

The Risks That Refugee with Disabilities Face in Turkey:

How to Mitigate Risks and Challenges to
Shape an Apt Humanitarian Responses



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Introduction



It is known that Turkey hosts refugees who ran away from their countries of origin that have conflicts such as Syria, as they constitute the vast majority of refugees in Turkey. Williamson and Çetin (2019), show that Turkey's location works as a nexus between the Middle East and Europe, which made it the hub center that hosts many refugees from the conflict zones of the Middle East such as Iraq and Syria (p. 900). There is little attention given to refugees with disabilities and how does the Turkish government respond to help them. There are plenty of barriers that face refugees with disabilities the moment they arrive in Turkey, such as accessing to healthcare and immigration support, so the issue has to be addressed in order to provide proper support and an inclusive environment

for them. According to Rohwerder (2018), «Very little evidence is available on the experiences of Syrian refugees with disabilities, which remains a large gap in the evidence» (p. 2). Curtis and Geagan (2016), state that, «Not surprisingly, disabilities are more prevalent among groups escaping conflict compared to the estimated %15 of the world's population living with some form of disability. Persons with disabilities (PWDs) are among the most hidden, excluded, and neglected of all displaced persons. Isolation caused by the loss of family members or caregivers leaves PWDs vulnerable to physical and sexual violence, exploitation, human trafficking, harassment, and discrimination» (p. 2).

One of the risks that people with disabilities face when conflict emerges like in Syria is that they are left behind, especially those with mobility difficulties (Curtis and Geagan, 2016, p. 7). Therefore, the Middle East's crises pose many humanitarian challenges for refugees, particularly refugees with disabilities because they have the most complex needs in terms of health care, education, etc. Creating an inclusive environment for refugees with disabilities can be very challenging for the host country such as Turkey because it has to make a shift in its policies and prepare new tools and approaches to help and provide services for refugees with disabilities (Curtis and Geagan 2016, p. 1).

Generally, refugees with disabilities are ignored and not provided with proper care nor social services, and by being part of extended families before

they are forced to leave their country, they are much likely to go astray, which will make them even more subjected to all sorts of exploitation and abuse. «A person with a disability is at higher risk of experiencing SGBV. Age and/or disability may prevent persons of concern from fleeing a violent situation due to dependence on others. Persons with disabilities may also experience a lack of privacy, in latrines and bathing areas» (Action against sexual and gender-based violence, 2011, p. 19).

Rohwerder (2018), stresses that female refugees with disabilities struggle more due to their gender and their disabilities, which can raise poverty among these categories and live below the poverty line (p. 2). There are many refugees with disabilities in Turkey who do not continue their education at schools because most of the available educational opportunities do not suit the different needs of refugee children with disabilities. Similarly, in the employment level, refugees with disabilities were hardly able to obtain jobs and most of them were stigmatized, and some humanitarian organizations generally failed to provide convenient and constant services for refugees with disabilities (Rohwerder 2018, p. 3).

According to Article 3 of the Temporary Protection Regulation, «unaccompanied minors, persons with disability, elderly, pregnant women, single parents with accompanying children, victims of torture, sexual assault or other forms of psychological, physical or sexual violence” are to be categorised as «persons with special needs» (European Council on Refugees

and Exiles, 2017, p. 144). Food and Agriculture Organization of the United Nations (2018), found that there are a lot of refugee families in Turkey are failing to cope with their negative tactics such as, «reducing the quality and quantity of food consumption, living in substandard housing, and reducing expenditure on health and education, which have an especially detrimental impact on the well-being of children, people with disabilities, the elderly and women» (p. 3).

Methodology



Our team in The Euro-Mediterranean Human Rights Monitor attempted to collect primary data from the field, specifically from shelters and refugee camps in Turkey; however, they were not able to extract the primary data from the target population and for confidential reasons, there were restrictions from the Turkish government regarding refugees with disabilities, so the researchers could not have access to refugee camps nor conduct direct interviews with refugees with disabilities. Because there is a lack of primary data to determine refugees with disabilities' genders, ages, place of residence, etc, we decided to focus primarily on identifying the risks and problems that refugees with disabilities might face.

As a result, we systematically reviewed around 13 relevant articles and reports that had conducted similar approaches and analysis on the topic.

The analysis criteria of the articles and reports pertained to utilizing «rights-based approach to disability» in order to acknowledge and identify the rights of persons with disabilities. Next, we identified the types of disabilities of the refugees who specifically live in Turkey, and we found a number of problems and risks that they face: employment and income, education and vocational training, community and family inclusion. These problems essentially stemmed from external factors such as, civil wars that forced those people to migrate additionally to the physical injuries that turned a lot of these refugees into disabled ones; the old disability system and rights of the host country (Turkey) that does not meet the diverse needs of refugees with different types of disabilities.

By reviewing the articles and the reports, there were a good number of narratives of refugees with different types of disabilities that describe their situations living inside refugee camps and outside. It is also worthwhile to mention that there was no reliable or accurate data on the number of refugees with disabilities who live in Turkey, but HelpAge, Humanity and Inclusion (HI), and The Disaster and Emergency Management Presidency (AFAD) were able to extract a few statistics of refugees with disabilities who live in Nizip 2 camp that is close to the border at Birecik dam. Finally, we provided ideas for change and recommendations based on the findings of this report.

Terms and Approaches



This section elaborates the terms that are related to disability and distinguish them by adopting UN Convention on the Rights of Persons with Disabilities (CRPD), which, in article 1:

«Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.»

Table 1 below elaborates more on disability terms based on UNHCR's disability category with their specified codes.

Table 1: UNHCR Categories and codes relating to disability

| Subcategory | Description | Code |
|---|--|-------|
| Visual impairment (including blindness) | Person who has a visual limitation from birth or resulting from illness, infection, injury or old age, which impacts daily life, may restrict independent movement, or require on-going treatment, special education or regular monitoring. | DS-BD |
| Hearing impairment (including deafness) | Person who has a hearing limitation from birth or resulting from illness, infection, injury or old age, which impacts daily life, and may require regular treatment, special education, monitoring or maintenance of artificial hearing device. The person may be able to communicate through sign language. | DS-DF |
| Physical disability – moderate | Person who has a physical impairment from birth or resulting from illness, injury, trauma or old age, which does not significantly limit the ability to function independently. This category may include mine victims and persons who lost fingers or limbs, which may be corrected with a prosthetic device. | DS-PM |
| Physical disability – severe | Person who has a physical impairment from birth or resulting from illness, injury, trauma or old age, which severely restricts movement, significantly limits the ability to function independently or pursue an occupation, and/or requires assistance from a caregiver. | DS-PS |

| | | |
|--------------------------------|---|-------|
| Mental disability - moderate | Person who has a mental or intellectual impairment from birth or resulting from illness, injury, trauma or old age, which does not significantly limit the ability to function independently and interact, but may require special education, some monitoring and modest medication. | DS-MM |
| Mental disability - severe | Person who has a mental or intellectual impairment from birth or resulting from illness, injury, trauma or old age, which significantly limits the ability to function independently or to pursue an occupation. It requires assistance from a caregiver, and may require medication and/or medical treatment. | DS-MS |
| Speech impairment / disability | Person who is unable to speak clearly from birth or resulting from illness, injury, trauma or old age, which restricts or limits the ability to function independently, and may require speech therapy or medical intervention. The person may be able to communicate through sign language. | DS-SD |
| Mental illness | NB: Falls within the 'Serious medical condition' category (rather than the Disability category) and captures persons with a 'mental or psychological condition which impacts on daily functioning'... A mental impairment is defined as a "disability", when it is long-term and may hinder full and effective participation in society on an equal basis with others. When this is the case, the relevant disability codes (DS-MM and DS-MS) may also apply. | SM-MI |

Source: Table created using UNHCR (2009). The same document was in use and shared by UNHCR Jordan

Barriers and types of disabilities that refugees have in Turkey



In this section, we classified types of disabilities that the refugees have in Turkey, and it also covers the language barrier, the severity of physical pain as well as mental health and effect.

Vision. Refugees with sight difficulties struggled in social participation and interacting with other people and their visual impairment definitely limited their mobility. It was hard to spot refugees with sight difficulties in Nizip 2 camp. Comparing refugees with vision problems with other refugees with physical impairments, Crock et al. (2015), found that refugees with

vision problems were more isolated. In addition, «Service providers noted that children who had difficulties with their sight found it more difficult to access an education» (p. 31).

Hearing. There were a number of refugees who are deaf or have hearing difficulties, including refugees who were wounded by the conflict. Crock et al. (2015), found that Syrian refugees with hearing impairment face a serious challenge in communication because the written and spoken Turkish language are completely different than Arabic. «This makes communication options much more limited, and creates a strong reliance on family members to communicate on behalf of those who are deaf. Understandably, this can greatly undermine participation, and could also create protection risks» (p. 32). In Nizip camp in Turkey, the report shows that their team depended on the relatives of those people with hearing impairment to communicate and comprehend what they said. Concerning the financial aid, some refugees with hearing impairment had received hearing aids, which the Turkish government had covered part of the cost, and the other part had been covered by the NGO like ASAM (Crock et al. 2015, p. 32). The report presented a story of one of the refugees who suffer from hearing difficulties:

«Sami is nineteen and lives in a refugee camp in Turkey. He recently lost his hearing after being shot in the head in Syria. While there are other deaf people in the camp, Sami does not know any

official sign language. In any case, there are no sign language interpreters in the camp. To communicate with others, Sami types on his mobile phone. However, since he doesn't speak Turkish, he must rely on other refugees to read out what he types to be able to communicate with camp officials» (p. 33).

Communication. Communication can be considered as a serious obstacle for refugees with hearing impairments, including physical impairments that affected their mouth or throat and refugees who have mental disabilities (Crock et al. 2015, p. 35). Furthermore, the environment can impact refugees with disabilities' experience and participation particularly those who cannot verbally express themselves (Crock et al. 2015, p. 35). The following story illustrates the hardship of a refugee kid with communication difficulties:

«Kareem is ten years old. He has autism. While he understands everything that is said to him, he has limited ability to speak and cannot write or draw. In Syria, he was able to communicate, learn and entertain himself using his computer. The family does not have a computer in Turkey and Kareem often gets bored and frustrated» (Crock et al. 2015, p. 35).

The following tables display the number of refugees with different types of disabilities who live in Nizip 2 camp - Turkey.

Table 2: shows the ages of persons with disabilities who live in Nizip 2 Camp - Turkey (AFAD data).

| Ages | 15-0 year old | 45-16 year old | +46 year old | Total |
|--------|---------------|----------------|--------------|-------|
| Male | 24 | 40 | 13 | 77 |
| Female | 9 | 15 | 22 | 46 |
| Total | 33 | 55 | 35 | 123 |

Table 3: shows the ages of persons with disabilities of hearing, seeing and speaking who live in Nizip 2 Camp - Turkey (AFAD data)

| Ages | 15-0 year old | 45-16 year old | +46 year old | Total |
|--------|---------------|----------------|--------------|-------|
| Male | 6 | 6 | 3 | 15 |
| Female | 3 | 3 | 3 | 9 |
| Total | 9 | 9 | 6 | 24 |

Mobility. According to Crock et al. (2015), mobility is a prominent problem among refugees because it is closely related to war injuries, and fortunately, Turkey medicates those refugees who ran away from war. «unofficial Syrian-run groups have been formed to respond to the needs for more long-term recovery» (p. 33). The report illustrates that poverty has significantly affected refugees with disabilities' ability to find proper housing, and also the report addresses the discrimination act against refugees with disabilities when they commute (p. 33). In Nizip camp in Turkey, refugees with disabilities, «were given priority to be allocated to a container home with a self-contained bathroom – rather than being sent to live in a tent camp» (p. 33).

Language barrier. According to Crock et al. (2015), «At times language also became a source or symbol of conflict. Language differences were given as a reason for tension and misunderstanding between the host and refugee communities in border areas» (p. 35). Therefore, linguistic barrier can prevent refugees in general, and refugees with certain disabilities in particular from accessing to essential services, and it hinders them from participating in social and academic activities. Furthermore, linguistic barrier resulted in a low attendance of refugees with disabilities at local Turkish schools and universities (Crock et al., 2015, p. 35).

Self-care, pain, fatigue, chronic disease. Refugees with different types of disabilities need support and help from their close relatives or from social service workers. According to Crock et al. (2015), refugees with disabilities

depend on their families to provide support, and they are subjected to protection risks (p. 35). «psychological distress was common amongst Syrian refugees generally; and highest amongst those with disability and older refugees» (p. 38). The following story shows the psychological damage to a refugee with a disability:

«Danyal left Syria to seek medical assistance after he was shot in the ankle while fetching bread for his family. He lives in an apartment with other injured Syrians. His parents send him money to help cover his expenses. The young man has been unable to have an operation to completely fix his ankle, but has received some physiotherapy and a mobility aid. He has frequent nightmares. While he is able to chat and joke with his housemates, he cannot talk to them about his trauma, as they are facing similar challenges» (p. 38).

The story shows that trauma and torture had severely damaged his ability to function as an able person would due to the harsh circumstances of the war. Crock et al. (2015), state that refugees with disabilities are negatively impacted by the war because they feel somehow that they are incapable of contributing to society or to their families; however, they can be a great help by providing support to and contribute to the mental wellness of those who surround them (p. 39).

«Mariam and Waleed are in their thirties. They live in Turkey

with their mother and two younger siblings. Mariam had polio as a child and walks with the help of a leg brace. Waleed has Down Syndrome. Their mother has diabetes and high blood pressure. Their 20 year-old brother works in a carpet factory to support the rest of the family. Mariam has some trouble walking because her leg brace is damaged and they cannot afford the repairs. She is very close with Waleed, and he is an important source of emotional and practical support for her and her mother» (p. 39).

In Turkey, «AFAD reported much lower levels of chronic disease – %7 of those in camps and %8 of those living outside. This is rationalised given the young age of the refugee population there» (As cited in Crock et al. 2015, p. 40). In addition, the report found that, «between 23 and %32 of Syrian refugees had a family member who had been injured in the conflict» (As cited in Crock et al., 2015, p. 39).

Effect and mental health. According to Uyan-Semerçi, Erdoğan, (2018), «Having a long-term illness or disability appeared to be significantly associated with symptoms of depression and anxiety» (p. 7). On the other hand, similarly, Sapmaz et al. (2017), show that physical or psychological effects can be destructive for the self, and refugees suffer from three different types of stressors: «their experience while living in their respective country, difficulties that they encounter in their immigration, and the challenges that they face in the host country, attempting to create a life for themselves.»

Truly, trauma is associated with forced immigration, and it negatively affects refugees mostly at the psychological level, which can entail considerable risks including, violence, subjected to violence, observing panic and fear, lack of nutrition, unemployment, low socioeconomic status, discrimination, cultural conflicts, physical and psychological problems (p. 2814). The study found that,

«Of the children, %49.4) 44) had a psychiatric disorder. A total of 26 children (%29.2) had an anxiety disorder, %13.5) 12) had a depressive disorder, %9) 8) had a trauma and related disorder, %5.6) 5) had elimination disorder, %4.5) 4) had attention deficit/hyperactivity disorder, %3.4) 3) had mental retardation, and %1.1) 1) had autistic spectrum disorder. Anxiety disorders and nocturnal enuresis were comorbid diagnoses accompanying mental retardation and autism» (p. 2818).

According to Disability and mental health among Syrian refugees in Sultanbeyli, Istanbul (2019),

«just %50 of people with mental health issues and %60 of people with difficulties with cognitive functioning felt need for support, in contrast to those with difficulties seeing (%92), hearing (%96), and mobility (%83). In total, %69 of people with disabilities felt they needed health and other support related to their functional limitations» (p. 64).

The report indicated that some respondents to the survey stated that their participation in social activities had declined due to their disability. In other words, they became more isolated with much mental health distresses. Moreover, they did not want to share their concerns with other people but their family members:

“When my family wants to go to the lake, they insist I go with them. But I refuse to go. I know it will be so tiring for them to take me with them, so I always decide to stay at home alone. I don’t want them to stop enjoying their lives because of me. It’s been more than one month since I’ve been out for enjoyment. If I want to go out it will cost them a lot. They have to bring a car to go and come back.” (Female, 50s, MSI) “With whom will I speak? Turkey has changed people, no one is there for anyone anymore, I don’t even tell my mother about what I am dealing with, I cried a lot yesterday as well.” (Caregiver of female, 20s, cognition, mobility, self-care) (p. 58).

Protection issues in Turkey. Crock et al. (2015), reported that protection issues resulted from the increasing feelings of resentment that had led to violence and death in some cases, and the negative coping strategies made it even worse such as «begging, prostitution, marrying under age» additionally to marriages between Syrian women with local Turkish men. Refugees with disabilities and refugee children and women with disabilities, in particular, are the most vulnerable. Curtis and Geagan (2016), found

that a good number of young women with disabilities were not allowed to participate in services and activities for refugees because they had no «male companion's permission» (p. 6). The report adds that persons with disabilities are, «less able to protect themselves from exploitation, violence, and abuse (p. 6).

Regarding the long term solutions for these refugees, Turkey considers them as guests for the «short term reception of those fleeing the conflict.» Nevertheless, Turkey has not yet or intended to accept Syrian refugees as permanent residents or allow them to obtain the Turkish citizenship. «The Regulation does not set a duration for the Temporary Protection regime, leaving it open to the Cabinet to announce beginning and end dates. Avenues to citizenship are very narrow» (Curtis and Geagan (2016), p. 41).

Humanitarian assistance



Calvot (2014), state that humanitarian assistance oftentimes does not reach people with disabilities nor the elderly, and a number of social activities do not include the participation of children with disabilities, which can affect their self-esteem and become more introvert (p. 36). In this section, we identified four themes related to humanitarian assistance to refugees with disabilities: food and nutrition, water and hygiene, housing, health and rehabilitation services.

Food and nutrition. Crock et al. (2015), found that some refugees with disabilities had trouble going outdoors and buy essential foods and

groceries as well as cooking, so they relied on their family members to help them in doing so. Another serious risk that they faced is poverty due to the «limited employment opportunities» that entail low incomes. Thus, this had exhausted their finances over time because they had to pay for high rents, which forced them to sell their food vouchers (p. 45).

Water and hygiene. Accessing to suitable bathroom facilities vary depending on the location, and it became quite a concern for refugees with different types of disabilities. In their report, Crock et al. (2015), state that there have been steps and efforts taken in refugee camps in Turkey to make bathroom facilities easily accessible. For instance, «In Nizip camp in Turkey, authorities prioritized the allocation of container homes (rather than tents) to those refugees who they had identified as having a disability. The containers have internal bathroom facilities, negating the need to use central, communal facilities» (p. 46). In Turkey, some urban refugees complained about the «small sizes of the bathrooms,» especially for refugees who needed assistance with bathing. In addition, some refugees complained about the buildings that they lived in because the buildings have been essentially designed to be shops and not for living, and in some cases, they come with no bathroom (p. 47).

Housing. Crock et al. (2015), found that housing can pose a lot of challenges for refugees depending on the location of the housing. In Turkey, and in some cases, being unable to pay the rent led to protection distresses

for households, and sometimes led to serious disputes with landlords. For refugees with mobility difficulties, they found it a major problem to leave their homes (p. 48). However, refugees with certain disabilities in Turkish refugee camps have their allocated housings that are close to public facilities (p. 48).

Health and rehabilitation services. According to Crock et al. (2015), Turkey offers free access to health services including primary and secondary health care in public hospitals for refugees. However, «difficulties with access to disability benefits was one of the more common issues raised by Syrian refugees in focus group discussions» (p. 29). Furthermore, this has put huge pressure on the Turkish health system and health care (p. 50). On the other hand, psychological support is provided by a couple of NGOs, and they hardly reach a good number of refugees; the Turkish government raised the number of employment of social workers to reach out to more refugees who are in need of psychological support and work in refugee camps in Turkey (p. 51).

According to Saleh et al. (2018), anemia, cancer, hypertension, diabetes, malnutrition, and blood disorders are the highest among Syrian refugees. In addition, traumatic body injuries represented %5.7 of the refugee population, and %58 of these injuries resulted from bombing and gunshot injuries (p. 452).

In their report, Curtis and Geagan (2016), found that there is a shortage

of holistic rehabilitation services that hinders people with disabilities to access them more than once because this is the established policy of many organizations, which allow refugees with disabilities to have access to the same service only once for the same person. Otherwise, the person will be charged for benefiting from the service. (p.11). In addition, the study reported that some organizations are unable to provide direct financial support for refugees with disabilities because it either might go against their policies by providing «direct cash» or because of the lack of funding for these people. Consequently, it can lead to financial exploitation and since training and income generation programs are not particularly available to refugees with disabilities; however, some international organizations hire refugees with disabilities and in volunteer activities (p. 13).

Participation



In this section, we highlighted three areas of participation for refugees with disabilities: employment and income, education and vocational training, and community and family inclusion. Within the sub-areas, we addressed the issues that refugees with disabilities face.

Employment and income. Upon the refugees' arrival, Turkey does not grant refugees legal work permits, but those refugees who hold valid passports can get work permits. However, many of these refugees work with no authorization to support themselves and their families, and thus, they are subjected to financial exploitation and dangerous working conditions,

which might cause a sort of disability to them (Crock et al., 2015, p. 52). The following story gives more details regarding a refugee's situation:

«Hamid is in his mid-forties. He had an illness that led to muscle wasting in his arms, limiting his ability to carry out heavy work. In Syria he owned his own home and ran a successful business. In Turkey, he is unable to find suitable work to support his wife and five children. His wife sometimes works as a dishwasher to make some money, but finds it difficult, as she is recovering from a wrist injury. Hamid struggles to look after the children, two of whom are still quite young» (Crock et al., 2015, p. 52).

Apparently, these refugees who have wounds and were physically affected by the war had much fewer chances of obtaining jobs that require them to be physically healthy and fit. However, some of them might succeed and obtain a job, yet it is harder for them to be employed because they are stigmatized due to their disability. The following stories illustrate more:

«Ishaq is in his late forties. He lost his leg in an explosion in Syria and has a prosthesis that was sent to him from someone overseas. He gets around on crutches, but faces some difficulty, due to the steep, hilly neighbourhood where he is living in Turkey. He works as a mechanic, earning around 100 Turkish Lira (50\$) a week, to support his wife and five children. Because of his disability, he finds it hard to get work» (Crock et al. 2015, p. 52).

«Ghenwa's husband is in a wheelchair after being shot by the opposition. Ghenwa, her husband and two children fled to Turkey in 2014. She did not work before, but as her husband cannot work she started cleaning houses for Turkish people, earning between 400\$ 300\$ a month, which is not enough to pay the rent. The family are currently in their fourth apartment as a result. The kimlik provides the family with medical assistance, but not for her husband's disability» (Bellamy et al. (2017), p.17).

«This is our situation in Turkey, and it keeps getting worse, now I am forced to register for a work permit, if I do that they will cut off the aid I am receiving. The work permit won't offer me advantages; my salary will remain the same. How will I manage to survive then?» (Caregiver of female aged 60s, with MSI, vision, hearing, cognitive, and self-care difficulties)» (Relief International, 2019, p. 53).

Education and vocational training. The Turkish educational system welcomes refugee Syrian children to go to school; however, concerning the financial support for refugee students with disabilities is limited, which stops those who need specialized education from learning in private schools (Crock et al., 2015, pp. 54-53).

Refugee Syrian children with physical disabilities have more chances of continuing their learning in special education centers, whereas those

children with mental disabilities do not. (Coşkun etl, 2017, p. 15). In some refugee camps in Turkey, Syrian children with different types of disabilities shared the same education and shared the same classes together, yet the teachers displayed ineptitude and irrelevant teaching experiences (Coşkun etl, 2017, pp. 70-69).

According to Crock et al. (2015), refugees with disabilities who live in Nizip camp reported that although they were able to go to school and were provided with high support, they had not the chance to meet together and express themselves and talk about their experiences, and some of them complained that they were not provided with electronic wheelchairs. On the other hand, the camp management reported that some of these refugees took advantage of the provided services and assistance and used them to help their relatives in Syria like selling the equipment or sending them to Syria to support their families financially (p. 10).

Fincham (2020), observed that youth refugees with disabilities from Palestine and Syria did not have the chance to apply for scholarships neither received scholarship offers (p. 16). However, some refugees felt more comfortable with online education as a helping educational tool, which reached a good number of refugees, especially for women who have children and refugees with disabilities (p. 22). Carlier (2018), found that public schools usually reject Syrian refugees with disabilities because these schools claim that there is not enough funding or special educational tools to teach them.

«One expert working for an INGO said: “providing children with disabilities with access to education is considered charity rather than a basic right for all» (p. 12). Williamson and Çetin (2019), noted that Turkey is hardly able to provide education for refugee children, and a number of issues came along: large classes, lack of teaching trainings, mental or physical disabilities, and language barrier (p. 901).

Community and family inclusion. Because of the disability that some refugees have, they can be denied from participating in the community and the social life, and one form of disability can actually hinder the person's ability from participation is mobility, which can be problematic if the buildings' designs are not helping to ease the person with mobility difficulty to move without depending on other people. Another challenge that is posed is the hearing or speech impairments that some refugees have, which can isolate them and deprive them of socializing and interacting with people (Crock et al. 2015, p. 55). The intricate relationships between refugees with disabilities and their family members were basically stemmed from the feeling of guilt that their disability added more problems and more co-dependence on their family members to support and provide mental, emotional, physical, or financial support. Thus, the depression rate and frustration went higher and because of that they preferred to stay at home and become more secluded from the community and from their social circle. The following story gives more illustration:

«Jamal and Rabia arrived in Turkey six months ago with their nine year-old daughter, Samaa, and six year-old son, Omar. Samaa and Omar have a rare degenerative nervous condition. Samaa has lost her ability to communicate verbally, and has problems with her motor function. Omar's speech is becoming increasingly limited. In Syria, Jamal and Rabia were both employed professionals, and Samaa and Omar attended a school for children with disabilities. In Turkey, Jamal and Rabia are not able to work, and their children cannot attend school. Rabia explains that she does not like taking the children to the park, because the other children respond badly to them and run away. The family now spends every day at home in their small apartment.» (Crock et al. (2015), p. 55).

Conclusion and recommendations



By examining the problems and issues that refugees with disabilities face when they migrate to Turkey, we concluded that both the Turkish government and the NGOs have to take advanced humanitarian responses:

The Turkish government can make a demographic map to locate refugees with autism as well as hearing, speaking and communication difficulties. Next, by screening their types of disabilities and what could be provided for them such as tablets and special communication tools, it will ease their ability to participate with other people around them and help in mitigating the negative psychological effect that can ultimately cause harm to them more than the physical disability.

Build more health centers that are specialized to help refugees with

mental health issues such as autism and hire specialized people too. In addition, the Turkish government should make these mental health services free charge. Moreover, it is crucial to provide safe and quiet zones in the camp for refugees with autism and identify the common triggers the autistic refugees who survived from the conflict zone, and train staff at the camps on how to communicate effectively. Both the Turkish government and the NGOs should increase the number of interpreters in the refugee camps, especially in the borders.

Allocating a specific camp or area for refugees with disabilities might serve them and solve finding suitable houses as well as other health facilities like bathrooms; nevertheless, the aspect of moving and commuting from one city to another cannot be denied because this is their right to move as they please. Spreading awareness materials among the domestic population, especially at schools will help to make domestic people more empathetic with refugees with disabilities.

In order to encourage refugees with disabilities to attend schools and continue their education later on, the Turkish government and the NGOs can hire teachers and if possible refugees who are educated to help and teach refugees with disabilities. By doing this, the academic attendance rate of refugees with disabilities will increase and there will be less unemployment rates among educated refugees. Creating a club for refugees with disabilities can mitigate the feelings of loneliness that refugees with disabilities have

by sharing their experience and conduct trips and other social activities.

Waive refugees from paying rents, especially refugees with disabilities and build suitable shelters for them that are not far from the markets, hospitals, and other essential services. The Turkish government and the NGOs should check the suitability of the buildings and the apartments of refugees with mobility issues, and refugees with mobility issues should be protected legally and must be stated in the rental agreement. One way to mitigate the pressure on the Turkish health system is to cooperate with the national NGOs in Turkey and plan a strategy that can serve refugees with disabilities in relation to mental health and psychological support; and make psychological and mental health consultations free of charges.

In order to ensure that all refugees with disabilities have access to health and rehabilitation services is to encourage private health centers to engage in supporting the Turkish government in providing the most possible health services and special benefits for refugees with disabilities during their stay in Turkey, while trying to create more job opportunities for them to help in contributing to society. The same strategy can be applicable to provide proper housing and bathroom facilities that are exclusively engineered to serve refugees with disabilities. The Turkish government and with the support of national NGOs work together to provide vacant job positions that do not require refugees with physical disabilities to be fully fit. For example, they can work remotely through their laptops and contribute to society economically.

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