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Identifying challenges facing the inclusion of people with disabilities in northwest Syria

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This article highlights the challenges faced by people with disabilities (PWDs) in northwest Syria (NWS), a region that has been severely affected by the ongoing conflict. The study draws attention to the increasing number of disabilities resulting from the war and the lack of support and infrastructure for persons with disabilities (PWDs). It examines the barriers that PWDs face in their communities, education, health services, and the labour market. The research identifies three pivotal domains of challenges: Identity and Community Participation; Learning and Work; and Protection and Wellbeing. The article argues that these challenges are rooted in a lack of disability-inclusive policies and infrastructure, as well as negative societal attitudes. The findings underscore the need for concrete steps to dismantle barriers, promote inclusion, and uphold the fundamental rights of PWDs. This includes addressing gender disparities, providing accessible education and employment opportunities, and ensuring legal protections and healthcare access. Drawing on the social model of disability and human rights perspectives, the article argues for the need to adopt inclusive policies, and awareness campaigns to create a more equitable society.

Keywords: disability inclusion; northwest Syria; conflict and disability; social model of disability; human rights.

Introduction

Syrian people have been living in extremely difficult conditions since 2011 due to the ongoing war which has caused great harm to them. Human Rights Watch (2022:1) states that ‘the conflict in Syria has been one of the deadliest in the world, killing at least 350,000 people over the [last 12 years] and forcibly displacing over 13 million’. The continuing Syrian conflict constitutes a devastating humanitarian crisis affecting all areas of Syrian society. The destruction has had an impact on the psychological, physical and social needs of individuals and families, as well as on the whole of Syria through the destruction of infrastructure. The effects of war have been particularly devastating in the Northwest (Shaban, 2020; Alhiraki et al., 2022; Shaban et al., 2023). One of the prominent results of the war has been the increase in impairment/disablement (Human Rights Watch, 2021).

The Humanitarian Needs Overview (HNO) estimates that the number of people with disabilities (PWDs) in Syria has reached 4.2 million (HNO, 2022). Some 30,000 people each month were estimated to be injured by the Syrian conflict, most of whom suffered permanent disabilities (AlMoallem et al., 2016). The Humanitarian Needs Assessment Programme (HNAP) demonstrates that 28% of persons aged above 12 years in the northwest of Syria (NWS) have a disability (HNAP, 2020). With the continuation of the war and the spread of mines and the remnants of unexploded bombs, the number of persons with disabilities continues to increase.

Governments, INGOs and NGOs have funded many programmes to support PWDs in Syria (Thompson, 2017). These programmes have established several care centres for PWDs in NWS in order to provide them with basic services and include them in society. However, PWDs continue to face numerous barriers and challenges to their inclusion and participation in their communities, education, health services and the labour market (Abdulkerim et al., 2021; Wilton et al., 2006). Conflict-related injuries and psychological stress, as well as a lack of primary health care and poor management of chronic conditions, have contributed to the worsening situation for PWDs in Syria (Thompson, 2017). The most significant challenges facing PWDs in NWS are ableism expressed through negative societal attitudes, marginalization (Al-Moallem et al., 2016), the insufficiency of national and international programmes to support their inclusion, and the lack of public facilities. These challenges become more difficult and complex when PWDs are women, which compounds their marginalisation and exclusion. This is not limited to the Syrian context, but also in many other parts of the global south (see Nguyen et al., 2021).

The exploration of challenges facing the inclusion of PWDs is inherently intertwined with the broader discourse on disability studies and human rights (see for example Sherlaw et al., 2014; Uromi et al., 2014; Agyei, 2016; British Council, 2018; Chumo et al., 2023). Disability studies is an interdisciplinary academic field that focuses on the social, cultural, and political aspects of disability. It examines how disability is constructed and experienced in society, challenges stereotypes and misconceptions, and advocates for the rights and inclusion of PWDs. Disability studies seeks to understand disability as a social construct rather than solely a medical or individual issue. Rights, on the other hand, encompass the fundamental rights and freedoms to which all individuals are entitled, regardless of their abilities or disabilities.

A substantial body of literature underscores the importance of adopting a human rights or social model focus to comprehend and rectify the injustices imposed upon PWDs (United Nations, 2006; Carson, 2009; Anastasiou et al., 2013; Goering, 2015). The social model of disability, pioneered by PWDs themselves, posits that disability is a product of societal barriers rather than inherent individual impairments (Shakespeare et al., 2022). This model calls for inclusive policies, accessible infrastructure, awareness campaigns, and the elimination of discriminatory practices to foster a more equitable society.

This study outlines a preliminary study that highlights problems and challenges facing PWDs in NWS. It contributes to the intersection of Disability Studies and Conflict Zones Studies, by presenting an original account of PWDs' experiences in NWS. It positions itself as an inaugural and exploratory study dedicated to identifying and highlighting the pervasive marginalisation experienced by PWDs in Syria, particularly in the aftermath of the protracted conflict. The urgency of this exploration is underscored by the dearth of dedicated academic inquiry into the specific challenges faced by this vulnerable demographic in NWS. Since 'quality humanitarian programming is built on an understanding of the requirements and priorities of persons with disabilities during a crisis' (IASC, 2019), this study will increase understanding of the situation of Syrians with disabilities and their households in relation to the access to health services and key barriers experienced in accessing them. The outcomes of this proposed research will contribute to providing a vision for supporting the inclusion of PWDs in NWS, and to find ways to develop a more inclusive Syrian civil society.

This article aims to analyse challenges that affect the inclusion of PWDs into society in NWS, and to identify ways to mitigate these challenges so that PWDs may pursue their valued life-choices (Sherlaw et al., 2014). It delves into the multifaceted challenges faced by PWDs in NWS, shedding light on the intricacies of their struggles across three pivotal domains: Identity and Community Participation, Learning and Work, and Protection and Wellbeing. The current challenges highlight the need to understand disability through the social model perspective (Hughes, 2013; Anastasiou et al., 2013; Goering, 2015; Griffiths, 2022b; Oliver, 2023) in order to adequately address systemic barriers and uphold PWDs' fundamental human rights. This article argues that the exposure to human rights violations and injustices by PWDs in NWS, requires the necessary implementation of strategies and provisions for accessible, participatory, and inclusive societies. Such implementation can be chartered across three areas: community participation, learning and work, and protection and well-being.

Disability and ableism

Ableism is a concept that includes a collection of beliefs, practices, and traditions that create a specific self and body image, often referred to as the corporeal standard (Campbell, 2001; Bogart et al., 2019). This image is idealised as perfect, typical for the species, and therefore considered fully human. Within this context, disability is depicted as a diminished state of human existence. Ableism, which is deeply rooted in ability-based discrimination, is characterised by biased attitudes, practices, and policies that marginalise and exclude individuals with disabilities (Campbell, 2009; Bogart et al., 2019). It establishes a binary dynamic that is not merely comparative but relationally constitutive. While ableism typically refers to oppression at the societal level, the term disablism is often used to describe discrimination at the individual level, although these terms are sometimes used interchangeably (Jun, 2018). The term ableism has gained increasing popularity over disablism, particularly among scholars of American Disability Studies and disability rights activists.

Despite the increase of international scholarship in disability studies of ableism, this is an under-researched area once it comes to northwest Syria (Alhiraki et al., 2022). While acknowledging the importance of this corpus of academic studies, the relevance to the northwest Syrian case remains limited. Disability and ableism can only be discussed in the context of fundamental issues of human rights and social justice. In northwest Syria, conflict and destruction have created an environment where the rights of everyone are violated, but for PWDs, there are particular dynamics. Urgent global action is essential to uphold the rights and dignity of this invisible, marginalised population.

Disability can refer to physical, mental, intellectual, or sensory impairments that interact with various barriers and result in restricted participation in society (WHO, 2011). Nevertheless, the social model of disability distinguishes between impairment and disability, suggesting 'Claims are made to assert that disability resides as the unnecessary restrictions imposed upon people with impairments, health conditions and diagnostic labels' (Griffiths, 2022a:3). Our research focuses on people with physical impairments. The definition of 'disability' was discussed with the interviewees in response to direct questions ('How could you define disability?'). Despite their different expressions and terms they used, they meant one thing: disability is a state of incapacity that hinders PWDs from living their life comparable to non-disabled people. The way in which people perceived disability was largely influenced by their life experiences and exposure to certain ideas. Our interviewees did not talk about concepts or theoretical aspects related to disability. They referred to it as a concrete or physical problem. This means that disability may not have always been viewed in conceptual terms by individuals, but instead may have been seen as a given bodily deficit (Chiang et al., 2022). As researchers, we acknowledge how disability is understood from the perspective of the participants but our analysis is rooted in a social model and human rights model interpretation (Lawson et al., 2020). It should be noted that the people of the region do not use a word synonymous with ableism in their local language (Arabic). However, the testimonies of all those we interviewed indicated it clearly.

PWDs' rights are fundamentally human rights encoded in various international statutes. Key instruments include the UN Convention on the Rights of Persons with Disabilities (CRPD), which upholds rights around accessibility, personal mobility, health, education, employment, and participation in political life (United Nations, 2006). The CRPD promotes social models of understanding disability as the result of environmental barriers rather than individual limitations. In the context of northwest Syria, PWDs face extreme marginalisation and rights violations. Over a decade of brutal conflict has caused mass casualties and injuries as well as destruction of health, education, and social infrastructure. This exacerbates barriers and disadvantages already faced by Syria's disabled population.

Methodology

This research is designed as an empirical case study for identifying challenges facing the inclusion of PWDs in NWS. Such a study needs sufficient access to the potential data, whether to review documents, interview people, or make observations (Yin, 2018). Gillham (2000) argues that no one kind of evidence is likely to be sufficient on its own within such case studies.

Thus, this study employed a multi-methods approach, drawing on primary and secondary data. It was conducted in three stages. The first stage involved a mapping exercise through a desk review of secondary data, academic literature and grey literature (for example: websites, blogs, newsletters, statements, and government documents and reports) relating to disability in general and PWDs in particular in NWS.

Before the crisis in Syria began, data on disability was limited due to a lack of research and negative social stigma (Said Foundation, 2009). Collecting accurate data on impairment and disability in humanitarian emergencies is even more challenging (Skinner, 2014). In conditions such as NWS, there are usually no reliable sources of data. Most of the data is available with NGOs that provide support to PWDs. These NGOs usually refuse to share their data with any other party to maintain their confidentiality. Therefore, this study drew on grey literature, due to the absence of existing reliable data. The desk review identified useful data relevant to the study.

Semi-structured interviews and two Focus Group Discussions (FGDs) were conducted in the second stage. We connected interviews with administrators of 3 healthcare centres in the main three cities in the region through our networks. We explained to them the nature and aims of the research. We asked them to connect us with PWDs. We did not feel that respondents had any apprehension about the interviews. This may have been because they took place within the care centres and in coordination with administrators. In qualitative research, there is no universally accepted standard for determining the appropriate sample size (Dworkin, 2012). Thus, we interviewed all PWDs who accepted to participate in the study. In total, we interviewed 20 stakeholders: 3 women and 17 men (16 PWDs and 4 staff from the disability care centres) in 3 cities in the study area. Four interviewees came from the camps located around Azaz city. These interviewees are named within the article using an alphanumeric identifier Rx. X refers to the number of the interviewee.

Location / **Interviewee**	**Albab**	**Afrin**	**Azaz**
PWDs (Women)	**1**	**2**	**-**
PWDs (Men)	**6**	**6**	**1**
Staff (Women)	**-**	**-**	**-**
Staff (Men)	**1**	**2**	**1**

We had planned to interview 50% female and 50% male of the care centres attendees, but we were unable to do so. It was not easy to interview women in the study area. Most of the care centre attendees were male. Staff in the care centres told us that the societal culture, customs, traditions and religious beliefs limited the number of women attending centres. They asserted that fear and shame push the families of women with disabilities to prevent them from visiting the centres. Moreover, many parents refused to send their daughters to care centres because most of the employees were males and there were no females specialised in dealing with cases of PWDs. Mainly for these reasons, all the interviews were conducted at the care centres with PWDs based there.

The ages of the participants with disabilities ranged from 20 to 44 years. Thirteen out of 16 had motor impairments in the extremities, especially in the feet. This was mainly caused by war injuries. Two others suffered from spinal cord infections that led to paralysis. The remaining case was exposed to shrapnel in the head, which led to paralysis and hearing and visual impairment.

The interview questions were semi-structured in order to allow for elaboration on the main issues explored. The design of the interviews was shaped in part through reflections that had been obtained from the review of secondary material. The data was securely stored, and the participants were anonymised. Interviewees were required to sign consent forms and understood that their participation was voluntary.

Focus Group Discussions (FGDs) can make a valuable contribution when employed in mixed methods studies (Caillaud et al., 2017). Thus, two FGDs were conducted with 10 people at the end of this stage in order to triangulate data obtained from the previous and current stages. The first one was with 6 PWDs (all were men), and the other with 4 staff (3 men and 1 women).

All FGDs and interviews were conducted in Arabic and facilitated by two of our research team who were based in the study area. Each FGD lasted about two hours, while each interview lasted about 30 minutes. We recorded both of these activities and transcribed them later.

We analysed data using thematic analysis, as it was anticipated that some new themes may emerge that had not been foreseen when the interview schedules were drawn up. During this stage, we began by familiarising ourselves with the data. We re-read the material to identify patterns, nuances, and recurring themes. Next, we coded the data by labelling segments of text with descriptive tags. We then looked for commonalities across codes, and new themes emerged. We reviewed and refined these themes, giving them meaningful names that represented significant aspects of the data. We could recognise three thematic areas: Identity and Community Participation, Learning and Work, and Protection and Wellbeing. We analysed the themes in-depth, exploring their implications. This allowed us to gain a deeper understanding of the lived experiences of PWDs in NWS. Through this analysis, we were able to uncover their unique perspectives, challenges, and coping mechanisms.

We were fully committed to conducting this research ethically and adhering to the highest standards of data protection, confidentiality, and informed consent. Therefore, we set up a robust system to manage ethical considerations and continuously monitor the project to ensure its adherence to ethical principles. All participants were provided with information sheets in both Arabic and English, ensuring they understood the nature of the project and its aims, their rights as participants, and the potential risks and benefits. The information sheets included clear information on what would happen to the participants' personal information. Contact details of the University of Kent and the project lead were also provided.

Informed consent was obtained from the participants in both Arabic and English, in plain language, on the understanding they could withdraw their consent at any time without providing any reasons. Participants' personal information has been kept strictly confidential and anonymised. Audio recordings were given unique identifiers and stored separately from transcripts, which were also anonymised. All data will be deleted once this paper is published.

Findings

The findings from this research shed light on the multifaceted challenges faced by PWDs in northwestern Syria (NWS). We will explore these challenges across three thematic areas: Identity and Community Participation, Learning and Work, and Protection and Wellbeing. In discussing these challenges across the three domains, we avoid portraying PWDs as passive victims or administrative burdens, instead emphasising the systemic injustices and violations of rights imposed upon them. The article underscores participants' calls for concrete steps to facilitate inclusion, dismantle barriers, and develop a more equitable society. Situating findings within a social model and human rights perspective enriches the discourse (Anastasiou et al., 2013; United Nations, 2006).

Identity and community participation

PWDs in NWS encounter significant challenges in building relationships and participating in community life. Deeply ingrained ableism leads to widespread social stigma, bullying, isolation, and restrictions on accessing public spaces (Lindsay et al., 2022; Wayland et al., 2020; Nario-Redmond, 2020). PWDs whom we interviewed faced numerous challenges when it came to inclusion in society. They were subjected to bullying and mistreatment. In addition, public facilities and infrastructure were not equipped to support their needs. Therefore, services were often inadequate and failed to meet the requirements of this group. Respondents stated:

> We are constantly being bullied (R1).

This brief statement reveals a persistent and pervasive issue of harassment faced by PWDs in NWS. The use of "constantly" suggests that bullying is not an isolated incident but a regular part of their daily lives, indicating a hostile social environment and a lack of protection or intervention:

> The public utilities, streets and roads are not equipped well and are unsafe for me. This makes my mobility even more difficult (R7). The condition of the roads further

> compounds the difficulties. Potholes and uneven surfaces pose hazards, making it unsafe and challenging to navigate independently. The absence of elevators in ground-level buildings restricts accessibility, forcing many individuals with mobility impairments to stay indoors (R6).

These two statements provide specific examples of infrastructure issues. Participants highlight how these problems limit their independence and force isolation. There's a sense of being trapped or constrained by the environment, which wasn't designed with their needs in mind. This causes frustration and highlights the neglect of PWDs' needs in public planning:

> Institutional buildings, which are meant to provide various services, do not have the necessary infrastructure to accommodate PWDs. There are no proper entry and exit paths, which makes it difficult for them to reach these centres and access essential training and support (R8).

This underscores systemic failings in service provision, reflecting exclusion from essential services and the broader social and economic life. It emphasises the need for structural changes to promote accessibility.

Our findings highlight how challenges related to disability can be particularly difficult for families to navigate in NWS. One issue that often arises is the negative perception of PWDs by their own family members (R1). In some cases, family members may view their relatives with disabilities as weak, and incapable of handling work, bullying, and mistreatment:

> My family’s negative view can be incredibly damaging to my self-esteem and makes me feel isolated and inadequate (R10).

This powerful statement reveals the emotional impact of familial attitudes towards disability. The participant expresses deep hurt and isolation, indicating that negative perceptions from loved ones can be particularly damaging to their self-worth.

PWDs in rural areas in NWS face multiple forms of discrimination that are rooted in traditional beliefs and practices. Compared to their urban counterparts, they have less access to education and health care, and are more likely to be excluded from social and economic activities. Inextricably linked to societal perceptions, ableism exacerbates the difficulties faced by PWDs in NWS, perpetuating systemic barriers to their inclusion and denying them fundamental human rights. A respondent stated that 'many disabled people in rural areas face even greater discrimination due to lower levels of education and to the influence of local culture’ (R8). In the same way, some authors (see Bunning et al., 2017; Stone-MacDonald et al., 2014) assert that the local culture in rural areas often views disability as a curse or a punishment, resulting in stigma and prejudice against PWDs.

Our interviewees indicate that negative attitudes are reinforced by the lack of awareness and understanding of the causes and nature of disability. They emphasise that PWDs in rural areas encounter practical challenges such as displacement, poverty, and inadequate transport, which limit their opportunities to receive appropriate treatment and support, especially in camp settings. All these factors contribute to the marginalisation and isolation of people with disabilities in rural areas, and hinder their full participation and inclusion in society:

> Many PWDs in rural areas face even greater discrimination due to lower levels of education and to the influence of local culture. Displacement, financial constraints, and lack of transport often prevent them from accessing necessary treatment, particularly in camps (FGD2).

Rural PWDs experience compounded discrimination due to traditional beliefs and inadequate education. This highlights the intersection of geographical and cultural barriers, exacerbating their marginalisation.

The challenges in identity and community integration for PWDs in NWS are indeed significant. Our study finds that PWDs in NWS often face societal biases and exclusion, which can harm their physical, economic, social, and intellectual development. Our respondents emphasise that negative attitudes can lead to lack of opportunities, low self-esteem, and isolation, consequently leading to stigmatisation, marginalisation, and recurring negative health outcomes. This aligns with other literature that highlights how negative attitudes towards disability can act as barriers to social equality (Zheng et al., 2016). Some of our respondents stated:

> The attitudes and actions of the local community have a significant impact on the PWDs' social inclusion. Negative interactions and comments perpetuate societal barriers, impeding their ability to participate fully and thrive within their communities. (R10)
>
> Families may perceive themselves as inferior due to the presence of disability, creating an environment of self-blame and stigmatisation. These detrimental attitudes contribute to the marginalisation of PWDs within their own homes and their communities. (FGD1)

These statements emphasise the crucial role of community attitudes in shaping the experiences of PWDs in NWS. The participants highlight how negative social interactions and families' attitudes create barriers to inclusion and personal growth, suggesting a desire for greater community awareness and acceptance.

Gender disparities exacerbate the situation, with women with disabilities facing heightened scrutiny and limited opportunities. The negative view towards women with disabilities is greater than that towards men with disabilities due to the culture of the society and the negative view of the family towards women with disabilities. The male could go to receive treatment because he had many responsibilities, while the woman with a disability was deprived of marriage, or even going out. She did not have responsibilities like the man. These quotes demonstrate this situation:

> Unfortunately, some women with disabilities' cases, especially those with severe disabilities, were hidden by their parents, while others came to the treatment centre without their husbands' knowledge (R9-Woman).

> While men were encouraged to seek treatment and take on responsibilities, women were often excluded from marriage and other social activities. Sadly, this negative view towards women with disabilities seemed to stem from the misguided notion that men were inherently blame-free (FGD1, FGD2).
>
> Some parents felt ashamed of their daughters' disabilities and may have even denied them proper treatment for fear of their daughters being seen in public, especially in severe cases such as foot deformities or scoliosis (R20-Women).
>
> The male could go to receive treatment because he had many responsibilities, while the woman with a disability was deprived of marriage, or even going out. She did not have responsibilities like the man (FGD1).

These statements paint a picture of a society where women with disabilities face multiple layers of discrimination. They are often hidden away, denied treatment, excluded from social institutions, and stripped of autonomy and responsibilities. The prevailing attitudes seem to view disability in women as more shameful and limiting than in men, reflecting deeper gender inequalities in society. These experiences likely lead to feelings of worthlessness, isolation, and hopelessness among women with disabilities, while also potentially causing long-term health issues due to lack of proper treatment.

Restrictions on building relationships and community participation represent injustices violating PWDs' fundamental human rights to association, cultural participation, and dignity (EHRC, 2012). It is not individual limitations that drive exclusion, but rather environmental and attitudinal barriers. In NWS, our findings show that there are no official bodies or laws in place to protect the rights of PWDs. Some of our respondents stated that:

> The chaos and war in the country have led to the collapse of the legal system and a lack of respect for the rights of all, especially PWDs (R17)
>
> PWDs require concrete and meaningful steps to secure their rights and facilitate their full inclusion into society. (FGDs 1, FGD 2).

This reflects a dire need for legal frameworks and protections for PWDs in NWS. The breakdown of law and order exacerbates their vulnerability, highlighting the urgent requirement for systemic reforms.

Framing disability within a human rights focus is imperative. Human rights are based on principles of dignity, autonomy, equality, and respect. PWDs enjoy human rights when they can make choices about their life, have the right support to live in dignity and be included in the community.

Learning and work

Educational institutions in NWS lack the necessary infrastructure and support for PWDs, hindering their access to education. Employment opportunities are limited, with vocational training often restricted to specific fields, which may not provide suitable work for PWDs:

> Most NGOs only focus on providing medical treatment and equipment for PWDs, but job opportunities and vocational training, such as sewing, barbering, and sweets making, are often overlooked (FGD1).

Inadequate educational infrastructure bars the inclusion of students with disabilities. Schools and universities lack accessibility features, assistive devices, accommodation meeting diverse needs, and teacher expertise on disability. Like other institutional buildings, school and university buildings are not designed to include students with disabilities effectively (FGD2). There is a notable absence of specialised schools that cater specifically to the needs of PWDs. This further emphasises the need for organisations that specialise in educating and rehabilitating students with disabilities. Vocational schools tailored to the unique requirements of PWDs are also necessary to provide them with suitable training and career opportunities. Technical and vocational education and training (TVET) is central to providing people facing disability-related barriers the life chances and ensuring they can participate to the fullest extent possible (British Council, 2018). One interviewee argued that:

> Most careers that suit us as PWDs, such as sewing and repairing mobile phones and shoes, require technical or vocational training. Obtaining such training makes it easier for us to find jobs (R2).

This quote highlights the importance of vocational training for PWDs' employment prospects. It suggests that PWDs in NWS are aware of suitable career paths but lack access to the necessary training, indicating a desire for more targeted educational opportunities.

Many of our interviewees have not completed their education under these conditions. The jobs that are suitable for them require specialised training or education, such as computer work or mobile phone maintenance. Unfortunately, there are no schools that cater specifically to the needs of PWDs in NWS. Our findings highlight the need for specialised educational programmes in NWS that focus on educating and rehabilitating PWDs who face professional challenges hindering their job market integration:

> Unfortunately, employers often exhibit reluctance to hire PWDs, driven by negative preconceptions and a lack of understanding (FGD2).

Despite aspirations to work, extreme unemployment amongst PWDs in our study area results from inaccessible workplaces, limited relevant training, and transport barriers. Moreover, ‘employers refuse to hire people with disabilities because they believe they will not be able to perform quickly’ (R20). Poverty and reliance on relief hence become common. These results are similar to those reported by Lindsay et al (2023) who show that negative biases among employers and a lack of transparency and equal opportunities in recruitment practices exacerbate the difficulties faced by PWDs seeking to integrate into the labour market.

Protection and wellbeing

PWDs in NWS face challenges in accessing legal protections, healthcare, and overall wellbeing support. The lack of suitable infrastructure, including transport and care centres, compounds their difficulties. Additionally, the psychological impact of societal exclusion, bullying, and the absence of emotional support further endangers their mental wellbeing. The lack of legal protections and access to healthcare is a violation of their human rights.

The absence of official bodies or laws safeguarding the rights of PWDs in the region is exacerbated by the chaos and war in the country, resulting in a collapse of the legal system and a general disregard for the human rights of all, especially PWDs. Participants in FGD2 stated:

> The breakdown of the legal system and disregard for human rights have left PWDs without any safeguards or protections. As a result, they are facing discrimination and exclusion when trying to access education, healthcare, and employment opportunities.

The overall message of this statement conveys a sense of systemic failure and abandonment. PWDs in NWS are portrayed as being left in a precarious situation where their most basic rights and needs are not being met or protected. This likely leads to feelings of frustration, hopelessness, and isolation among PWDs, as they face constant barriers in trying to participate in fundamental aspects of society. The statement also implicitly calls for urgent action to rebuild legal protections, reinstate respect for human rights, and create specific safeguards for PWDs to ensure their equal access to education, healthcare, and employment. It underscores the need for a comprehensive approach to addressing the challenges faced by PWDs, one that encompasses legal, social, and infrastructural changes.

Despite being entitled to the same rights as others, PWDs in NWS currently face severe injustice and are denied the opportunity to live with dignity and pursue equal opportunities in society. They also endure a multitude of psychosocial challenges, leading sometimes to distress and suicidal thoughts. The loss of hope and a sense of personhood, deeply rooted in the ongoing conflict and displacement, contribute to this psychological burden:

> PWDs often suffer from various psychological issues such as hopelessness, fear of the future, difficulty concentrating, depression, and constant negative feelings. These issues can lead to suicide and create challenges for therapists in service centres (FGD2).

This situation likely results in PWDs feeling overwhelmed and trapped in their circumstances, with little hope for improvement. It underscores the need for comprehensive support that goes beyond just physical accommodations to address the profound psychological impacts of living with a disability in a challenging environment. Stigma further exacerbates the situation in our study area, hindering families from seeking necessary care for their relatives with disabilities. Moreover, rural areas present unique obstacles, as access to disability healthcare and protection services becomes even more limited. The psychosocial distress experienced by PWDs in NWS is a complex issue with multiple contributing factors. Our research shows that the ongoing conflict and the resulting displacement have had a profound impact on the mental health of the entire population in NWS, and PWDs are particularly vulnerable to these stressors. The loss of homes, livelihoods, and social networks can lead to feelings of isolation, despair, and hopelessness.

Framing disability within a human rights focus, emphasises the right to healthcare, legal protections and overall wellbeing (UNDP Syria, 2020). The current challenges highlight systemic failures that deny PWDs their rights. Efforts are needed to enhance accessibility, improve mental health support, and ensure that legal frameworks protect the rights of PWDs. These efforts should be guided by the principles of non-discrimination, participation and inclusion, equality of opportunity, respect and dignity, and respect for diversity.

Discussion

The findings illustrate challenges faced by PWDs in NWS, a region that has been heavily impacted by the ongoing war since 2011. To better understand these, it is important to consider the intersectionality of disability and conflict. As the testimonies in the research interviews and focus groups demonstrate, PWDs in NWS currently endure pervasive marginalization and exclusion across all life domains. This is evidenced by inaccessible facilities, lack of educational and vocational opportunities, financial struggles, and psychological distress. The lack of infrastructure and resources, destruction of healthcare facilities, and displacement exacerbate these challenges, leaving PWDs even more marginalised and isolated.

The study reveals pervasive social stigma, bullying, isolation, and restrictions impeding PWDs from building relationships and participating in community life – clear violations of rights to association and cultural participation (Lindsay et al., 2022). Interviews mirror international research emphasising the psychological toll of social exclusion on PWDs (Stone-MacDonald et al., 2014; Dauti, 2015; Boardman et al., 2022). Testimonies also corroborate trends of employment discrimination due to lack of reasonable accommodation and accessible training opportunities, as found generally in developing countries amid crisis (Bunning et al., 2017; Blanck, 2020; Ochrach et al., 2022; Lindsay et al., 2023).

Gender also intersects with challenges facing PWDs. Women with disabilities experience double discrimination due to patriarchal social norms limiting their autonomy and mobility (Nario-Redmond, 2020). Negative cultural beliefs associate disability more strongly with women, who face immense pressure and restrictions. Intersectional discrimination endangers women with disabilities' mental health, education, employment and access to healthcare disproportionately (Lindsay et al., 2022). More focus is needed to empower women with disabilities and girls through gender-sensitive community programmes (Dhungana, 2006). Equal rights require challenging patriarchy alongside ableism.

Findings on extensive barriers to education and disproportionate unemployment align with research on exclusion of PWDs from learning and work spheres globally (Kamenopoulou et al., 2023; Lindsay et al., 2023; British Council, 2018). Lack of accommodation, accessible infrastructure, assistive devices, specialised support, and discriminatory attitudes of employers restrict access and perpetuate marginalisation. This underscores the need for disability-inclusive TVET and other specialised educational programmes, as participants emphasise. Exclusion from learning and work cannot be justified, given PWDs' capabilities. To enable their economic and social rights, inaccessibility and discrimination need confronting.

In this article, we critique the absence of legal protections, inaccessible healthcare, lack of mental health support, and heightened psychosocial distress as denying PWDs their fundamental rights and compounding their hardships (UNDP Syria, 2020). We note that care-seeking is impeded by stigma, with rural areas facing amplified challenges. Rural areas exhibit heightened discrimination rooted in traditional beliefs. Rural contexts present unique barriers through inaccessibility, poverty and traditional beliefs (Bunning et al., 2017). Targeted local interventions and advocacy are required to reach dispersed communities.

Deeply ingrained societal ableism emerged as a significant barrier across multiple domains. The study emphasises the prevalence of ableism and negative societal attitudes towards PWDs. Negative attitudes expressing disbelief in PWDs' capabilities perpetuate social exclusion and deny them dignity (Nario-Redmond, 2020; Lindsay et al., 2022). The testimonies of interview participants indicate they are often viewed by their communities and even own families as weak or incapable. This situation reflects an individual model of disability that locates the problem within the impaired individual, rather than recognising disability as a social construct exacerbated by environmental and attitudinal barriers (Anastasiou et al., 2013). The internalisation of such ableism can severely damage the self-esteem and mental wellbeing of PWDs. Protection and wellbeing challenges further underline the vulnerability of PWDs in NWS. The breakdown of legal structures during conflict leaves them without essential safeguards, exacerbating psychosocial distress and hindering access to healthcare and protection services.

Addressing these challenges requires a multi-faceted approach that involves societal change, policy implementation, and individual action. It is about creating a world where everyone, regardless of their abilities, is valued and given equal opportunities. It encourages us to view disability through a different lens, focusing on societal barriers rather than individual impairments. By implementing inclusive policies, creating accessible infrastructure, running awareness campaigns, recognising the abilities of PWDs, and eliminating discriminatory practices, we can work towards a more inclusive and equitable society for all.

The social model of disability, pioneered by disability activists and scholars, marks a pivotal paradigm shift in conceptualising disability (Anastasiou et al., 2013; Goering, 2015). In contrast to the dominant individual model which views disability as inherent bodily limitations or defects that should be fixed, the social model positions disability as the result of disabling societal barriers (Shakespeare et al., 2022).

As active contributors, not passive recipients of charity, PWDs must direct solutions that dismantle barriers and expand opportunities. A shift towards inclusive policies is necessary to address these issues. The CRPD provides a framework for promoting and protecting the rights of PWDs, including their right to education, healthcare, and participation in social and political life. It stipulates that embracing disabilities as part of human diversity and humanity, helping societies to restructure policies, practices, and attitudes, and dismantling social and economic barriers for PWDs are essential to building inclusive societies (United Nation, 2006).

While originally developed in the global North, the social model can be adapted to the unique challenges faced by PWDs in conflict-affected NWS by making their lived experiences and rights central. Critically, applying the social model in NWS requires recognising how disability intersects with other identity markers like gender, increasing societal barriers (Zheng et al., 2016). Research findings elucidate how gendered ableism interacts with cultural norms to doubly marginalise women with disabilities through increased family control and restricted mobility. An adapted model would capture gendered dimensions of disability to more fully analyse exclusion. It would also acknowledge the added vulnerabilities facing PWDs in camp environments, where lack of infrastructure and services imposes further disadvantages linked to displacement status (Bunning et al., 2017; Stone-MacDonald et al., 2014).

Recognising the abilities of PWDs and eliminating discriminatory practices is paramount. PWDs should not be viewed solely as recipients of support but as active contributors. Recognising their strengths and potential will foster equal rights in decision-making processes at various levels—national, regional, district, and institutional—contributing positively to community development. The entrepreneurial capacity of all PWDs can be highly valuable for society, involving the recognition of their rights and the increase in the possibilities that enable PWDs to benefit both from social inclusion and the consequent rehabilitative, therapeutic, and dignifying effect that it has on them (Garcia et al., 2021).

Lawson et al. (2020) provide a trajectory to achieve this, by suggesting policy initiatives should adopt a human rights focus whilst– simultaneously– promoting the significance of removing unnecessary restrictions imposed upon PWDs. This involves actively enhancing the participation and engagement of PWDs in everyday life, going beyond policies and regulations to ensure they are heard, seen, and involved. Inclusive workplaces, for instance, require effort, understanding, strategy, and practice. Fostering an environment that values and supports the unique contributions of PWDs is vital. This can involve adjusting mindset and workplace culture, reviewing and refining job roles and processes, improving workplace design and accessibility, and ensuring existing programmes reflect a PWD-inclusive culture.

Conclusion

Through extensive fieldwork including interviews and focus groups, this study offered insights into the situation of PWDs in NWS. The ongoing war in Syria has resulted in a devastating humanitarian crisis, with millions of people being displaced and a significant increase in disabilities among the population. The number of PWDs in Syria, particularly in NWS, is alarmingly high, and they face numerous barriers and challenges in their daily lives. This article has explored the multidimensional challenges they face across key life domains which violate their fundamental human rights. Ableism emerged as a systemic barrier deeply ingrained in Syrian society perpetuating exclusion, stigma and lack of support. The compounded effects of conflict and gender discrimination intensified hardships.

The study highlighted the systemic issues that hinder the inclusion of PWDs in NWS such as negative societal attitudes, marginalization, a lack of inclusive policies, limited access to education and healthcare, and discrimination in the labour market. Moreover, conflict-related injuries, psychological stress, and inadequate healthcare services further exacerbate the situation for PWDs in NWS.

The study highlighted the insufficiency of national and international programmes in supporting the inclusion of PWDs in NWS. While efforts were made by international governments, INGOs, and NGOs to establish care centres and provide basic services, there remained a lack of comprehensive support and accessible public facilities. The inadequate provision of primary healthcare and the management of chronic conditions further compounded the challenges faced by PWDs.

Overall, this exploratory study produced empirically-grounded qualitative data to elucidate the situation for PWDs lost amid crisis. Its identification of lived experiences and rights violations serves as a foundation for future research, advocacy and programmes to support their inclusion as equal citizens. Only through recognizing disability as a social and political issue, can unjust barriers ultimately be addressed and an equitable post-war future realized for all Syrians.

Addressing the challenges and barriers to inclusion requires a multi-faceted approach that encompasses healthcare, education, employment, and societal attitudes. The social model of disability has been emphasised, which posits that disability is a product of societal barriers rather than inherent individual impairments.

The adoption of a human rights perspective is crucial in addressing the injustices imposed on PWDsand promoting a more equitable society. Efforts should be made to combat ableism, promote disability rights, and establish inclusive policies and programmes. It is crucial to prioritise the collection of reliable data to inform evidence-based interventions and ensure the effective implementation of support systems. A rights-based framework and social model of disability must underpin responses. Locally-led grassroots organisations can empower self-advocacy while international aid prioritises inclusion, accessibility and reasonable accommodation. Community awareness combined with legal protections and services can dismantle ableism over time. Coordinated action is urgently required to uphold the dignity and participation of this vulnerable group in Syria's recovery. By prioritising the inclusion of PWDs, Syria can take significant steps towards building a more inclusive and equitable society.

This study adds to a limited but growing body of literature at the intersection of disability studies and conflict zones. Its findings corroborate global trends around identity, learning/work barriers and healthcare access barriers for PWDs amid crises. Testimonies emphasise that the destruction of infrastructure and support networks detrimentally impacts mental wellbeing.

Recognition of these realities through research is crucial to inform appropriate intervention.

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