The Participation of Refugee Children with Disabilities in Educational Options in Turkey: A Systematic Review

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Abstract—Turkey, due to its geographic location, finds itself the world’s largest host to refugees worldwide, and this nation has done much to educate their refugee population. Turkey’s considerable experience can inform other nations educating refugee children. This systematic review of the literature examined the context, barriers, and responses to successfully educating refugee children in Turkey. Additionally, because some refugee children may have an identified or unidentified disability, the educational experiences of refugee children with disabilities in Turkey were an ancillary focus. Results indicated that while some educational challenges have been successfully met within Turkey, others remain. Additionally, the education of children with disabilities in Turkey is largely unexamined.

Keywords—Disability, education, refugee, systematic review, Turkey.

I. INTRODUCTION

ANY ongoing crisis around the world have forced many to flee in order to find safety for themselves and their children. Among those seeking safety are children and adults with disabilities. World Health Organization (WHO)”s 2011 World Report on Disability estimated that approximately 15% of the world’s population have some form of disability [31]. Additionally, WHO data suggest that between 2.2% and 3.8% of the world’s population have some form of disability [31].

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Applying these percentages to United Nations High Commissioner on Refugee (UNHCR)’s [27] estimates that 65.6 million people have been displaced as refugees from their homes as a result of natural disasters, persecution or conflict, a conservative estimate would conclude that as many as 9.84 million persons with mild disabilities and perhaps as many as 2.5 million with severe disabilities may be experiencing life as refugees. As the world’s population grows and experiences an increase in natural disasters and armed conflicts due to climate change and other natural and man-made disasters, this number can be expected to increase [23].

An exact number regarding refugees with disabilities; however, is difficult to obtain as within the world context, differences exist in how disability is defined. Grove and colleagues pointed out in their 2010 [11] article published in the Journal on Developmental Disabilities concerning the topic of intellectual disabilities and war, that this topic was “poorly mapped (and) reliable data are few and far between”. Further complicating data collection, refugees and their families are often reluctant to disclose disability due to fear of social stigma and/or associated implications of such a disclosure on the refugee status application processes in host nations [7], [23]. Still, some researchers have estimated that globally, as many as 50% of refugee children under 18 years of age may have a diagnosed or undiagnosed cognitive, mental or physical disorder [33].

Notably, overall worldwide statistics regarding the prevalence and demographics of refugees with disabilities may differ significantly from statistics taken from a specific demographic [11]. Researchers with HelpAge International and Handicap International [13] conducted survey research of 3,202 Syrian refugees living in Jordan and Lebanon and found that as many as 30% of those interviewed indicated a “special need”. That number increased to 77% for those respondents that identified as “aged” (2014). Overall, data regarding specific or overall prevalence rates of refugees with disabilities that can be attributed to scientifically gathered, peer reviewed data and thus the overall understandings regarding this vulnerable population remain lacking [23].

Reasons for a lack of primary information are many. Pearce et al. [34] outline many of the obstacles facing researchers wishing to explore aspects of refugee experiences. First, access to refugee populations is complicated by security constraints. Insecurity and personal safety concerns in and around internally and externally displaced populations impact the ability of researchers to access the populations of focus. Second, political unrest, political bias, the breakdown of traditional medical, social, governmental and academic structures that would typically be used to obtain required legal and ethical human research permissions often does not exist or is uninterested in allowing such research. Third, language, environmental and social contextual differences within this vastly diverse refugee population limits the generalizability of any findings to a smaller subset of displaced persons. All of these represent highly significant obstacles to such research being conducted and likely relates to the extreme lack of literature focusing on this population of refugee people. These authors further point out that “Persons with disabilities form one of the most socially excluded groups in any displaced or conflict-affected community…and persons with disabilities are often hidden in shelters, overlooked during needs
assessments, and rarely consulted in the design of humanitarian programs” [24]. Still, this group requires a wider understanding to inform possible supports to assist this vulnerable group. Human Rights Watch, in a newsletter authored in January of 2017 referred to a group of refugees with disabilities in Greece as “...overlooked, underserved... and forgotten” [14]. The UNHCR acknowledged this group as being of increased concern in their “Conclusion on refugees with disabilities...” executive committee report (A/AC.96/1095) in 2010 [28]. Among their findings, this report recognized that refugees with disabilities are often exposed to increased discrimination, sexual and gender exploitation, violence, abuse, neglect, abandonment, and a denial of the right to education. This report further states that often refugees with disabilities may also be excluded from supports offered to typical peers due to physical and/or cognitive accessibility issues and have fewer opportunities for successful integration and/or resettlement. It has been asserted that these difficulties may contribute to dismal K-12 completion rates for refugee children. The UNHCR report estimates that only 76% of refugee children of primary grade ages and 31% of refugee children of secondary grade ages actually attend school [28]. Statistics are not available regarding how many refugee children with disabilities attend any sort of educational institution however anecdotal estimates indicate that the number is likely only an extremely small fraction of the numbers attributed to refugee children overall.

II. HISTORICAL CONTEXT

Within the modern context, the most notable and historically well documented accounts concerning the disposition of people with disabilities in a conflict context is that of the Nazis during World War II. The Nazi doctrine of racial purity embraced the eugenics movement that had begun in the United States with the creation of the “Reich Committee for the Scientific Registration of Severe Hereditary Ailments” [11]. By 1939, this doctrine had evolved into the euphemistically named “special handling” of persons with such hereditary ailments, better known today as the murderous euthanasia of approximately 250,000 people with disabilities by 1945.

It has been argued that the murder of persons with disabilities in 1939 was not simply a matter of racial purification. Some argue that the Nazi’s saw a need to free up hospital bed spaces for soldiers injured in battle and to free economic resources for such reasons [11]. This concept has led modern researchers to view this type of genocide regarding those with disabilities in times of conflict as the ‘principle of prioritization’. This principle asserts that often in times of conflict, those with disabilities are often viewed as too expensive and difficult to support [11]. This reality in many past and current conflict situations has resulted in persons with disabilities becoming “one of the most vulnerable and socially excluded groups in any displaced community.” [23]

Reasons for conflict vary, but once violence begins, patterns regarding its effects on those that already have disabilities can be found. Both Grove et al. [11] and Pearce [23] assert that often, nations that begin to engage in war time activities find that the resources once provided to those with disabilities become overrun by the need to support injuries and disabilities of a new population of individuals injured by war time violence. Economies shift priorities to war time operations thus limiting available resources to support those with existing disabilities. Further complicating support is that conflict and even natural disasters often physically harm the structures required to provide such support. The results of this reduced economic prioritization of people with disabilities, a reduction in physically required structures and appliances required to provide such support along with increased demands of a new population of war disabled persons is that previously provided supports of disabled persons are often one of the first supports to disappear in such environments [11].

As violence continues, those with disabilities typically become even more vulnerable. Intuitive logic has been shown to be largely accurate with some assertions regarding this vulnerability. First, those with intellectual and/or physical disabilities are often not able to respond to immediate safety concerns prevalent in conflict environments. For example, those with physical disabilities are not as able to rapidly change locations within structures or communities to avoid imminent threats. Similarly, those with such conditions are less able to physically migrate away from conflict zones, as transportation options diminish. These realities result in those with disabilities becoming even more dependent on others for their safety and wellbeing. Dependency often creates additional vulnerability in that being dependent on others opens one up to abuse and exploitation. Indeed, the psychological, physical, emotional and sexual abuse of those with disabilities in times of conflict has been documented [11].

For those with disabilities that manage to escape the conflict zone and migrate to an area of refuge, services at such locations are often lacking. Physical accessibility remains a significant issue within displacement locations [23]. In addition, once basic needs of water, food and housing in such locations have been met, provisions for additional needs of those with disabilities are often wrongly perceived by non-governmental organization (NGO) and government officials as requiring specialized medical or other types of special expertise not available and as such, are not provided at all.

III. TURKEY AS EXEMPLAR

Turkey, due to its geographic proximity as a bridge between the Middle East and Europe, has historically found itself home to numerous migrating peoples. Today, Turkey has again found itself as a key humanitarian refuge location. Conflicts in near and neighboring nations to Turkey such as Syria, Iraq and Afghanistan, have caused the displacement of millions of people. The UNHCR (2017) [27] estimated that Turkey hosts the world’s largest refugee population overall. The estimate is that Turkey is host to 3,593,864 documented refugees (Republic of Turkey Ministry of Interior, Directorate General of Migration Management, 5/17/2018) [25] and perhaps close to that amount that have remained undocumented (and thus
Statistically invisible). More than 90% of Turkey’s refugee population lives outside official camps and 70% are women and children. Once registered, Turkey provides access to free educational and health care options within refugee camps as well as within local public schools and hospitals for all [26] through their ‘Open Door Policy’ regarding refugees. Still, Turkey struggles to educate refugee children hosted within its’ borders. Large class sizes, limited teacher training, second language issues and mental/physical disabilities within the refugee student population has challenged the Turkish educational structures and personnel.

The examination of Turkish educational policies and practices regarding the education of refugee students may not only help inform Turkish education officials but likely will also inform those in other nations seeking to educate refugees as well. Lessons from Turkey, with its massive undertaking to educate refugee children, may be applicable elsewhere, such as in Canada, where many Syrian refugees have sought permanent relocation. Specifically, this work seeks to better understand:

1. What practices have been effective and what barriers remain in educating refugee children in Turkey?
2. To what extent do refugee children with disabilities participate in educational options in Turkey?

IV. METHOD

Research may generally be divided into two categories: descriptive and causal. The current work does not examine causal relationships but rather seeks to better understand the context within which educational methods are being implemented for refugee children with and without disabilities in Turkey. For this reason, the current work is utilizing a descriptive model of research [16], [6], [1] in order to examine and describe a present situation. Specifically, the current work represents a systematic review, defined by Liberati et al. [20], as “an attempt to collate all empirical evidence that fits a pre-specified eligibility criterion to answer a specific research question”. In this case, using Turkey as an exemplar nation, the current work seeks to answer the two specific research questions as noted earlier in this work. First, because it can be assumed that barriers and difficulties affecting the education of refugee students in Turkey would also likely apply to refugees with disabilities, the current work seeks to better understand the barriers and supports that apply to refugee education in Turkey. Second, this work seeks to better understand the extent to which refugee children with disabilities exist and are educated within the available Turkish educational contexts for refugee education within their borders.

A. Literature Search: Eligibility Criteria

The search for literature was conducted by entering search terms into electronic literature databases in both Turkish and English. English language searches were conducted using both ProQuest and ProQuest Thesis and Dissertation article databases and covered the dates of September, 2001 through December, 2017. English keywords included [disability OR intellectual disabilities] AND [war OR conflict] AND [education] OR [refugee OR asylum seeker] AND [Turkey]. Results returned 40 total results. After removing four duplicates, 36 results were then included within our initial sort.

A search was also conducted using the Turkish Council of Higher Education Thesis Center Database (Yükseköğretim Kurulu Başkanlığı: Tez Merkezi) and dergipark.gov.tr., Turkish language searches covered September, 2001 through December, 2017 and utilized the search terms [ Sığınmacı (Refugee/Asylum seekers) OR Özel Eğitim (disability)] AND [Irak (Iraq) OR Suriye Arap Cumhuriyeti (Syrian Republic) OR Afganistan]. This initial search resulted in 17 articles with zero duplicates.

All articles were then analyzed for the following criteria and in the following order: 1) The population studied must include refugee children living in Turkey or their families or teachers that educate refugee children in Turkey and 2) The study must originally be written in English or Turkish and/or may be translated to English or Turkish 3) must have undergone a peer review process for publication and 4) the author(s) must be legally eligible to publish in both Turkey and Canada. This sort resulted in only ten relevant articles. An ancestral search and subsequent identical sort were then conducted using the references of the ten relevant articles resulting in the addition of eight more articles that met all sort criteria. In total, 18 articles were reviewed and included in the present work (see Fig. 1).

Each article included in the study was reviewed by either the first (English) or second (Turkish) authors. Additionally, 14 of the original 66 articles (21.2%) were reviewed by two authors to achieve inter-rater reliability (IRR) regarding the inclusion or exclusion of the article based on inclusion criteria and process. Inter-rater reliability concerning inclusion/ exclusion of these randomly selected articles achieved 100% agreement meaning that two authors agreed on the disposition of each article selected for IRR review.

V. RESULTS

Results of the systematic search revealed 18 total articles that met the search criteria (see Table I). Seven articles were written in English while 11 were written in Turkish. The range of publication dates was from 2014 (n=1) to 2017 (n=11). Four articles were descriptive in nature, eight utilized a qualitative methodology and three used a quantitative methodology. Three literature reviews were found. One article focused on educational policy in Turkey while the majority (n=12) focused on educational needs from both a student and a school faculty perspective. General needs of refugees that impact school attendance were a focus of two articles, while two others examined the effects of refugee relocation to Turkey on Turkish citizens. Mental health of refugee students accounted for the last found article. In total, 1,238 subjects are represented in the 18 studies found in this systematic review. Settings for the studies included both public and private Turkish schools, schools located within refugee centers, and in both urban and rural settings.
VI. DISCUSSION

Regarding question number one, what practices have been effective and what barriers remain in educating refugee children in Turkey, five recurrent themes were found. First, language differences were cited by eight of the articles [3], [8], [9], [12], [17], [19], [29], [30]. This barrier, however, was relevant only in schools located outside of refugee centers. Inside refugee relocation centers, dislocated teachers from the countries of origin (mostly Syrian) have taken a leading role in teaching a modified version of the Syrian educational curriculum, mostly to Syrian children and mostly in Arabic (the predominant language of Syrian people). This has largely eliminated the language barriers for Syrian children receiving education within refugee centers however it should be noted that nothing has been specifically found regarding non-Syrian and/or non Arabic speaking Syrian children also being housed in the relocation centers. It is likely that language issues remain for those children that do not speak Arabic or Turkish within those locations.

A second theme found that the basic needs of children and families (i.e.: food, shelter, transportation, & income) remain a concern for many refugee children and their families [5], [8], [15], [2], [19], [30]. Similar to language barriers, these basic needs are largely met within the relocation centers however those choosing to live outside these centers cite these basic needs as an issue that impacts the ability of their children to attend school. It is likely that an ability to provide income to the family unit is a priority that supersedes the desire for children to attend school.

A third theme may be related to the first two (language differences and basic needs). This theme, that of access, has been cited by seven of the found articles as an obstacle to children attending educational settings [1], [3], [8]-[10], [15], [2], [22]. Here, access to education is considered holistically. Access to school facilities, overcrowding, access to curriculum through teacher training, basic teaching supplies, teacher shortages and distance to school were all considered problems associated with accessing education for refugee children.

The fourth and fifth themes are related and concerns that of mental health and social adaptation. Displaced refugee children have often witnessed or directly experienced traumatic events both prior to entering Turkey and during migration to their place of relocation within Turkey. As noted earlier, it is estimated that as many as 50% of refugee children suffer from traumatic stress symptoms and likely require professional supports/interventions in order to overcome such symptoms [33]. Such supports are less available within both center and relocation city settings. Language barriers remain between refugee children and those professionals within Turkey that are licensed to provide such services which further decreases access. Overall, mental health concerns combine with children trying to adapt to a new culture in Turkey resulting in mal-adaptive behaviours in many refugee children [1], [3]-[5], [12], [15], [2], [17], [19], [33], [25].

Regarding question number two, to what extent do refugee children with disabilities participate in educational options in Turkey, the answer is yet unknown. Despite this systematic literature review process, and an additional basic search for government and/or NGO based numbers (outside of this work’s search criteria), no valid and reliable statistics were found. This finding is stunning. With estimates noted earlier that as many as 50% of refugee children under 18 years of age may have a diagnosed or undiagnosed cognitive, mental or physical disorder [33], the possibility that such children are currently not visible in the policies and factual circumstance statistics reveals an immediate and urgent need for researchers to explore this population and shine light on their experiences.

VII. LIMITATIONS

Structural limitations exist within any review of literature. The findings of any literature review are contained to those that reflect the search criteria. In the case of this work, such a search was limited by language (Turkish and/or English), dates of publication, search terms and term limiters, legal regulations regarding the acceptability of published works in the nations of the authors, the peer reviewed nature of the work and the subjects of the publications.

Research conducted within vulnerable populations also places a limitation on the available work concerning sensitive topics. Refugee respondents may be limited by perceived threats to their short- and long-term needs. For example, refugee respondents may be less likely to divulge disability due to the perceived threat that such disclosure might negatively impact their ability to relocate to another country. Cultural differences regarding the disclosure of disability may also impact the ability to research this population in the refugee context.

![Fig. 1 Flow of information through phases of the systematic review](image-url)
## TABLE I
INCLUDED LITERATURE

<table>
<thead>
<tr>
<th>Author (year)</th>
<th>Title</th>
<th>Theme*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aksu Kargın, M.T. (2016)</td>
<td>The Syrian refugees in Turkey: Their living conditions and the ways in which their presence has affected Turkish society</td>
<td>B, C, D</td>
</tr>
<tr>
<td>Kılcan, Cepni &amp; Kılınç, A. (2017)</td>
<td>Mülteci Öğrencilere Yönelik tutum Öğrenimini Gelişirirme</td>
<td>n/a</td>
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<tr>
<td>Yalın Sapmaz, Uzel Tanrıverdi, Öztürk, Gözçuklar, Yörük Çiker &amp; Yekta, M. (2017)</td>
<td>Yılmaz Çocukların Eğitim Sorunları ve Çözüm Önerileri</td>
<td>A, D</td>
</tr>
</tbody>
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**REFERENCES**


