). In contrast, others characterised relationships as more neutral or distant, marked by basic communication but limited emotional warmth: “…overall okay, still good, still communicate, still meet up, just not as close as families who always stay together” (R1)

Communication was generally perceived as functional, though serving different purposes depending on context. For some, it involved sharing daily updates: “It’s more like sharing, asking what he’s been doing” (R1). For others, it was highly practical, focused on coordinating caregiving: “…when I say I have work outside, whoever is free will take over” (R3). Several participants stressed flexibility, either through in-person discussions or digital messaging (R4).

Family togetherness was often linked to routine activities such as eating, cooking, or shopping: “Usually, eating… then window shopping, going to the mall” (R1); “…at home my mum and I will ask him what he wants to eat, then we cook together” (R2). In some cases, bonding centred on larger gatherings: “…when we go back to the village, we have a family day, talking and hanging out” (R3). These accounts illustrate how everyday practices and occasional family events shaped experiences of connection.

The distribution of roles within the family was also central. Fathers were described as minimally involved—“…the father most of the time absent physically and mentally” (R4)—while mothers were seen as carrying the bulk of responsibility: “…my mum taught him to read… her role is really like the head of the family” (R2). Siblings frequently stepped in to share the load: “If my brother is unwell… I take leave to look after him” (R2). These patterns underscored mothers’ pivotal role, with siblings providing supplementary support, and fathers often perceived as peripheral.

Views on overall family functioning were divided. Some felt their families managed well despite challenges: “Without my father, yes [we function well]” (R2). Others described systemic strain arising from misaligned roles and emotional burnout: “…one of the most significant contributing factors is repetitive burnout, particularly from the autistic child’s behaviour… it burns out most people in the family tree” (R4).

At the same time, participants identified protective factors that helped maintain cohesion, such as willingness to contribute—“the willingness from each other to build the strong relationship and the family” (R1)—and shared meals, “…my mum loves to cook, that brings us closer” (R2). Communication, whether face-to-face or through family chat groups, was consistently highlighted as a resource for sustaining connection (R3, R4).

Effects on Individuals with ASD and IA

Siblings identified both positive and negative outcomes for individuals with ASD and intellectual disability, largely shaped by the style and consistency of caregiving.

Positive effects were reported when parents took a more structured role, emphasising hygiene, education, and independence. One participant explained that compared to their grandparents, parental involvement led to progress in personal care: “…with parents, it’s more like okay, now he knows how to use soap, deodorant, shampoo” (R1). Another observed the influence of maternal guidance, noting simply, “He is better. Much better” (R2). Education was also seen as transformative, enabling greater autonomy: “…going to school taught her to cook, be independent, and understand things better” (R3). Beyond formal learning, discipline and consistency were described as beneficial, with one sibling remarking, “…I had to be firm… when she sees me, she behaves… over time she accepted it” (R3). Together, these accounts highlight how structured parenting, educational opportunities, and clear boundaries were viewed as strengthening self-care, independence, and behavioural regulation.

Negative effects, however, were linked to inconsistent caregiving or overreliance on parental involvement. One sibling reflected on a period when their brother’s hygiene was neglected: “…there was one period when he had body odour… people would say, you smell really bad” (R1). Another highlighted the consequences of reduced parental engagement over time: "…before, in high school, there was involvement… now it has lessened, and that contributed to his decline" (R4). Feelings of neglect and lack of affection were also cited: "…technically he just lacked love, that's why he developed more problems as he grew" (R4). Moreover, parental practices of doing tasks for rather than with the child were criticised for reinforcing dependence: "My mum would redo what he had done… that reinforces incompetence instead of showing him how to do it properly" (R4). In some cases, problematic behaviours extended into social interactions, prompting siblings to limit contact: "…sometimes on WhatsApp he'd be texting random things… so at some point I blocked him" (R4). These narratives illustrate how inconsistent guidance, emotional detachment, and overprotective practices could hinder growth and strain relationships.

DISCUSSION

Overall, the experiences of siblings in families with a member diagnosed ASD with IA demonstrate a complex spectrum. These range from daily routines that are sometimes structured and sometimes flexible, to challenging situations involving aggressive behaviours, excessive dependency, and emotional conflict. Such challenges are balanced by enjoyable moments that foster gratitude and strengthen family bonds. Emotional consequences such as anger, trauma, shame, and feelings of isolation were evident; yet, they also prompted the development of coping strategies including problem-solving and withdrawal. Social support emerged as a critical differentiating factor: the presence of extended family support reduced stress, whereas its absence intensified feelings of isolation. Thus, siblings' experiences reflect not only the challenges of ASD itself but also broader family dynamics, emotional resilience, and the availability of social resources, all of which collectively shape siblings' wellbeing and long-term identity.

Although not all respondents provided recommendations due to differing levels of involvement in daily caregiving, the suggestions that were shared revealed an awareness of the need for flexible and responsive parenting. The effectiveness of a parenting style was found to depend not only on the principles or strategies applied, but also on its capacity to preserve family harmony, support the autonomy of the individual with ASD, and avoid perceptions of unfairness among other siblings. The findings indicate that experiences, parenting styles, and family functioning are closely interconnected, with changes in one dimension exerting direct effects on the others. Collectively, the results highlight that parenting in ASD–IA families is adaptive, shaped by time, context, caregiving roles, and the unique needs of the individual with ASD.

Family functioning in households with individuals with ASD and IA revealed diverse patterns, ranging from neutral relationships to close-knit bonds. These variations were influenced by factors such as roles, communication, shared time, and the degree of involvement of each family member. Despite challenges—including role imbalances between parents, disproportionate burdens on mothers, and recurrent risks of burnout—findings also pointed to protective factors such as effective communication, sibling support, and shared routines. Accordingly, family functioning in the context of ASD and IA is best understood as dynamic, contingent on the family's adaptive capacity and collective resilience, rather than determined solely by the presence of ASD.

This newly identified theme highlights the family as a central determinant of developmental outcomes for individuals with ASD and IA. Positive outcomes were observed when families provided consistent environments, supported formal education, and encouraged independence through appropriate discipline. Conversely, negative effects were linked to overly permissive practices, excessive indulgence, or a lack of nurturing engagement. The implication of these findings is the importance of balancing support with opportunities for responsibility, in order to enable individuals with ASD and IA to reach their full potential. Thus, family functioning and parenting styles not only affect family wellbeing but also shape the developmental trajectory of individuals with ASD and IA in cognitive, emotional, and social domains

CONCLUSION

This study set out to explore siblings' perceptions of parenting styles and family functioning in households with a member diagnosed with Autism Spectrum Disorder (ASD) and intellectual ability (IA). The findings reveal that siblings' experiences are multifaceted, encompassing both challenges and resilience. Difficulties such as demanding daily routines, emotional conflict, and unequal caregiving roles were balanced by protective factors including supportive communication, shared routines, and emotional bonds.

The study also underscores the adaptive nature of parenting in families of individuals with ASD and IA. Parenting styles were found to exert systemic effects on the whole family, influencing not only siblings' wellbeing but also the developmental trajectory of the individual with ASD in terms of autonomy, behavioural regulation, and social participation. Importantly, the results highlight that family functioning is not determined solely by the presence of ASD, but rather by the family's collective capacity for adjustment, communication, and resilience.

The contribution of this study lies in foregrounding the perspectives of siblings, a group often overlooked in existing research. By doing so, it enriches understanding within family psychology and special education, and points to the importance of integrated support strategies that consider parents, siblings, and individuals with ASD as interdependent members of a single family system.

REFERENCES

1. American Psychiatric Association. (2013). American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders Fifth Edition. In Arlington.
2. Ayres, M., Parr, J. R., Rodgers, J., Mason, D., Avery, L., & Flynn, D. (2018). A systematic review of quality of life of adults on the autism spectrum. In Autism (Vol. 22, Issue 7). https://doi.org/10.1177/1362361317714988
3. Bohadana, G., Morrissey, S., & Paynter, J. (2019). Self-compassion: A Novel Predictor of Stress and Quality of Life in Parents of Children with Autism Spectrum Disorder. Journal of Autism and Developmental Disorders, 49(10), 4039–4052. https://doi.org/10.1007/s10803-019-04121-x
4. Chien, Y. L., Liu, C. C., Chiu, Y. N., & Lin, C. C. (2023). Assessing emotional characteristics in Asian autistic adults without intellectual disability. Asian Journal of Psychiatry, 82. https://doi.org/10.1016/j.ajp.2023.103472
5. Cridland, E. K., Jones, S. C., Stoyles, G., Caputi, P., & Magee, C. A. (2016). Families living with autism spectrum disorder: Roles and responsibilities of adolescent sisters. Focus on Autism and Other Developmental Disabilities, 31(3). https://doi.org/10.1177/1088357615583466
6. Joon, P., Kumar, A., & Parle, M. (2021). What is autism? In Pharmacological Reports (Vol. 73, Issue 5). https://doi.org/10.1007/s43440-021-00244-0
7. Lawson, W. B. (2020). Adaptive morphing and coping with social threat in Autism: An autistic perspective. Journal of Intellectual Disability - Diagnosis and Treatment, 8(3). https://doi.org/10.6000/2292-2598.2020.08.03.29
8. Lee, J. Y. S., Whittingham, K., Olson, R., & Mitchell, A. E. (2023). "Their Happiness, Not Neurotypical Success": Autistic Adults Reflect on the Parenting of Autistic Children. Journal of Autism and Developmental Disorders. https://doi.org/10.1007/s10803-023-06188-z
9. Lin, X., Su, X., Huang, S., Liu, Z., Yu, H., Wang, X., Lin, L., Cao, M., Li, X., & Jing, J. (2023). Association between maternal parenting styles and behavioral problems in children with ASD: Moderating effect of maternal autistic traits. Frontiers in Psychiatry, 14. https://doi.org/10.3389/fpsyt.2023.1107719
10. Loison, A. (2024). Literature Review on High-functioning Autistic Employees. DBS Applied Research and Theory Journal, 1. https://doi.org/10.22375/dbs.v1i1.120
11. Low, H. M., Zainal, M. S., Pang, J. C., Ang, Y., & de Vries, M. (2024). Self-reported autistic traits and psychosocial outcomes among university students in Malaysia. Autism, 28(1), 174–186. https://doi.org/10.1177/13623613231167501
12. Mason, D., McConachie, H., Garland, D., Petrou, A., Rodgers, J., & Parr, J. R. (2018). Predictors of quality of life for autistic adults. Autism Research, 11(8). https://doi.org/10.1002/aur.1965
13. Pavlopoulou, G., & Dimitriou, D. (2019). 'I don't live with autism; I live with my sister'. Sisters' accounts on growing up with their preverbal autistic siblings. Research in Developmental Disabilities, 88. https://doi.org/10.1016/j.ridd.2019.01.013

14. Pinquart, M. (2017). Associations of parenting dimensions and styles with externalizing problems of children and adolescents: An updated meta-analysis. Developmental Psychology, 53(5). https://doi.org/10.1037/dev0000295
15. Salleh, N. S., Tang, L. Y., Jayanath, S., & Abdullah, K. L. (2022). An Explorative Study of Affiliate Stigma, Resilience, and Quality of Life Among Parents of Children with Autism Spectrum Disorder (ASD). Journal of Multidisciplinary Healthcare, 15, 2053–2066. https://doi.org/10.2147/JMDH.S376869