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Special needs experiences of mothers with children with special needs
Özel gereksinimli çocuklara sahip annelerin yaşadıkları deneyimler

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ABSTRACT: In this study, the focus is on the experiences of mothers with children with special needs, the difficulties experienced by these mothers, support needs, and social reactions. The research was designed using a qualitative method and was conducted using more than one qualitative research design. In particular, phenomenological design and case study designs were applied in terms of the support received by mothers with children with special needs from spouses, the environment, and institutions, recognizing disability, and noticing risk symptoms. The study group consisted of 70 participant mothers with children with special needs living in Hakkari province. In the data collection process, a semi-structured interview form was used to collect demographic information and data related to the research questions. Data analysis was carried out using descriptive and content analysis methods, which are important steps in qualitative research. The study revealed that mothers are in great need of social and psychological support and that these supports are insufficient. It was also determined that mothers and health professionals play critical roles in identifying children with special needs early. Still, there are also cases where necessary interventions are not made on time. Societal reactions are often negative, and children with special needs and their families often face exclusion and a lack of understanding. In addition, mothers' sacrifice towards their children with special needs and their efforts for the needs of their children were characterized as “angel mothers”.
Keywords: Children with special needs, Early diagnosis, Family experiences, Social support

ÖZ: Bu çalışmada, özel gereksinimli çocuklara sahip annelerin yaşadıkları deneyimler, karşılaştıkları zorluklar, destek ihtiyaçları ve toplumsal tepkiler üzerine odaklanılmıştır. Araştırma, nitel bir yöntem kullanılarak tasarlanmış ve birden fazla nitel araştırma deseni ile gerçekleştirilmiştir. Özellikle özel gereksinimli çocuğa sahip annelerin eşlerinden, çevreden ve kurumlardan aldıkları destekler, engelliliği tanıma ve risk belirtilerini fark etme konularında fenomenolojik desen ve durum çalışması desenleri uygulanmıştır. Çalışma grubu, Hakkari ilinde yaşayan özel gereksinimli çocuğa sahip 70 katılımcı anneden oluşmaktadır. Veri toplama sürecinde, demografik bilgiler ve araştırma sorularına yönelik verilerin toplanması için yarı yapılandırılmış bir görüşme formu kullanılmıştır. Veri analizi, nitel araştırmada önemli adımlardan olan betimsel ve içerik analiz yöntemleri kullanılarak gerçekleştirilmiştir. Çalışma, annelerin sosyal ve psikolojik desteğe büyük ihtiyaç duyduğunu ve bu desteklerin yetersiz olduğunu ortaya koymuştur. Ayrıca özel gereksinimli çocukların erken tanısında annelerin ve sağlık profesyonellerinin kritik roller oynadığı, ancak gerekli müdahalelerin zamanında yapılmadığı durumların da bulunduğu belirlenmiştir. Toplumsal tepkilerin genellikle olumsuz olduğu, özel gereksinimli çocuklar ve ailelerinin sıklıkla dışlanma ve anlayış eksikliği ile karşılaştığı gözlemlenmiştir. Ayrıca özel gereksinimli çocuklara sahip annelerin fedakarlıkları ve çocuklarının ihtiyaçları için gösterdikleri çabalar “melek anneler” olarak nitelendirilmiştir.
Anahtar Kelimeler: Özel gereksinimli çocuklar, Erken tanı, Aile deneyimleri, Sosyal destek

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GENİŞLETİLMİŞ ÖZET

Literatür taraması

Özel gereksinimli bireylerin ve ailelerinin sosyal, psikolojik ve ekonomik birçok sorunla karşılaştığı belirtilmektedir. Bu sorunların temel kaynakları, çevre ve toplumdan kaynaklanmakta olup, toplumun bu bireyleri ötekileştirmesi, sosyal ve fiziksel çevrenin erişilebilir olmaması gibi durumlar, ailelerin sosyal yaşamdan dışlanmasına yol açmaktadır (Yüksel ve Tanrıverdi, 2019). Özel gereksinimli bir çocuğun aileye getirdiği sorumluluklar, aile üyeleri üzerinde baskı yaratırken, özellikle annelerin bakım ve eğitim süreçlerinde daha fazla sorumluluk alarak stres, anksiyete ve depresyon gibi sorunlar yaşadıkları gözlenmiştir (Smith ve Grzywacz, 2014; Sevinç ve Babahanoğlu, 2016). Annelerin, çocuğun özel gereksinimleri için gösterdikleri çaba ve sorumluluklar, toplumda kadınlara yüklenen rollerle birleştiğinde, annenin sosyal hayatının kısıtlanmasına ve duygusal tükenmişlik gibi sorunlara neden olmaktadır (Cangür, 2013).

Özel gereksinimli çocuğu olan ailelerin, özellikle annelerin karşılaştıkları güçlükler ve bu güçlüklerle başa çıkabilmeleri için çeşitli desteklerin önemine vurgu yapılmıştır (Gallagher vd., 2008; Sivrikaya ve Tekinarslan, 2013). Duygusal, araçsal ve bilgilendirici desteklerin, ebeveynlerin stres düzeylerini azaltmada ve yaşadıkları duruma uyum sağlamada etkili olduğu, ayrıca bu kişilerin bilgi düzeyini arttırarak problemlerle başa çıkmalarını kolaylaştırdığı ifade edilmiştir (Cangür vd., 2013). Türkiye'de bu alanda yapılacak çalışmalara olan ihtiyaç, ailelerin çocuklarının risk durumu, tanılama ve eğitim sürecinde yaşadıkları deneyimleri anlamak için önemlidir (Candemir vd., 2023).

Yöntem

Bu çalışma, özel gereksinimli çocuklara sahip annelerin yaşadıkları deneyimleri ve karşılaştıkları zorlukları incelemek amacıyla nitel yöntemle gerçekleştirilmiştir. Çalışma, fenomenolojik deseni benimseyerek, annelerin çocuklarına yönelik eşlerinden, çevreden ve kurumlardan aldıkları destekleri, engelliliği fark etme süreçlerini ve risk belirtilerini ele almaktadır. Ayrıca durum çalışması deseni kullanılarak, annelerin diğer çocuklarının ve yakın çevrelerinin özel gereksinimli çocuğa yönelik tepkileri incelenmiştir. Araştırmanın çalışma grubunu, Hakkari'de yaşayan özel gereksinimli çocuklara sahip 70 katılımcı anne oluşturmaktadır. Bu katılımcı sayısının fazla tutulması, zengin ve derin veriye ulaşmak için tercih edilmiştir. Katılımcıların seçimi, amaçlı rasgele örneklem ve maksimum çeşitlilik örnekleme yöntemleri ile yapılmıştır.

Veri toplama sürecinde yarı yapılandırılmış görüşme formu hazırlanmış ve görüşmeler yaklaşık 25 dakika sürecek şekilde, katılımcıların kendi ortamlarında gerçekleştirilmiştir. Verilerin analizinde betimsel analiz ve içerik analizi yöntemleri kullanılmış; bu yöntemlerle veriler kavramsallaştırılarak alt temalar oluşturulmuştur. Analiz sürecinde "Eş Desteği", "Erken Fark Edilme", "Risk Belirtileri", "Kardeş Tepkisi", "Yakın Çevre Tepkisi", "Eğitim/Öğretim" ve "Diğer" ana temaları belirlenmiştir. Çalışmanın geçerlik ve güvenirliğini sağlamak amacıyla kodlar, temalar ve katılımcıların görüşlerinden doğrudan alıntılar uzman görüşleriyle desteklenmiş ve bulgular tablolar halinde raporlanmıştır.

Bulgular

Araştırma bulgularına göre özel gereksinimli çocuklara sahip annelerin büyük çoğunluğu eşlerinden fiziksel, maddi ve eğitimsel destek aldıklarını ifade etmiş ancak sosyal ve psikolojik destek konusunda eksiklik yaşadıklarını belirtmişlerdir. Anneler, çocuklarının özel gereksinimli olma durumunu çoğunlukla kendileri ya da sağlık çalışanları aracılığıyla erken fark ettiklerini, öğretmenler ve akrabalar tarafından daha az fark edildiğini vurgulamışlardır. Çocukların özel gereksinimli olma durumundaki risk belirtileri ise zihinsel yetersizlik, otizm ve Down sendromu gibi rahatsızlıklarla ilişkili olarak gözlemlenmiştir. Diğer çocukların özel gereksinimli kardeşlerine genellikle kabul ve uyum gösterdiği, ancak bazı durumlarda dışlama ve reddetme tepkileri de verdikleri gözlenmiştir.

Yakın çevrede özellikle dost, akraba ve komşuların verdikleri tepkilerde dışlama, acıma ve suçlama gibi olumsuz tutumlar baskın iken, olumlu tepkiler daha az gözlenmiştir. Çocukların eğitim süreçlerinde ise birçok kurumdan destek aldıklarını, ancak bu desteğin bazı durumlarda yetersiz kaldığını belirtmişlerdir. Anneler ayrıca toplumun farkındalığının artırılması, erken teşhisin önemi, maddi, psikolojik ve sosyal

destek sağlanması gibi alanlarda gelişime ihtiyaç duyduklarını vurgulamışlardır. Bu bulgular özel gereksinimli bireylerin ailelerinin ihtiyaç duydukları çeşitli destekleri ve toplumda kabul edilme arayışlarını ortaya koymaktadır.

Tartışma ve sonuç

Bu çalışma, özel gereksinimli çocuklara sahip annelerin sosyal, psikolojik ve maddi destek ihtiyaçlarını ele alarak, destek eksikliklerinin annelerin üzerindeki yükü artırdığını ortaya koymaktadır. Araştırma sonuçları, annelerin eşlerinden fiziksel ve maddi destek aldıklarını, ancak özellikle sosyal ve psikolojik alanlarda yeterli desteği bulamadıklarını göstermektedir. Özellikle boşanmış annelerde maddi desteğin alındığı fakat sosyal ve psikolojik desteklerin yetersiz olduğu gözlemlenmiştir. Literatürde bu destek eksikliklerinin, özel gereksinimli çocukların bakım yükünü üstlenen annelerde daha fazla stres, anksiyete ve tükenmişlik duygusuna neden olduğuna dair bulgular bulunmaktadır. Bu nedenle aile destek programlarının yaygınlaştırılması ve psikososyal hizmetlerin geliştirilmesi, annelerin bu zorlu süreci daha sağlıklı bir şekilde yönetmelerine katkı sağlayabilir.

Özel gereksinimli çocukların erken tanı ve müdahale süreçlerinde anneler, sağlık çalışanları ve öğretmenlerin önemli roller üstlendiği belirlenmiştir. Özellikle anneler, çocuklarının gelişim sürecini en yakından takip eden bireyler olarak erken farkındalık sağlamakta ve müdahale sürecinin başlatılmasında kritik bir görev üstlenmektedir. Bunun yanı sıra pediatrik sağlık çalışanları ve öğretmenler de çocukların gelişimsel ihtiyaçlarını gözlemleyerek, erken tanı süreçlerinde destek sağlamaktadır. Ancak bazı durumlarda özel gereksinimlerin fark edilmemesi veya geç tanılanması, çocukların gelişiminde olumsuz sonuçlara yol açabilmektedir. Bu bağlamda multidisipliner bir işbirliği çerçevesinde, anneler ile eğitim ve sağlık profesyonellerinin etkili iletişim ve işbirliği içerisinde olmaları, özel gereksinimli çocukların gelişim potansiyellerinin maksimize edilmesi açısından büyük önem taşımaktadır.

Araştırmada özel gereksinimli çocukların kardeşleri ve sosyal çevreleri tarafından verilen tepkiler ele alınmış, kardeşlerin genellikle kabul ve uyum gösterdikleri ancak bazı durumlarda dışlama ve reddetme yaşandığı görülmüştür. Sosyal çevrede ise ailelerin, dışlama, acıma ve suçlama gibi olumsuz tepkilerle karşılaştıkları tespit edilmiştir. Eğitim ve sağlık kurumlarının özel gereksinimli çocuklar ve ailelerine sundukları destekler yeterli bulunmamış, özellikle rehberlik, bilgi yönlendirme ve sosyalleşme alanlarında eksiklikler olduğu bildirilmiştir. Bu sonuçlar ışığında özel gereksinimli çocukların eğitimi ve sosyal entegrasyonlarını güçlendirmenin ve toplumda farkındalığı artıracak girişimlerin önemi ortaya çıkmaktadır.

Introduction

Individuals with special needs and their families encounter numerous social, psychological, and economic challenges. The primary sources of these challenges are the immediate social environment of families and society at large. The exclusion and marginalization of individuals with special needs and their families by society, the lack of social and physical environments designed to accommodate their needs, and the insufficient emphasis placed on their special education contribute to the transformation of special needs status into a disadvantage (Yüksel & Tanrıverdi, 2019). As a result, both individuals with special needs and their families often avoid participating in public spaces and become socially isolated. This situation prevents families from fully integrating into society. Recent studies also indicate that parents of children with neurodevelopmental differences continue to experience inadequate social support and social isolation, which are associated with caregiving burden and psychological vulnerability (Wong & Shorey, 2022; Rouhani & Hemati Alamdarloo, 2024).

The presence of a child with special needs can affect family relationships both directly and indirectly (Sarı, 2004). Living with a child with special needs may lead family members to experience complex emotional responses (Yıldırım Doğru, 2009). For many families, having a child with special needs and organizing their lives around the needs of that child represents one of the most challenging experiences of their lives. When families learn that their child has special needs, they may experience a range of complex emotions such as shock, denial, depression, anger, shame, guilt, acceptance, and adaptation (Şahin et al., 2011; Cangür et al., 2013). Because individuals with special needs often require continuous care and support to achieve healthy development, families face numerous difficulties. These circumstances can lead to significant stress within the family and may result in problems such as depression, stress, anxiety, and low self-esteem among family members (Smith & Grzywacz, 2014; Sevinç & Babahanoğlu, 2016). Family members' personality traits, educational and socioeconomic levels, religious beliefs, psychological conditions, and personal values influence the type and intensity of the emotions they experience and the reactions they display (Kiani & Nami, 2017). Recent findings further demonstrate that caregivers in families of individuals with autism spectrum disorder experience significant psychological distress and caregiving burden, with these effects often being more pronounced among female caregivers (Herrero et al., 2024).

A child with special needs imposes responsibilities on all family members; however, due to the gender roles and expectations assigned to women in society, mothers often assume greater responsibilities than other family members. Studies on family structure in Turkey indicate that mothers are the primary individuals responsible for childcare (Turkey Family Structure Survey, 2016). Mothers undertake various responsibilities, play a more active role in coping with problems, and spend more time with their children to ensure their healthy development and meet their needs. By managing the behavioral challenges of the child with special needs, mothers often accept the situation earlier and initiate medical care and educational services for their child. In addition, they maintain healthy relationships with their spouses and other children, help the child acquire specific skills, and fulfill responsibilities such as maintaining continuous communication with schools regarding the child's special education (Cavkaytar et al., 2008). A recent study conducted in Turkey also reports a significant relationship between perceived social support and depressive symptoms among mothers of children with disabilities, emphasizing the need to strengthen support mechanisms (Şahin & Altun Yılmaz, 2023).

It has been found that mothers experience difficulties in fulfilling their other responsibilities and roles while meeting the needs of a child with special needs; their social lives become restricted, and they require greater support (Cangür, 2013). These challenges may lead to various problems among mothers, including emotional exhaustion, physical discomfort, feelings of guilt and shame, social withdrawal, stress, anxiety, depression, burnout, overload, and a sense of loss of control (Gallagher et al., 2008; Sivrikaya & Tekinarslan, 2013). Mothers encounter these difficulties while providing care for their children and attempting to meet their special educational needs (Ersoy & Rot, 2009). Therefore, while providing care for individuals with special needs, it is essential to offer support to mothers and other family members in order to reduce their anxiety and facilitate their ability to cope with this situation during the special education process. Such support is generally classified as emotional, instrumental, and informational support (Gottlieb, 1983). It has been emphasized that the support provided to these

individuals increases their knowledge levels, reduces anxiety, facilitates adaptation to the situation, enhances their willingness to seek new strategies to cope with problems, improves their economic conditions, strengthens their physical and biopsychosocial well-being, and increases their sense of confidence (Cangür et al., 2013). Considering the educational needs of individuals with special needs or those at risk of special needs and their families in Turkey, there is a clear need for further studies in this field (Candemir et al., 2023). Indeed, recent meta-analytic evidence suggests that structured parent-focused education and support programs-particularly those delivered through telehealth-can effectively reduce parental stress, increase parental self-efficacy, and improve child behavioral outcomes (Adedipe & Walton, 2025).

This study aims to contribute to mothers who have children with special needs and to examine mothers' views regarding their children's risk status, diagnostic processes, and the positive or negative experiences they encounter during the educational process. For this purpose, the following seven questions were directed to the participating mothers:

1. Do you receive support from your spouse depending on your child's special educational status? If yes, can you explain the types of support your spouse gives?
2. Was it noticed early on that your child has special needs / who noticed it?
3. What are the risk signs noticed in your child with special needs?
4. How do your other children react to your child with special needs?
5. How do those in your immediate environment (friends, relatives, neighbors, etc.) react to your child with special needs?
6. Do you receive support from institutions during the education and training process of your child with special needs? If yes, can you explain to us about the types of support?
7. Apart from the questions in the interview, is there anything you would like to say about this subject?

Methodology

Research model

This study was designed as qualitative research. Within the scope of the research questions, more than one qualitative research design was employed. The study was structured using a phenomenological design to examine angel mothers' experiences regarding the support they receive from their spouses, their social environment, and institutions, as well as their processes of recognizing disability and identifying risk indicators. Phenomenology is a research approach that aims to understand individuals lived experiences related to a particular phenomenon and the meanings they attribute to those experiences (Van Manen, 2007). Rose et al. (1995) describes phenomenology as a way that enables individuals to express their perceptions, understandings, emotions, and perspectives regarding a particular phenomenon or concept. In this context, phenomenological research is considered among qualitative research approaches that seek to reveal how individuals experience and interpret a specific phenomenon. Phenomenological studies are widely used in the social sciences because they aim to gain an in-depth understanding of individuals lived experiences (Smith et al., 2009; Creswell & Poth, 2018).

In addition, a case study design was also employed to examine the reactions of siblings and the mothers' immediate social environment toward children with special needs. Creswell (2007) defines a case study as an in-depth investigation of one or more bounded cases within a specific time frame using multiple sources of data, such as interviews, observations, reports, audio/video recordings, and documents. He also emphasizes that case studies represent a qualitative research method in which cases are examined through the explanation of relevant themes. Case studies enable researchers to develop a deeper understanding of a phenomenon situated within a specific context (Yin, 2018). In this study, in addition to the questions included in the interview form, the views that angel mothers wished to express beyond the structured questions were also taken into consideration and included in the analysis process.

Study group

The study group consists of 70 mothers living in Hakkari who have children with special needs. Within the scope of the study, these mothers are referred to as "angel mothers." In qualitative research, the

number of participants in a sample is generally reported to range between 5 and 25 (Patton, 2005; Neuman, 2014). However, in some qualitative studies, larger participant groups may be included to increase data diversity and broaden the scope of research findings (Guest at al., 2013). In the present study, the relatively large number of participants preferred to obtain richer and more comprehensive data.

To serve the purpose of the study and ensure objectivity, purposive random sampling and maximum variation sampling methods were used together. Büyüköztürk et al. (2012) state that purposive sampling is a method preferred for conducting research in one or more specific situations that meet predetermined criteria. In this context, purposive sampling allows researchers to explore the relationships among social and natural events and phenomena through the selection of cases considered relevant to the research purpose. According to Yıldırım and Şimşek (2018), maximum variation sampling aims to maximize diversity among individuals included in a small sample group to examine the research problem from different perspectives. Accordingly, participants were selected through purposive random sampling, and participants' educational levels, socioeconomic status, and residential areas were taken as reference points to ensure diversity and to identify common patterns across different backgrounds.

Data collection

One of the primary data collection tools used in phenomenological research is the interview (Yıldırım & Şimşek, 2018). Accordingly, a semi-structured interview form was developed for this study. Semi-structured interviews allow researchers to proceed within a predetermined framework of questions while also enabling participants to express their experiences in detail (Creswell & Poth, 2018). After conducting a comprehensive review of the relevant literature, the researchers prepared a semi-structured interview form in line with the purpose of the study. The interview form included questions related to the participants' demographic characteristics as well as the research questions. After the draft interview form was prepared, the opinions of three field experts were obtained. Based on the feedback and recommendations provided by these experts, the necessary revisions were made, and the interview form was finalized. Seeking expert opinion is considered a recommended approach in qualitative research for enhancing the content validity of data collection instruments (Miles et al., 2014). The interview form included seven questions related to demographic information. Each interview lasted approximately 25 minutes. The data were collected through face-to-face interviews. The interviews were conducted in the participants' own environments, and the data was recorded through notetaking and the use of an audio recording device.

Data analysis

The data analysis process represents a crucial stage in qualitative research, as it enables the interpretation and meaningful organization of collected data (Flick, 2013). This process involves identification, categorization, and examination of relationships among concepts derived from the data (Maxwell, 2013). During data analysis, researchers may employ both deductive and inductive reasoning processes to move between description and interpretation (Merriam, 2009). In this study, descriptive analysis and content analysis methods were used to analyze the data. While descriptive analysis involves summarizing and interpreting the data within a predetermined framework, content analysis allows for a deeper examination of the data, enabling the identification of themes and concepts that may not be immediately apparent through descriptive approaches. The primary aim of content analysis is to reach concepts and relationships that can adequately explain the collected data.

For this purpose, the data were first conceptualized, then systematically organized according to emerging concepts, and finally interpreted through the identification of themes that explain the data (Yıldırım & Şimşek, 2018). The processes of descriptive and content analysis consist of three stages: preparation, organization, and reporting (Kızıltepe, 2021). During the preparation stage, participant forms were coded as "Mother 1 (M1), Mother 2 (M2), Mother 3 (M3), …" during the interviews. After the interviews were completed, the audio recordings were transcribed, and the notes taken during the interviews were incorporated into electronic text. During the organization stage, joint sessions were held with the participation of all researchers, and coding was carried out using sub-themes. During the coding process, participants' statements were reduced to key expressions, and codes were generated

accordingly. Consensus among the researchers was achieved in the process of generating codes and determining themes. After the coding process was completed, related concepts were grouped together, and the themes of "Spousal Support," "Early Diagnosis," "Risk Indicators," "Sibling Reactions," "Reactions of the Immediate Social Environment," "Education," and "Other" were identified by the researchers.

Ethical approval

This study has been approved by the Scientific Research and Publication ethic committee of Hakkari University with 2022/68 number and date.

Results

The themes/codes and sample statements of the participants regarding the support they received from their spouses depending on their children's special education status are given in Table 1.

Table 1: Findings on spousal support

Spouse Support Theme		
Codes	**Frequency**	**Sample Feedback**
Physical Support	32	*"He is mainly providing physical assistance" (A22).* *"Due to his physical disability, his physical assistance is more important" (A19).* *"He is usually content with only physical help" (A35).*
Financial Support	27	*"He only provides financial assistance; he does not interfere with the rest" (A13).* *"We are divorced, and he only provides financial support" (A28).* *"Even though he did his best, I started working for him because he could not afford it" (A25).*
Educational Support	26	*"My husband only helps with my child's education" (A11).* *"We both work and cooperate in all areas, especially education" (A31).* *"She supports both me and my child in my child's education" (A56).*
Social Support	21	*"He tries to support me in everything, but he always tries to take my child out with him to make him a social person" (A25).* *"Since my child has a visual impairment, my husband's help in every aspect, such as socialization, psychological, etc., makes me very happy" (A42).*
Psychological Support	20	*"Sometimes when I get to the point of giving up, he gives me psychological support" (A23).* *"God bless my husband; he helps me in everything" (A38).* *"Without his psychological support, I would not have been able to get through it" (A70).*
Lack of Support	14	*"I did not get any help from my husband" (A20).* *"I did not see his help, and things are left to me" (A49).* *"Generally, I take care of it" (A60).*

As seen in Table 1, mothers reported the highest level of support from their spouses in the areas of physical, financial, and educational support, while they received the least support in social and psychological support. In addition, mothers who did not receive any support from their husbands also expressed their opinions.

Table 2 provides the themes/codes and sample statements of the participants regarding the support they received from their spouses depending on their children's special education status.

Table 2: Findings on early detection

The theme of early detection					
Codes	**Answer**	**f**	**Recognizer**	**f**	**Sample Feedback**
Recognizing	Yes	50	Me	35	*"I was the first to suspect his actions" (A1).* *"I was the first to notice it when he was 2,3 years old" (A46).*
			Healthcare Worker	14	*"Unfortunately, we did not notice it; the doctor did" (A9).* *"Nurses noticed" (A60).*

				"After the birth, the doctors warned us" (A15).
		My wife	8	*"My wife had noticed it before me" (A10).* *"My wife was suspicious, and unfortunately, it turned out to be true" (A27).*
		Teacher	6	*"When I started school, the teacher noticed" (A32).* *"When education began, the teacher became suspicious and informed us" (A54).* *"From school time, the teachers warned us" (A16).*
		Relative	5	*"Frankly, I did not notice it; her aunt did" (A2).* *"My mother-in-law became suspicious when she was a baby" (A52).*
No	20	Nobody		*"We did not notice" (A16).* *"No, we did not notice" (A53).* *"No, unfortunately, we noticed it too late, and the doctors noticed it too late" (A24).*

In Table 2, mothers stated that they and healthcare professionals were predominantly responsible for early recognition of their children's special needs status. Spouses, children's teachers, and relatives were the least likely to notice. Some mothers also state that their children's condition was not noticed by anyone.

Table 3 gives the themes/codes and sample statements of the participants regarding the risk symptoms of their children with special needs.

Table 3: Findings on risk symptoms

Risk Symptoms Theme		
Special Need Type	**f**	**Suspicions/ Risk Symptoms**
Mental Disability	16	*Constant lying on the back as a baby, immobility, adaptation problems, behavioral problems, difficulties in speech and learning, problems in perception, developmental delays in infancy, delayed reactions, etc.*
OSB	15	*Difficulty in speech, lack of use of gestures and facial expressions, repetitive movements, not responding to his/her name at the age of 2, not making eye contact as a baby, using the same words, and shouting continuously around the age of 3, disliking contact, sleeping through wedding noise as a baby, not playing with peers, pretending not to hear, etc.*
Down Syndrome	14	*Flat face and short neck at infant age, slanted eyes, postnatal test results, single palm line, high nuchal translucency, slow walking, facial features different from peers, etc.*
Physical Disability	7	*Convulsions as a baby, postnatal tests, inability to sit up at 1.5 years of age, doctor's check-ups, etc.*
Specific Learning Disability	6	*When he starts school, he has difficulty reading and making sounds, learning, etc.*
Hearing Impairment	4	*Not reacting to sounds as a baby, not being bothered by a doctor's control, especially noisy environment*
Speech Impairment	4	*Although he is 3 years old, he cannot speak, he has difficulty speaking, and he is silent most of the time.*
Epilepsy	3	*Shaking in the arms and legs at 4 months, having convulsions at 20 days old, etc.*
Visual impairment	1	*Doctor's control.*

When the risk symptoms of children with special needs are examined in Table 3, it is seen that mothers reported that they noticed more risk symptoms in mental deficiency, autism, and Down syndrome. On the other hand, they stated that they noticed fewer risk symptoms in physical disability, learning disability, hearing impairment, speech impairment, epilepsy, and visual impairment.

Table 4 gives the themes/codes and sample statements of the participants regarding the reactions of their siblings who do not have special needs when their children have special needs.

Table 4: Findings regarding sibling reactions

Sibling Reaction Theme		
Codes	**f**	**Sample Feedback**
Acceptance and Adaptation	50	*"Even though they struggled to accept, they are getting along very well now" (A51).* *"He seems more comfortable with his siblings than us" (A10).* *"Although they were upset at first, the fact that they have started to take us in and help us now makes us very happy and lightens our workload" (A27).* *"They get along better with their older brothers. Unfortunately, they do not get along at all with their younger ones" (A45).* *"They are very interested and have even learned sign language for their siblings" (A20).*
Exclusion and Denial	13	*"They do not get along and are able to reject their brothers, and I feel sorry for that" (A13).* *"Because we focused our attention on their special siblings, they became angry and excluded their siblings while we were away" (A17).* *"They are afraid because of their appearance and do not take them in" (A18).* *"Fighting, exclusion, not including them in games, all of them" (A26).* *"While her older sister helps her in every way, she excludes her younger siblings, and she wants to play with her younger siblings" (A29).* *"His brothers react harshly to him, sometimes even hit him" (A48).* *"His siblings make fun of him, let alone accept him" (A49).*
Only One Child	7	*"I have only one child. Unfortunately, he is physically disabled" (A28).* *"I do not have another child; the burden of this is too much, and we do not think about another child" (A41).*

In Table 4, there are opinions that the reactions of siblings of children with special needs are generally in the direction of acceptance and adaptation, followed by the reactions of exclusion and rejection.

Table 5 gives the themes/codes and sample statements of the participants regarding the reactions of the individuals in the family's close environment (such as friends, relatives, and neighbors) to their children's special needs.

Table 5: Findings regarding the reactions of those in the social environment

Social Environment Reactions Theme			
	Codes	**f**	**Sample Feedback**
Positive Reactions	Acceptance and Adaptation	23	*"Their positive, sensitive and caring behavior encourages us" (A4).* *"At first, they felt pity, but then they started to understand the situation and started to support it" (A6).* *"Even though some showed negative behaviors, they mostly displayed acceptance and compliance behaviors" (A12).* *"Neighbors and relatives are accepting and supportive" (A19).* *"The positive attitudes I saw from my environment encouraged me and enabled me to take my child everywhere actively" (A53).*
Negative Reactions	Exclusion	25	*"In general, they exclude not only the child but also us" (A8).* *"My husband's family held me responsible; we were rejected and had to get divorced" (A13).* *"They looked at him as a child to be ashamed of, a child to be discarded" (A16).* *"She was subjected to peer exclusion" (A21).* *"We feel excluded as a family" (A35).* *"We can only go to places that do not exclude us, and that is limited to a few places" (A55).* *"They don't even eat in the same environment" (A69).*
	Pity / Sadness	21	*"Our close environment, including peers, feel pity for our child" (A1).* *"It makes me sadder when they see my child in that state, and they feel sorry for me with expressions such as 'woe to you'" (A22).* *"They called me an idiot, deprived me of all positive emotions" (A27).*

			"I am constantly being questioned, I feel under extreme pressure, and it hurts me even more than my child's situation" (A40). *"Do not pity me, do not ridicule me, but they do this especially when my child is alone, and we cannot leave them alone" (A49).* *"It makes us very sad that they say that a demon has struck them and that there is nothing to be a doctor" (A63).* *"It hurts me so much that they look at my daughter as a fool" (A57).*
	Accusation	8	*"They constantly blame my child for every action" (A25).* *"Because they blamed me, I was very psychologically affected, and this was reflected in my behavior; there were even people who treated me as 'crazy' because of this situation." (A34).* *"Relatives sometimes blame me" (A41).* *"Because my first child was deficient, they said it was because of you that this child was deficient; they blamed me for why you did it" (A50).*
	Making a Complaint	6	*"They constantly complain about the noises my child makes" (A18).* *"They constantly complain and express discomfort because of my child's behavior" (A31).* *"We do not want to go out anymore because of their constant accusations, exclusions, and negativity" (A40).*

In Table 5, when we look at the immediate environment's reactions to the child with special needs, there are opinions that negative reactions are more common than positive reactions. These are clustered as exclusion, pity, sadness, blaming, and complaining. In addition, positive reactions were also seen to be concentrated in the form of acceptance and support.

Table 6 gives the themes/codes and sample statements of the participants regarding the support they received from the institutions during the education process of their children with special needs.

Table 6: Findings on the support of institutions

Education/ Training Theme		
Codes	**f**	**Sample Feedback**
Get support	40	*"The doctor never spared his advice and follow-up" (A1).* *"They provide us with constant support as guidance and psychological counseling" (A6).* *"He goes to two different schools, and their cooperation is very good" (A8).* *"She receives transportation and educational support from the rehabilitation center" (A15).* *"He receives education, socialization, and planned support in the rehabilitation center" (A18).* *"He receives support from the institution only for physical activities" (A19).* *"We are happy he receives peer support and socialization, especially in the institution" (A21).* *"It was better for them to provide educational and psychological support than financial support" (A23).* *"With device support, they provide continuous stimuli to the hearing center" (A27).* *"They supported me even more than my husband" (A37).* *"We are very happy to have experts in their fields in the institution" (A49).*
Partially Getting support	17	*"It is not enough just to attend public school; additional support is needed" (A11).* *"It is not enough that they only teach for 40 minutes two days a week" (A12).* *"Although they try to provide support, we do not like the fact that the people in the institution inform us little about my child" (A35).* *"We only receive education through transportation" (A63).*
Not receiving support	13	*"Unfortunately, we are trying to take care of it" (A13).* *"I am to blame for receiving support from institutions because we thought we would be enough as parents" (A70).*

In Table 6, mothers stated that they received support from institutions in different ways to educate their children with special needs. However, there are also opinions that they do not receive support.

Table 7 provides the themes/codes and sample expressions for the participants' other opinions about their children with special needs.

Table 7: Findings on mothers' other views

Other Opinions Theme			
	Codes	**f**	**Sample Feedback**
Yes	Financial Support	3	*"For those in our situation, the state also needs to help" (A22).* *"Financial difficulties make it very difficult for us" (A57).*
	Psychological and Social Support	6	*"Let us love these children more; let us support them in relationships" (A1).* *"I feel constantly worried and stressed about my child" (A4).* *"Psychological and social support should be provided to families" (A16).* *"My child's situation affects me negatively, but I cannot express it" (A20).* *"Social support is the biggest support for these children" (A33).* *"It makes me very sad when my child keeps asking why I do not have friends" (A53).*
	Language support	5	*"I would like to follow the developments in the world regarding my child's disease.* *"I wish I could get foreign language support" (A2)* *"If I had known a foreign language, I would have had more opportunities" (A18).*
	Social Awareness	13	*"Society needs to be more accepting" (A17).* *"Social support should be provided both educationally and outside of school" (A18).* *"Society needs to be informed and informed" (A19).* *"Society needs to be more accepting" (A31).*
	Supporting Institutions	4	*"The fact that institutions only provide training in a certain field puts us in a difficult situation, and support should be provided in other fields as well" (A60).* *"I would like the relevant institutions to determine the number of families like us in society and to support various remedial studies in this direction" (A68).* *"I think that social service institutions should receive more support from the state in terms of financial, employment and other supports" (A23).*
	The Importance of Early Diagnosis	6	*"Families in this situation should be trained about the importance of early diagnosis" (A15).* *"We need to be aware of early diagnosis" (A28).* *"Parents need to be trained to recognize these situations early" (A34).* *"Mothers, please do all the tests during pregnancy" (A41).*
No		38	*"I have nothing to say except your questions" (A59).* *"I think that is enough" (A25).*

In Table 7, angel mothers expressed their views on the themes of financial, psychological/social support, language support, raising public awareness, institutions supporting them in this issue, and the importance of early diagnosis.

Discussion and conclusion

The results of this study, in which the positive or negative experiences of mothers were tried to be addressed from a broad perspective, were discussed and interpreted within the literature framework.

According to the results of the study, mothers' lack of support for their children with special needs was particularly evident in the social and psychological domains. When the literature is examined, there are studies indicating that mothers receive physical support (Marcenko & Meyers, 1991; Dönmez et al., 2000), financial support (Aydemir, 2021), educational support (Toy & Kesici, 2020), social support (Özsoy et al., 2006) and psychological support (Kazak & Marvin, 1984) for their child with special needs, but there are also studies indicating that no support is provided (Ersoy & Buluş, 2019). It was determined that especially divorced mothers did not receive social and psychological support, but did receive financial support. When the literature is examined, there are studies indicating that divorced mothers do not receive any support (Şen et al., 2022) and sometimes receive support (Danış Mayıs, 2006). In this context, it is emphasized that family support programs and psychosocial services should play an important role in this difficult process experienced by mothers. It can be stated that mothers who spend more time caring for their children with special needs and who are deprived of the supports that were found to be lacking within the scope of the study feel the burden of care more. In this context, all kinds of support that the father will give to the mother and the support perceived by the mother are important issues.

Early identification and intervention of children with special needs plays an important role in their development Studies in the literature reveal that mothers, health professionals, and teachers are important actors in the early recognition of children with special needs This result emphasizes the

importance of early intervention and the effects of adults with different roles in children's developmental processes. Since the mother is the person who closely follows the development of her child, she has a critical role in recognizing special needs (Ersoy & Buluş, 2019). Mothers will likely be the first to notice abnormalities in their children's behavior and development. This early awareness is an important step in the initiation of early intervention.

Healthcare professionals, especially those providing pediatric healthcare services, have an important role in identifying developmental abnormalities during routine health checks of children (Taanila et al., 2002; Danış Mayıs, 2006; Yıldırım & Yılmaz-Demirel, 2023). These professionals are central in the early diagnosis of special needs and referral to families. Teachers play an important role in recognizing special needs as they support and observe children's social, emotional, and academic development (Yıldırım & Yılmaz-Demirel, 2023). Teachers play a critical role in determining whether children have reached their developmental milestones in preschool and primary school.

However, there is also the problem that, in some cases, special needs are not recognized at all or are recognized late (Özsoy et al., 2006). This can lead to missed opportunities for early intervention and negative consequences for children's development. Therefore, the importance of early diagnosis and intervention should be constantly emphasized among professionals in education and healthcare. These results suggest that early diagnosis and intervention of children with special needs requires a multidisciplinary approach. Mothers, health workers, and teachers play important roles in this process. Effective communication and collaboration between these actors are vital to ensure early identification of children with special needs and timely interventions.

Research on early diagnosis and intervention of children with special needs shows that mothers, health professionals, and teachers play critical roles in this process. Especially in cases such as Down Syndrome, intellectual disability, and autism, mothers notice their children's risk symptoms early; however, it has been reported that the same sensitivity is not shown for other conditions such as learning disabilities, speech disorders, epilepsy and hearing impairment (Korkmaz, 2010; Erden et al., 2017). Behavioral symptoms observed in the early diagnosis of special needs include lack of social interaction, retardation in language development, repetitive behaviors and emotional unresponsiveness (Ministry of Family and Social Policies, 2019). In addition, birth-related problems, genetic factors, and early childhood health problems have an important place among the risk factors mentioned by mothers (Işıkhan, 2005).

Behaviors observed in preschool children include problem behaviors such as crying, violent tendencies, and tantrums. Such behaviors are important indicators in determining the need for special education (Kol & Tokdakaya, 2022). In this respect, it reveals that the early diagnosis and intervention process of children with special needs requires a multidisciplinary approach. Informing and sensitizing key figures in the child's life about risk symptoms and behavioral indicators is vital for the success of this process. This approach allows children to maximize their developmental potential and provide support tailored to individual needs.

When the literature on the theme of sibling reactions of children with special needs is examined, there are studies indicating that the reactions of siblings are in the form of acceptance and adaptation (Ahmetoğlu & Aral, 2004; Benderix & Sivberg, 2007; Çınar et al., 2017; Yavuz & Şafak, 2019; Uygur, 2019) and exclusion and rejection (Rivers & Stoneman, 2003; Yıldırım, 2005; Ertürk, 2009; Angın & Erden, 2019). It is stated that sibling relationships are the most permanent relationships in individuals' lives (Dew et al., 2008). The fact that one of the siblings has special needs directly affects the interaction between siblings and the dynamics of family relationships (Ünal & Baran, 2012). Therefore, it is considered important to discuss other children's reactions to the child with special needs in the family. These responses play a critical role in siblings' individual, emotional, and social development and can be an important source of support and understanding for all family members. In addition, acceptance and adaptation to a sibling with special needs strengthens inter-sibling relationships, provides balance within the family, and helps psychologically support family members. This contributes to individual self-esteem and social integration by making the person with special needs feel valued and loved.

When the literature on the theme of social environment reaction of the child with special needs is examined, there are various studies indicating that there are reactions such as acceptance and adaptation as positive reactions (Ercan et al., 2019); exclusion (Oskargil-Göktepe, 2002), pity/sadness (Sardohan-Yıldırım & Akçamete, 2014), blaming (Aktürk, 2012) and complaining (Karakuş & Kırlıoğlu, 2019) as negative reactions (Yıldırım & Yılmaz-Demirel, 2023). The reactions of the social environment towards individuals with special needs and their families both shape the social support system of these individuals and families and affect their integration into society. Positive reactions support the psychological and emotional well-being of individuals and their families, while negative reactions can increase the risk of exclusion and blame. These reactions directly affect the decision-making processes of individuals and their families, their access to resources, and their overall quality of life. The study shows that the social environment has more negative attitudes towards these individuals and families. These negative attitudes can cause these individuals and their families to face discrimination and be exposed to social exclusion. These negative attitudes of the social environment can cause the family to experience difficulties in accessing resources, psychological wear and tear, and individuals may not be able to realize their potential fully.

The provision of support services in the education and training processes of children with special needs has been addressed by different researchers in the literature, and various results have been put forward. In the study conducted by Yıldırım and Yılmaz-Demirel (2023), it was determined that children with special needs received support services in their education processes. On the other hand, studies show that these children and their families receive only partial support (Tekinarslan et al., 2018; Koçbeker & Karamuklu, 2022). Kot et al. (2018) stated that some children with special needs and their families did not receive any support.

Participants in the study stated that educational institutions support children with special needs and their families in various forms, such as guidance, cooperation, doctor's recommendations, physical activities, and peer support. However, some participating families reported receiving support below their expectations or no support. It was pointed out that there is a lack of resources and difficulties, especially regarding information and guidance.

When the literature on the theme of other opinions of children with special needs is examined, there are different studies in the literature indicating financial support (Işıkhan, 2005; Aydemir, 2021), psychological and social support (Yıldırım-Sarı, 2007), language support (Toy & Kesici, 2020; Öztürk et al., 2021), social awareness (Tuş & Tekinarslan, 2013), support of institutions (Kaya, 2011; Tuş & Tekinarslan, 2013), and the importance of early diagnosis (Karabıyık & Ataman, 2017). These studies emphasize the diversity of needs encountered in the education and development processes of children with special needs, the critical importance of material, psychological, social, and language-related supports, and social awareness-raising efforts and early diagnosis in meeting these needs. This wide range of support aims to integrate children with special needs into society and maximize their potential. As a result, it was found that families of children with special needs did not receive the level of support services they expected from both educational and health institutions. The families' statements highlight the difficulties they face regarding health and education services. This situation shows that children with special needs and their families cannot benefit from adequate support services, and there are deficiencies in meeting the needs in this area. These findings underline the need for education and support services for children with special needs to be more inclusive, accessible, and better tailored to meet the needs of families.

In line with the results of the research, it was determined that mothers with children with special needs tend to take care of their children in positive and negative conditions. This shows that mothers have established a strong bond with their children with special needs and fulfill their responsibilities. Researchers have described mothers as *"angel mothers"* because of these characteristics. This definition emphasizes the selflessness of mothers in caring for their children with special needs and expresses society's appreciation for these mothers. However, this definition of "angel mother" should not ignore mothers' potential challenges or support needs. In this context, the research results emphasize the need

to appreciate the strong attitudes of these mothers, as well as the need for social support and referral to services. This can help mothers to support their children more effectively.

Limitations and recommendations

This study focuses on the challenges, support needs, and social responses faced by mothers of children with special needs (angel mothers). However, the study's limitations include that it was limited to mothers living in Hakkari province, and the results may be specific to this particular geographical and socioeconomic condition. This means that the findings cannot be directly generalized to Turkey's general population or families in different regions.

As for the recommendations obtained from the research, the importance of early diagnosis and intervention of children with special needs was emphasized. In this context, it is recommended that health and education professionals, teachers, and families collaborate and share information effectively. It was also stated that negative social attitudes towards children with special needs and their families should be combated, and social policies should be developed to support the integration of these individuals into society. These are important steps towards improving the quality of life of individuals with special needs and their families and promoting social acceptance.

In addition, by focusing on the experiences of mothers (angel mothers) of children with special needs, the study will contribute to the national and international literature by revealing the differences in parental support needs and social responses in geographical and cultural contexts. This study provides valuable insights into the development of policies and practices for the challenges faced by children and families in special education and social services. It also adds a comparative perspective to international research, contributing to understanding attitudes and support mechanisms towards individuals with special needs in different cultural contexts.

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Ethical approval

This study has been approved by the Scientific Research and Publication ethic committee of Hakkari University with 2022/68 number and date.

Contribution rate of researchers

The authors contributed equally to the study.

Conflict of interest

There is no potential conflict of interest in this study.