Responding the Needs of Refugees with Disabilities and Experience of Trauma

Recommendations to the international community

Submitted by Disability Rights International[1]

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Background & new UN Guidelines

The following analysis of issues facing Syrian refugees was prepared in March 2017 as a form of recommendations to the US government and international development and relief agencies. While the specific facts in this memo derive from 2017, we have every reason to believe that many of the same challenges remain around the world wherever there are large-scale refugee or internally displaced populations. In situations of political conflict, relief efforts must be keenly sensitive to the interests of actors on the ground who may be interested in using aid for their own political objectives. The discrimination and exclusion faced by people with disabilities can only be address with this form of political awareness.

The CRPD prohibits discrimination on the basis of disability and requires foreign assistance to advance the "purpose and objectives of the convention" (Art. 32). Article 11 of the CRPD specifically requires States Parties "all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations or armed conflict, humanitarian emergencies, and the occurrence of natural disaster. Given the traditional segregation from society faced by people with intellectual and psychosocial disabilities, international response to refugees must be particularly sensitive to implementing article 19's right to live in the community with choices equal to others. Behind the closed doors of

[1] This report was prepared based on research Khawla Wakkaf (SU COL LLM Candidate) and Professor Arlene S. Kanter, Director, Disability Law and Policy Program, Syracuse University College of Law, with contributions from Dima Hussain (SU COL LLM'17). *See* Khawla Wakkaf and Arlene S. Kanter, Children with Disabilities and the Syrian Conflict, forthcoming in IMPUNITY WATCH JOURNAL, vol. 6 (2017).

institutions and out of public view, violence, exploitations, and abuse is likely to be widespread. The Global Disability Monitor (DRM) in 2020 documented extensive abuses and increased social isolation of people with disabilities in light of COVID-19 (see covid-drm.org). In 2021, largely in response to the COVID DRM report, the UN Committee on the Rights of Persons with Disabilities (CRPD Committee) reaffirmed that the right to live in the community is not suspended in times of emergency. The CRPD Committee has created a working group to draft new guidelines on respond to the right to community integration in light of situations of emergencies. This analysis, based on the Syria experience, is also intended to inform the drafting effort for the new UN guidelines.

Challenges and lessons learned from Syria

The needs of Syrian refugees with disabilities were enormous and often overlooked as emergency humanitarian aid flowed into the Middle East as large numbers of children and adults escaped the civil war in 2017. Refugees with disabilities are more vulnerable to isolation, physical and sexual violence, exploitation, trafficking, and discrimination. A 2016 report by the Arab Forum for the Rights of Persons with Disabilities (AFRPD) recognizes that many humanitarian assistance service providers lack the knowledge and skills to adequately provide services to refugees with disabilities.[2] Refugees with mobility disabilities or physical limitations are forced to live in dangerous and inaccessible temporary shelters, effectively trapping them in their dwellings, isolating them from the community, and preventing them from accessing medical and other support services.[3] People who are deaf or blind face immediate risks when basic health and safety information is not provided in an accessible form. All relief efforts must be made accessible to these populations.

[2] Arab Forum for the Rights of Persons with Disabilities, *Disability Inclusion among Refugees in the Middle East and North Africa: A Needs Assessment of Libya, Egypt, Yemen, Jordan, and Turkey* (2016), p 5. Available at https://wheelchairnet.org/ISWP/Resources/DPO%20Report%20FINAL.pdf, last accessed March 3, 2017.
[3] Id. at 9.

The experience of trauma from experiencing or witnessing violence and torture is widespread among all refugees who have left Syria.[4] Women who have been raped may face the risk of honor killing, contributing to their immediate danger and emotional trauma. Whether psychiatric symptoms are caused by trauma or not, individuals with psychosocial or intellectual disabilities are especially vulnerable because of the stigma associated with mental illness.[5] These problems are exacerbated by mental health systems in host countries that traditionally segregate people with mental disabilities in institutions where they can be further subject to serious human rights violations.[6] Any effective protection work in the context of humanitarian assistance must be based on the principles of the UN Convention on the Rights of Persons with Disabilities and the rights-based model of disability.[7]

The provision of basic mental health services is essential for people with disabilities, especially in refugee camps. In societies where there is discrimination and abuse associated with the treatment of people with these disabilities, it is especially important to provide care in a manner that respects the rights and autonomy of people in need. The United Nations Human Rights Council has recently recognized these concerns in its report on human rights and mental health.[8] People who experience violence themselves or who witness violence, lose contact with relatives, or lose their homes can be expected to have experienced trauma. Trauma may result

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[4] Tom Michael, Syrian children have such terrible PTSD that doctors call it 'human devastation syndrome,' Mar. 4 2017, available at http://www.news.com.au/world/middle-east/syrian-children-have-such-terrible-ptsd-that-doctors-call-it-human-devastation-syndrome/news-story/bce9fdf819db33cbecd55e03278694b1.

[5] Id. at 6.

[6] *See* Disability Rights International, *Not on the Agenda: Human Rights of People with Mental Disabilities in Kosovo* (2002); see also, Disability Rights International, *No Way Home: The Exploitation and Abuse of Children in Ukraine's Orphanages* (2015); available at www.DRIadvocacy.org. Immediately following the war in Kosovo, international relief efforts supported the creation of trauma programs and battered women's shelters. DRI found that some of these programs explicitly excluded women with psychiatric symptoms, assuming that they would be treated in the country's mental health system. Within psychiatric wards of hospitals and other institutions, however, DRI found that rape and violence were routine. DRI also found cases of trafficking by staff at the mental health facility. These conditions were present despite the active presence of international aid workers and mental health professionals.

[7] Women's Refugee Commission, *Vulnerability- and resilience-based approaches in response to the Syrian crisis: Implications for women, children, and youth with disabilities* (2017), p. 7.

[8] United Nations General Assembly, *Mental health and human rights: Report of the High Commissioner on Human Rights,* A/HRC/34/32.

in symptoms commonly associated with mental illness, such as hallucinations, delusion or suicidal thoughts. These may be transitory in nature or long-term. Due to the stigma associated with a diagnosis of mental illness and the lack of appropriate community care for this population within refugee camps or in neighboring communities, it is essential that care not be based on a diagnosis of mental illness alone. Service providers can reasonably assume that all refugees have experienced trauma which affect their functioning. Trauma occurs as a result of violence, loss of loved ones, disaster, war and other emotionally harmful experiences. Many refugees not only encounter physical violence or loss, but also struggle to find a way of recovering from the psychological distress that can result from such experiences.[9] The long-lasting adverse effects of trauma can wear a person down, physically, mentally, and emotionally; if unaddressed trauma leads to permanent disabilities.

Given the close relationship between humanitarian crisis, trauma and mental health, practical steps must be taken to ensure that humanitarian assistance is responsive to the trauma experienced by the refugees. Large numbers of people who have experienced trauma may present with psychiatric and mental health symptoms. But it must be understood, in the context of the conditions in refugee camps and in the societies in which they are located, that mental health or psychiatric diagnosis can be socially stigmatizing, leading to risks to the person's health and safety. Thus, mental health programs should not be provided separately, which can be stigmatizing, but rather included within general health care and other social support programs.

In response to the refugee crisis in Syria and elsewhere, local Disabled Persons' Organizations (DPOs) have been working to improve the lives of displaced people with disabilities across the region. Many DPOs advocate for the rights and inclusion of people with disabilities at the local, national, and international levels and have been working within refugee camps to improve

[9] WHO, Psychological first aid: Guide for field workers (2011). Available at http://www.who.int/mental_health/publications/guide_field_workers/en/.

disability-specific services.[10] By employing mental health professionals, spiritual healers, and community workers, these organizations offer interventions that are in line with Syrian cultural norms.[11] The model of offering culturally sensitive interventions to promote mental health can be amplified and replicated by funders in the region to provide better outcomes for refugee children and their families.

The UN estimates that in 2015 approximately half of all Syrian refugee children were not enrolled in school, and that enrollment rates vary significantly across settings.[12] Refugee education is largely financed through emergency funds and therefore long-term planning is neglected.[13] Quality education gives children a place of safety and a sense of security and normal life that is missing during wartime.[14] The traditional benefits of education are especially crucial for refugee children - an increase in opportunity to make friends, self-reliance and resiliency, problem solving, critical thinking, teamwork. Failing to provide education can perpetuate cycles of conflict and displacement.[15] School can also play a large role in identifying children who are at risk of suffering abuse, sexual or gender-based violence, and radicalization for recruitment into militant groups.[16] It is crucial that all refugee girls and boys and adolescents, especially those with disabilities, have access to education.

In light of these findings, DRI urges the international community to promote the prioritization and availability of mental health and rehabilitation services for Syrian refugees with disabilities and those traumatized by the Syrian conflict. Such services and programs require immediate and sustained funding. The funds will support mental health programs, generally, and programs

[10] Arab Forum for the Rights of Persons with Disabilities 2016, p. 1.
[11] Migration Policy Institute, *The Educational and Mental Health Needs of Syrian Refugee Children* (2015), p. 8, 17.
[12] Id. at 1.
[13] UNHCR, *Missing Out: Refugee Education in Crisis* (2016), p.5.
[14] Khawla Wakkaf and Arlene S. Kanter, The Syrian Conflict and Its Effect on Children with Disabilities, forthcoming in Impunity Watch, 2016-17 Annual Review, Vol. 7.
[15] Id. at 5, 6.
[16] Id. at 10.

that have been proven specifically to improve the mental health of the most vulnerable victims of war, specifically women and children with disabilities.

Recommendations to international donors and relief funds

I. **Diversify organizations receiving humanitarian relief funds**
   - **o** Ensure that humanitarian and medical aid from the UN reaches the areas of Syria not controlled by the government; increase pressure on the Syrian government to comply with international humanitarian and human rights law, including the Convention on the Rights of Persons with Disabilities.
   - o Provide funding outside the United Nations system to independent NGOs who can better utilize and target funds where most needed.

II. **People with disabilities and disability rights groups should be involved** in refugee relief efforts; local and regional Arab disability groups exist and should be engaged in the relief effort to ensure they respond to cultural issues; international disability rights groups also should be involved to ensure programs are sensitive to the needs of persons with disabilities and the protection of their rights.

III. **Ensure that all programs for refugees and all refugee camps are accessible and appropriate for people with disabilities and trauma survivors; including** men, women and children with a diagnosis of mental health or psychosocial disorders.
   - o Ensure that refugee camps are accessible for all persons with physical disabilities including providing ramps or other appropriate assistance especially at distribution points and rest areas. Financial assistance should also be available to provide mobile devices for children and people with physical impairment.

- Ensure that refugee camps are accessible for all persons with sensory and mental health impairments, including provision of information about available services. This includes:
    i. Language and communication, including sign language interpreters for people who are deaf.
    ii. Informational material in accessible format for people who are blind
    iii. All programs trauma-informed [see below]
    iv. All programs gender and age sensitive [see below]
- Create a reliable data management system of all refugees, with the help of NGOs that are currently operating in hosting country, in order to locate gaps in services and direct help where it is most needed.
- Coordinate with DPOs to the further extent possible during planning stages and during decision-making processes.

IV. **Mental health care should be embedded in social support systems and should avoid stigma.**

- **Social supports should be made available** for people with physical disabilities and persons with psychiatric diagnoses or symptoms associated with psychiatric diagnoses. Mental health care for children and adults with psychiatric diagnoses or trauma survivors should be provided to create an environment of safety and inclusion in the community where recovery is possible.
- **Psychiatric medications should be available** among the range of health care supports available. Recognizing the stigma and dangerous side effects of psychiatric medications, these should never be provided without the full and informed consent of any person. Nor should any other program or service within the camp be made contingent on an agreement to take psychiatric medications.

- **Individuals should not be referred from refugee camps to segregated residential institutions** for children or adults with disabilities in in host countries. Recovery is most likely to occur within a community setting. Segregated programs are not associated with recovery and are associated with serious human rights violations.
- **All services and programs within refugee camps should be "trauma informed."** Lack of control over basic decisions of living and deprivation of security and stability can lead to re-traumatization – a simulation of traumatic feelings associated with prior violence or other events. All services in refugee camps receiving US funding should be designed to protect against re-traumatization. All programs should create necessary accommodations to assist people with pre-existing psychiatric or intellectual disabilities or mental illness.

V. **Protect families and engage people with disabilities to build on existing natural support systems in the refugee camp.** This may include the creation of peer support groups made up of individuals with disabilities or other peer groups.
   - Given the lack of funding and qualified mental health personnel, peer support programs can be crucial for people with disabilities living in refugee camps. Training and assistance for peer-support programs can involve consumers in the delivery of services from which they also benefit. Families can receive training and therapy to provide support for family members.
   - Adolescents with disabilities should receive assistance in forming youth committees to provide peer support and advocate with relevant actors in their communities on their own behalf. Support to youth committees should be provided to assist them in taking ownership in managing the camp communities.

VI. Rehabilitation programs should be made available for children and adults with physical disabilities.

- Rehabilitation facilities should be established in coordination with NGOs that provide prosthetic limbs for children and adults who sustained physical impartments due to the ongoing Syrian conflict. These programs should be intended to help increase the mobility and self-esteem of persons with physical disabilities;
- Rehabilitation programs should work to ensure the full inclusion in the community of adults with disabilities by helping them secure employment, and by supporting children with disabilities to attend school.

VII. **Specialized programs to ensure full inclusion of children are needed –** Children refugees are especially vulnerable to trauma. They are at great risk from even short-term separation from family members. Specialized programs should be created to ensure that children with all kinds of disabilities can remain with families. Such programs should include:

- Access to education for all children in refugee camps - Commit to multi-year funding from the emergency phase onward so that no refugee is excluded from schooling due to lack of funds.
- Make funding available for education of children and children with disabilities in the most inclusive setting possible, including in mainstream settings.

VIII. **Specialized outreach and support to women with disabilities and women who were subject to sexual violence.**

- Identify intersecting factors that make women with disabilities particularly vulnerable and work to create solutions to address and mitigate those factors.

- Work with local women's rights and feminist organizations to increase awareness of disability issues and include women with disabilities in existing programs for refugees.
- Establish programs that are specifically targeted to provide mental health support for Syrian women and girls who were subject to sexual violence. Such programs shall be culturally sensitive in order to build trust and ensure their dignity and safety.
- Adopt reporting requirements to support staff who observe human rights abuses, including sexual violence to report such incidents to their own organizations and appropriate authorities. Protocols should be established to ensure that action is taken to investigate allegations and prevent further abuses.