VULNERABILITIES AND STRENGTH OF PEOPLE WITH PRE-EXISTING (VISUAL AND PHYSICAL) DISABILITIES IN THE FACE OF CRISES/DISASTERS

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ABSTRACT

VULNERABILITIES AND STRENGTH OF PEOPLE WITH PRE-EXISTING (VISUAL AND PHYSICAL) DISABILITIES IN THE FACE OF CRISES/DISASTERS

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Understanding how people with disabilities experience crises is crucial for providing more effective psychological support during such times. However, there is limited research available on this subject. In this regard, the present research seeks to uncover the specific challenges and needs that individuals with disabilities face pre-during-post crises as well as their ways of coping from their own voices. The study also addresses emergency plan suggestions created by the participants themselves, incorporating elements relevant to the counseling domain like psychosocial needs. This present study was a phenomenological study in which 15 people with disabilities in Türkiye—10 of them with visual disabilities and five of them with physical disabilities—were interviewed about their own crisis experiences like earthquakes, explosions, traffic accidents and so on. The data gathered via semi-structured interviews were analyzed through content analysis using Maxqda12 software. The findings indicated that disability may both increase their resilience and exacerbate vulnerabilities in times of crisis and disasters. Furthermore, the crisis experiences of people with disabilities are unique due to the roles their disabilities

play in shaping their experiences. The challenges, needs, facilitating factors, and coping mechanisms for both people with visual disabilities and people with physical

disabilities are detailed in the results section separately. The findings were discussed in connection with existing literature on crises. The practical consequences of these results for counseling were also presented, addressing mental health professionals, policymakers, and scholars.

Keywords: People with disabilities, Türkiye, Crisis Experiences, Disability, Psychological counseling

ÖZ

GÖRME VE FİZİKSEL ENGELLİ BİREYLERİN KRİZ/AFET DURUMLARINDA KIRILGANLIKLARI VE GÜÇLÜ YÖNLERİ

KARAKEDİ BEYDOĞAN, Gülşah
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Engellilerin kriz deneyimlerini anlamak, bu dönemlerde onlara daha etkili psikolojik destek sağlamak açısından büyük öneme sahiptir. Ancak, bu konuda sınırlı sayıda araştırma bulunmaktadır. Bu bağlamda, bu araştırma, engelli bireylerin kriz öncesi-sırası-sonrasında karşılaştığı zorlukları ve onlara özgü ihtiyaçları ortaya çıkarmayı amaçlamaktadır, aynı zamanda bu bireylerin kendi seslerinden başa çıkma yollarını incelemektedir. Çalışma ayrıca katılımcılar tarafından oluşturulan acil durum planı önerilerine de değinmektedir ve bu öneriler, psikososyal ihtiyaçlar gibi danışmanlık alanıyla ilgili unsurları içermektedir. Çalışmada onu görme engelli, beşi fiziksel engelli olmak üzere on beş katılımcı yer almaktadır. Katılımcılar deprem, patlama, trafik kazası gibi kriz olayları yaşamış engelli bireylerdir. Yarı yapılandırılmış görüşmelerin yer aldığı fenomenolojik bir çalışma sürdürülmüştür. Görüşmeler, Maxqda12 yazılımı kullanılarak içerik analizi ile incelenmiştir. Bulgular, engelliliğin kriz deneyimi üzerindeki etkisinin, dayanıklılığı destekleyen ve kırılganlıkları kötüleştiren iki yönü olduğunu göstermektedir. Ayrıca, engelli bireylerin krizi farklı deneyimledikleri görülmüştür. Görme ve fiziksel engelli bireylerin krizlerde

yaşadıkları zorluklar, kendilerine özgü ihtiyaçlar, krizlerle baş etmeyi kolaylaştıran etkenler ve krizlerle başa çıkma mekanizmaları ayrıntılı olarak sonuçlar bölümünde

ele alınmıştır. Bulgular, krizlerle ilgili mevcut literatürle ilişkilendirilerek tartışılmıştır. Bu verilerin danışmanlık alanındaki pratik sonuçları, ruh sağlığı profesyonellerine, politika yapıcılarına ve akademisyenlere yönelik sunulmuştur.

Anahtar Kelimeler: Engelliler, Türkiye, Kriz Deneyimleri, Engellilik, Psikolojik Danışmanlık

To all People with Disabilities

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LIST OF ABBREVIATIONS

APA	: American Psychology Association
CRPD	: Convention on the Rights of Persons with Disabilities
IEPs	: Individualized Education Programs
METU	: Middle East Technical University
NOD	: National Organization on Disability
OECD	: Organisation for Economic Co-operation and Development
PTSD	: Post Traumatic Stress Disorder
TTY	: teletypewriter
UNISDR	: United Nations Office for Disaster Risk Reduction
WHO	: World Health Organization

CHAPTER I

INTRODUCTION

1.1. Background to the Study

In the complex realm of human existence, crises and disasters act as a rigorous test for individuals and societies alike. The experiences of people with disabilities during crises and disasters often form a compelling but overlooked narrative. This thesis explores the uncharted territory of crisis/disaster experiences of people with disabilities in Türkiye, focusing on the intersection of disability and crisis/disaster experiences of people with disabilities. By unraveling the complexities of their journeys, the goal is to gain insights that contribute to more inclusive and effective psychological counseling strategies in times of crisis/disaster.

The concepts of crises, disasters and emergencies are often used interchangeably due to their commonalities, such as inherent danger, disruptiveness, and unpredictability (Al-Dahash et al., 2016; Bennett, 2020). However, these concepts exhibit minor distinctions. A crisis encompasses a range of complex situations that emerge when individuals, groups, or organizations find themselves incapable of employing their customary procedures due to sudden disruptions (Alexander, 2005; Demirli-Yıldız et al., 2016; Qureshi & Gebbie, 2002). The characteristics of crisis situations can be outlined as follows: a) the occurrence of a triggering event or circumstance, b) the sensation of subjective stress, c) the conventional coping methods sometimes proving ineffective, and as a result, d) encountering emotional and behavioral issues (Kanel, 2019). Examples of crises extend to various challenging life events, such as earthquakes, pandemics, traffic accidents, physical assaults and so forth.

It is important to note that while a disaster can be categorized as a type of crisis, not all crises escalate to the level of disasters (Halpern & Tramontin, 2007). Crises often

require local resource intervention and typically have a more significant impact on individuals or small groups compared to the broader impact that disasters have on the community (Qureshi & Gebbie, 2002). A disaster itself is an event that disrupts normal life, irrespective of its origin—whether nature-induced, human-induced, or technological—and typically involves unexpected, widespread damage, loss, and the necessity for external assistance, as various scholars have pointed out (Coppola, 2015; Guha-Sapir et al., 2014; Phillips, 2009). In addition to nature induced disasters like earthquakes, floods, and landslides, events such as chemical and nuclear accidents, fires, terrorist attacks, wars, mass airplane crashes or traffic accidents, and dam failures can also be considered as examples of human-made and technological disasters (Erdur-Baker, 2014). On a related note, an emergency is defined as an unanticipated convergence of factors or the resulting condition that necessitates immediate action, representing an urgent requirement for aid or support (Alexander, 2005). Indeed, the term 'crisis' is employed to characterize circumstances that have the capacity to escalate into disasters or emergency situations, if crises are not handled effectively (Cornell & Sheras, 1998; Sawalha et al., 2013; Shaluf et al., 2003). In this regard, all these concepts can be collectively categorized as "crises," which refer to events with the potential for trauma and adverse outcomes (Fox et al., 2007; McFarlane & Norris, 2006).

Crises and disasters both result in immediate and tangible losses of life, property, and individual and familial functioning and lead to indirect effects, including disruptions to vital services like education and healthcare (Erdur-Baker, 2014). Following a crisis and a disaster, individuals frequently struggle with additional challenges, including the necessity of relocating to unfamiliar locales or schools and enduring separation from loved ones (Gewirtz et al., 2008). As a result of these experiences, crises/disasters frequently trigger psychological reactions (Sandoval, 2002). Subsequent to a crisis/disaster, individuals mostly manifest a spectrum of symptoms, including withdrawal, sleep disturbances, anger, fluctuations in appetite, diminished concentration, heightened consumption of alcohol and drugs, and occasionally an upsurge in domestic violence incidents (Kowalski & Kalayjian, 2001). Crises and disasters have a significant influence over the mental health and overall well-being of affected individuals (Esterwood & Saeed, 2020; Stough et al., 2010; Weems et al.,

2007). Although the majority of people affected by crises/disasters do not develop psychiatric disorders, nearly all individuals exposed to the traumatic aftermath of severe crisis and disaster experience some level of distress, even if only temporarily (North & Pfefferbaum, 2013). The experience of a crisis/disaster constitutes a risk factor that exerts a detrimental impact on psychological and mental well-being (Aker et al., 2012; Bhugra & Van Ommeren, 2006; Duncan et al., 2013; Masten & Obradovic, 2008;). Mental health issues arising in the aftermath of a crisis/disaster exhibit a pervasive and enduring nature (Aker et al., 2012; Masten & Obradovic, 2008). Research underscores the propensity of crises and disasters to elevate the incidence of conditions such as Post-traumatic Stress Disorder (PTSD), depression, anxiety, and increased utilization of psychotropic medications among affected populations (Duncan et al., 2013; McCabe et al., 2014).

The degree of exposure to crises and disasters varies across individuals, with the impact of such events diverging according to personal circumstances (Kuran et al., 2020). As articulated by Neumayer and Plümper (2007), the effects of crises and disasters on afflicted individuals are not solely determined by the events themselves; rather, they are profoundly influenced by the vulnerability of individuals, which can be systematically contingent on factors such as economic status, ethnicity, and gender. Similarly, Reid (2013) points out that the crisis/disaster experience is shaped by race, class, and gender. This leads to marginalized groups being at the greatest risk of suffering the detrimental effects of a crisis/disaster and encountering significant difficulties during the recovery process (Reid, 2013).

Crises and disasters are challenging life events for everyone, but it can be considered that some groups like people with disabilities experience the crisis/disaster as more difficult and more adverse for many reasons. Many studies argue that having a disability creates vulnerability in terms of survival, coping with the event, and recovery in crises and disasters (Battle, 2015; Kent & Ellis, 2015; Morris et al., 2014; Powell & Gilbert, 2006; Stough & Kang, 2015; Stough et al., 2010; Twigg et al., 2018). Their vulnerability arises from both pre-existing aspects before crises/disasters and unique challenges during and after crises/disasters.

Living with a disability presents inherent challenges and often leads to significant stress in their lives (Buchanan, 2020). Beyond the crisis and disaster experience,

there are pre-existing aspects that make the lives of individuals with disabilities more challenging as well. Individuals with disabilities, the central focus of this discussion, encounter unique obstacles compared to the rest of society, particularly in areas related to health, safety, poverty, unemployment, lower levels of education, and social engagement (Alper & Goggin, 2017; Banks et al., 2017; Bombardier et al., 2010; OECD, 2010; Phillips & Stough, 2016). Seeking information and employment can be particularly challenging for these individuals, who also face societal labeling and stigmatization, resulting in their exclusion and marginalization (Stough & Kelman, 2018). Access to education further compounds the difficulties they face, limiting their employment opportunities and placing them in economically disadvantaged positions (Alexander et al., 2012). Those with physical, psychosocial, and cognitive disabilities are at an increased risk of poverty, unemployment, social exclusion, inadequate housing and infrastructure in unsafe areas, and limited access to essential services (Twigg et al., 2018). Moreover, individuals with various limitations, such as those affecting mobility, vision, hearing, and cognitive abilities, often experience heightened feelings of loneliness compared to those without disabilities (Holm et al., 2022). People with disabilities also encounter substantial obstacles in their psychosocial environments, including detrimental attitudes that negatively affect the mental well-being of those with physical disabilities, making them feel less deserving of respect compared to others and impacting their overall quality of life (Tavakoli & Makhtoom Nejad, 2022). Consequently, they may find themselves restricted to their homes. as observed by Burcu (2013). Additionally, Noh and his colleagues (2016) report that physical disability is associated with depressive symptoms, stemming from various risk factors, such as societal attitudes, abuse, loss of roles, poverty-related stress, environmental obstacles, and limited healthcare access. Individuals with physical limitations are at least three times more likely to develop depression compared to the general population (Noh et al., 2016).

Crises and disasters exacerbate these pre-existing inequalities, rendering people with disabilities, who are already one of the most marginalized and disempowered groups, even more vulnerable (Reid, 2013; Yoshihama & Yunomae, 2018; WHO, 2011). In crisis and disaster situations, people with disabilities are more susceptible compared to the general population, as disasters and crises have the unique capacity to

exacerbate existing societal disparities (Fordham et al., 2011; Kent & Ellis, 2015; Morris et al., 2014). For example, during a crisis/disaster, there is a risk that individuals with disabilities, who already face discrimination and isolation in ordinary circumstances, might be overlooked or given lower priority when it comes to meeting their needs amidst chaotic situations (Twigg et al., 2018). Moreover, people with disabilities may experience recovery from a crisis/disaster more difficult, complex, and lengthy due to these pre-existing circumstances (Stough et al., 2010, Reid, 2013).

During crises and disasters, there are some unique characteristics that distinguish the crisis/disaster experience of an individual with disabilities from that of others. Firstly, they often bear a disproportionate burden during such events, facing higher rates of injury, displacement, and mortality compared to their counterparts without disabilities (Twigg et al., 2018). Secondly, their vulnerability is exacerbated by various factors. For instance, individuals with disabilities face distinctive challenges, including physical obstacles (Demiröz-Yıldırım, 2022) and communication barriers (Kobayashi, 2014; Ringel, 2011). Therefore, they may struggle to access evacuation routes and comprehend imminent danger due to communication barriers or limited mobility, making them more likely to be left behind or neglected during emergencies (Battle, 2015; Powell & Gilbert, 2006). They also encounter difficulties accessing facilities and services (Danquah et al., 2015; Hansson et al., 2020), and people with disabilities often have unique healthcare requirements. The absence of essential services can worsen their health problems, increasing the difficulty of managing a crisis or emergency situation. These challenges highlight the heightened vulnerabilities experienced by people with disabilities during crises, as confirmed by various researchers (see Danquah et al., 2015; Demiröz-Yıldırım, 2022; Hansson et al., 2020; Karanja, 2009; Kobayashi, 2014; Ringel, 2011).

In this terms of psychosocial challenges after crises/disasters, people with disabilities may encounter additional stressors as well, including disruptions to their daily routines (Rooney & White, 2007), the loss of support networks, heightened social isolation (Karanja, 2009; Phibbs et al., 2014), and instances of discrimination (Twigg et al., 2018). Specifically, disruptions caused by crises/disasters to social support

systems can lead to substantial setbacks for these individuals. When people with disabilities do not receive sufficient social support, it can intensify their feelings of isolation and trauma, ultimately impeding their recovery process adversely in the aftermath of a crisis/disaster event (Good et al., 2016). Consequently, when these stressors combine with pre-existing ones, crises and disasters can amplify these challenges, resulting in prolonged recovery times, increased anxiety, depression, and trauma (IASC, 2008; Stough et al., 2016).

Moreover, the experiences of people with disabilities in crisis and disaster situations have often been overlooked in disaster management and emergency response plans (Boon et al., 2012; Buluş-Kırıkkaya & Gerdan, 2018; Gerber et al., 2010; Tonak & Kitiş, 2020; the UN Global Survey on Disaster Preparedness United Nations Office for Disaster Risk Reduction, 2013). Similarly, the voices and perspectives of people with disabilities are often excluded from decision-making processes, and their needs and rights are not consistently recognized (Açıkalın Rashem & Aslangiri, 2019; Aldersey, 2013; Fox et al., 2010; Gvetadze & Pradytia, 2021). Hence, their unique physical and psychological needs are not understood and addressed in crisis and disaster situations, which render them vulnerable as well.

Although people with disabilities face unique challenges, in fact, both people with and without disabilities have similar needs during crisis/disaster situations. Research focused on the long-term recovery of people with disabilities, involving the analysis of reports provided by disaster case workers (Stough et al., 2010), reveals that individuals with disabilities share the same recovery needs post-disaster as those without disabilities in terms of housing, medical services, and transportation. However, they require additional assistance to access these services, which can result in a more complex and prolonged recovery when these needs are not met. Consequently, the experience is subjective and specific to each individual, underscoring the need for personalized strategies that address the unique concerns of each person with a disability (Quaill et al., 2019). On the other hand, it is essential to recognize that individuals with disabilities possess comparable knowledge, skills, and resources to other crisis-prone groups, enabling them to develop effective coping mechanisms (Stough et al, 2017; Kharade et al., 2017). In fact, they may even exhibit

greater psychological resilience than people without disabilities due to their daily experience in overcoming obstacles and navigating challenging physical environments (Lord et al., 2016).

In conclusion, it is widely recognized that individuals with disabilities often bear a unique and more severe burden during crisis/disaster situations, as evidenced by various studies (Kent & Ellis, 2015; Morris et al., 2014; Powell & Gilbert, 2006; Stough & Kang, 2015; Twigg et al., 2018). However, it is equally important to note their remarkable resilience, as indicated by other studies (Kharade et al., 2017; Lord et al., 2016; Stough et al., 2017; Stough et al., 2010). Despite this body of knowledge, our understanding remains limited, and studies directly based on the firsthand experiences of people with disabilities are relatively scarce. There is a shortage of research that delves into the experiences of people with disabilities who have navigated through crises and disasters (Phibbs et al., 2014; Stough & Kelman, 2018). Additionally, even with the recent upsurge in research exploring the experiences of individuals with disabilities during crises and disasters, as exemplified by studies conducted by Açıkalın Rashem and Aslangiri (2019), Yılmaz, Balun, and Erbay (2019), Demiröz-Yıldırım (2022), and Turk (2022), there is a notable lack of comprehensive research within Türkiye that takes a psychological perspective on the full spectrum of crises/disasters experienced by people with disabilities. Recognizing the challenges faced by these groups and understanding their needs and coping mechanisms is not only beneficial in the pre-crisis and crisis phases but also vital for providing effective psychosocial support in the aftermath of a crisis and a disaster. In this context, this study focuses on examining the experiences of people with physical and visual disabilities in Türkiye in various crisis and disaster scenarios, including earthquakes, traffic accidents, explosions, and more.

1.2. Purpose of the Study

As previously discussed, individuals with disabilities experience crises and disasters uniquely due to their disability that can cause them to encounter different or more severe challenges both during and after crises/disasters like accessing evacuation routes, comprehending imminent danger due to communication barriers or limited

mobility, disruptions to their daily routines, the loss of support networks, heightened social isolation, and instances of discrimination. Up until now, the primary understanding of the crisis/disaster experiences of people with disabilities has largely originated from the field of disaster management literature. However, when offering post-crisis psychological first aid and support to these individuals, it becomes crucial to have a nuanced understanding of their experiential dynamics. It is vital to grasp how these individuals navigate and interpret such events and closely examine aspects where their vulnerability or strength may become apparent. The limited research on these dynamics poses challenges in providing specific psychological support for people with disabilities in the aftermath of crises and disasters. Therefore, this study aims to investigate how people with disabilities experience crises and disasters. In this context, the goal is to identify the challenges that can make them vulnerable and to highlight their needs that can mitigate vulnerabilities. Additionally, the study aims to examine the coping mechanisms that support their strength. Furthermore, it seeks to explore how their disabilities impact these experiences. In particular, this study aims to understand how their disabilities hinder and/or facilitate their coping. Lastly, the study provides emergency plan recommendations crafted by individuals with disabilities themselves. To provide effective psychological support, foster strength, and aid in recovery, it is crucial to gain insight about their first hand experiences from their own perspectives. This thesis underscores the significance of delving into their distinct experiences to enhance psychosocial support and mitigate stress during crisis and disaster situations for people with disabilities. Hence, the primary aim of this current investigation is to examine the crisis/disaster experiences of people with visual and physical disabilities. Additionally, the study places a strong emphasis on understanding the experiences of people with disabilities prior to these crises/disasters, rather than those who become a person with disabilities as a result of a crisis/disaster.

1.3. Research Questions

For the current research, qualitative analysis has been chosen as the research methodology to gain a deeper understanding of the experiences of people with disabilities in crisis/disaster situations. To gain insights into how to enhance the

psychosocial resilience of individuals with disabilities before crises and disasters and to understand what can be done to facilitate their swift recovery post-crisis, it is necessary to conduct an in-depth exploration of the phenomenology of the crisis/disaster experiences of people with disabilities. For instance, comprehending this phenomenon is crucial for more effective psychological support, not only during the immediate aftermath of a crisis/disaster when psychological first aid is administered but also in the medium and long term when providing ongoing psychological assistance. Understanding this phenomenon is particularly important for optimizing psychological support strategies tailored to the unique needs of individuals with disabilities. In line with the objectives outlined in the preceding section, the present study addresses the following research questions:

1) What is it like to experience a disaster or crisis as a person with disabilities?
2) What is the vulnerability faced by people with disabilities in crisis or disaster situations, and what challenges contribute to this vulnerability?
3) What is the lived experience of people with disabilities in terms of their specific needs before, during, and after a crisis or disaster?
4) What is the lived experience of people with disabilities, highlighting their specific strengths that contribute to resilience in the face of crises or disasters?
5) How do people with disabilities experience and utilize coping mechanisms in the face of crises and disasters?

1.4. Significance of the Study

Investigating crisis and disaster experiences of people with disabilities is necessary and crucial in many respects. Firstly, the United Nations Convention on the Rights of Persons with Disabilities (CRPD, 2006) has significantly influenced the global understanding of the rights of people with disabilities. Türkiye, by signing the United Nations Convention on the Rights of Persons with Disabilities on March 30, 2007, aims to promote the full and equal enjoyment of all human rights and fundamental freedoms for individuals with disabilities (Milletler, 2009). It emphasizes the

importance of providing assistance to individuals with disabilities during crises/disasters such as nature-induced disasters, wars, and conflicts. However, in crisis and disaster situations, people with disabilities are at greater risk compared to the general population because the unique needs of people with disabilities are not fully understood and accommodated. This deficiency results in a lack of disaster preparedness for people with disabilities, despite the fact that policies, standards, and guidelines increasingly address the rights and requirements of people with disabilities during crises and disasters (Açıkalın Rashem & Aslangiri, 2019; Bennett, 2020; Fox et al., 2010; Gvetadze & Pradytia, 2021; Phibbs et al., 2015; Quaill et al., 2019; Twigg, 2014; Twigg et al., 2018).

Disaster preparedness also encompasses psychological preparedness, which refers to an individual's internal state of awareness, anticipation, and readiness. It enables them to effectively anticipate and manage their psychological response during a crisis/disaster situation, distinct from household or physical preparedness (Roudini et al., 2017). By fostering clear and rational thinking, psychological preparedness can help individuals mitigate the risk of severe harm and loss of life in the face of disasters, in addition to supporting resilience (Malkina-Pykh & Pykh, 2013). However, there is a notable scarcity of information available regarding disaster mental health preparedness specifically tailored for vulnerable groups, including individuals with disabilities (Craig et al., 2019; Grant, 2018; Pickering et al., 2017; Roudini et al., 2017; Stough & Kelman, 2018).

Nevertheless, according to the Age and Disability Consortium (2018), it is recommended that mental health and psychosocial support services offered in response to crises/disasters, including both community-level and specialized services, should be inclusive and accessible to everyone, including those with disabilities. To achieve crisis/disaster mental health preparedness specifically tailored for individuals with disabilities, it is necessary to investigate how they experience crisis/disaster situations, which is the primary goal of the present thesis. Conducting such a study is considered to contribute significantly to the well-being of people with disabilities and benefit both disaster managers and mental health professionals by exploring their unique needs in pre-disaster and crisis situations.

Moreover, it has been observed that people with disabilities are affected differently and more severely by these crisis/disaster situations (Kent & Ellis, 2015; Morris et al., 2014; Powell & Gilbert, 2006; Stough & Kang, 2015; Twigg et al., 2018). For example, in addition to challenges stated earlier, people with disabilities who once lived independently but lost support technologies or accessible living spaces may have become dependent as a result of crises and disasters. The majority of the acquired information is from the disaster management literature and not directly obtained from individuals with disabilities themselves. Identifying the challenges faced by these groups and understanding their needs and coping mechanisms from a psychological standpoint are considered to have a positive impact not only during the pre-crisis/disaster and crisis/disaster stages but also in delivering effective psychosocial support in the aftermath of a crisis/disaster. In this context, this study is focused on examining the experiences of individuals with physical and visual disabilities in various crisis/disaster scenarios, such as earthquakes, traffic accidents, explosions, and so forth.

Another contribution of the present study is the use of first-hand reports from people with disabilities as the primary source of data. There are very few studies that utilize first-hand reports from people with disabilities (Stough et al., 2016). In addition, during times of crisis/disaster, such as nature-induced disasters, pandemics, accidents, there is a tendency to rely on numerical data that has been quickly collected and analyzed (Una et al., 2020). The inclusion of qualitative data in this study offers an important contribution to the topic at hand. The utilization of qualitative research, as has been the case during crises/disasters, can be critical in improving our comprehension of people's viewpoints and experiences (Atieno, 2009). Qualitative data can be particularly beneficial in enriching our understanding of the experiences of people with disabilities in crisis/disaster situations.

Furthermore, as measured in 2011, in Türkiye, the percentage of individuals aged 3 and above who have at least one disability is 6.9%, equating to 4,876,000 people, as reported in the Disability and Elderly Statistics Bulletin of the Ministry of Family and Social Policies of the Republic of Türkiye (January, 2023). This represents a substantial number, underscoring the significance of investigating their challenges

and requirements to provide enhanced psychosocial support and mitigate harm during crisis/disaster situations. Türkiye is a country with significant experience in crises and disasters. Recently, on February 6, 2023, a major earthquake occurred, centered in Kahramanmaraş, affecting 11 provinces. This earthquake has highlighted the importance of providing psychosocial support to people with disabilities.

However, there is a scarcity of research addressing the experiences of people with disabilities who have endured a crisis and a disaster (Phibbs et al., 2014), and the amount of research focused on those with sensory impairments is even more limited (Stough & Kelman, 2018). Besides, despite the recent increase in studies regarding the experiences of individuals with disabilities during disasters and emergencies, such as those conducted by Açıkalın Rashem and Aslangiri (2019), Yılmaz, Balun, and Erbay (2019), Demiröz-Yıldırım (2022), and Turk (2022), there has been little to no research in Türkiye that comprehensively examines all types of crises/disasters from a psychological perspective within the field of crisis/disaster experiences of people with disabilities. This thesis aims to offer insights into the experiences of individuals with physical and visual disabilities in the context of disasters and crises. In this way, this thesis can contribute to the development of effective psychosocial support throughout all phases of disasters and crises.

Finally, the significance of this study is underscored by its pertinence to culture-sensitive findings. Given that the phenomenon can be significantly influenced by culture, it is imperative for the existing literature to be examined within the specific context of Turkish culture, as highlighted by Erdur-Baker (2007). Furthermore, the conceptualization of trauma and resilience may exhibit variations across diverse cultures (Tummala-Narra, 2007). In this thesis, the insights and perspectives of individuals who were born, raised, and experienced disability in Türkiye, particularly during events within the Turkish context, are being scrutinized. Therefore, the psychological and mental health issues related to the crisis/disaster experiences of individuals with disabilities within the framework of Turkish culture could be effectively addressed by Turkish practitioners, policymakers, and scholars, as illuminated by the findings of this study.

1.5. Definitions of Terms

Crisis: A crisis situation is characterized by the presence of an initiating incident or situation, which leads to an individual experiencing personal stress. Traditional coping strategies may sometimes prove insufficient, resulting in the emergence of emotional and behavioral difficulties (Kanel, 2019).

Disability: Disability is defined as an individual who is affected by the attitudes and environmental conditions that limit their full and effective participation in society, on an equal basis with others, due to various levels of loss in their physical, mental, psychological, and sensory abilities, according to Article 3/c of the Law on people with disabilities No. 5378 (2005)

Disaster: Disasters can be defined as unexpected and overwhelming events or situations that encompass a wide range of occurrences, including nature-induced events like hurricanes or earthquakes, as well as human-caused incidents such as mass shootings or terrorist attacks. These events often lead to strong emotional reactions in individuals who experience them (APA, 2023).

Resilience: Resilience refers to the ability to effectively cope with and overcome challenging life situations, primarily by demonstrating flexibility in one's thoughts, emotions, and actions, while also adjusting to both external and internal pressures (APA, 2023).

Trauma: Trauma refers to an emotional reaction to a distressing incident such as a natural disaster, rape or accident, which is typically characterized by initial feelings of shock and disbelief, followed by prolonged periods of unpredictable emotions, flashbacks, difficulties in relationships, and even physical symptoms like headaches and nausea (APA, 2023).

Vulnerability: "Vulnerability is the degree to which a population, individual or organization is unable to anticipate, cope with, resist and recover from the impacts of disasters." (WHO, 2002).

Overall, the primary goal of this study is to provide a better understanding of how individuals with disabilities experience crises. This knowledge is significant because people with disabilities have historically been more vulnerable to crisis-related trauma and stress. Furthermore, the conclusion of this thesis will include a discussion of the findings related to the Turkish context and the potential implications for mental health professionals, policymakers, and future researchers.

CHAPTER 2

LITERATURE REVIEW

The terms crises, disasters, and emergencies are frequently used interchangeably due to their shared characteristics, such as inherent danger, disruptiveness, and unpredictability (Al-Dahash et al., 2016; Bennett, 2020). However, subtle distinctions exist between these concepts. A crisis encompasses a variety of intricate situations arising when individuals, groups, or organizations find themselves unable to follow their customary procedures due to sudden disruptions (Alexander, 2005; Demirli-Yıldız et al., 2016; Qureshi & Gebbie, 2002). It is important to note that not all crises escalate to the level of disasters, which are considered a specific type of crisis (Halpern & Tramontin, 2007). Disasters have a broader impact on the community, while crises often necessitate local resource intervention and have a more significant effect on individuals or small groups (Qureshi & Gebbie, 2002).

The interchangeable use of the terms "disasters" and "crises" can be attributed to their commonalities in terms of sudden disruptions, potential ineffectiveness of customary procedures, and the emergence of emotional and behavioral issues. While crises encompass a range of complex situations, disasters specifically represent crises that have reached a broader and more severe scale. This interchangeability underscores the challenge in precisely categorizing incidents and highlights the dynamic nature of situations that can unfold unpredictably, affecting individuals, groups, or entire communities.

Incidents categorized as crises, including fires, explosions, chemical leaks, epidemics, nature-induced disasters, accidents, and so forth, impact all individuals residing within these shared areas (Desai, 2008; Kim et al., 2008). Crises can be challenging due to their potential to devastating consequences. They can result in the

loss of lives and property, disruptions in individual and family functioning, interruptions in education and health services, relocation to unfamiliar neighborhoods or schools, as well as the painful separation from loved ones (Erdur-Baker, 2014; Fox et al., 2007; Gewirtz et al., *2008)*. All these challenging experiences stemming from the crisis is a risk factor that has a negative impact on psychological well-being. This is supported by multiple studies (e.g. Aker et al., 2012; Bhugra & Van Ommeren, 2006; Duncan et al., 2013; Esterwood & Saeed, 2020; Harada et al., 2015; Makwana, 2019; Masten & Obradovic, 2008). These risks include increased rates of conditions such as Post-traumatic Stress Disorder (PTSD), depression, anxiety, and greater usage of psychotropic medications among affected populations (Duncan et al., 2013; Esterwood & Saeed, 2020; Harada et al., 2015; McCabe et al., 2014).

Crises/Disasters not only place stress on individuals facing personal losses but also impact the entire community *(*Khankeh et al., 2011). Even, the consequences have the potential to cause physical, mental, emotional, and spiritual disabilities that can last for multiple generations and affect individuals, families, groups, and even entire nations (Newton, 2007). Indeed, crises/disasters affect mainly both those directly experiencing them and three other distinct groups. (American Psychiatric Association, 2013, Young et al., 1998). These are *indirectly affected individuals* (who may not have directly experienced the crisis themselves but have close family members or loved ones who have are impacted by learning about the crisis events affecting their relatives), *response personnel* (who become exposed to crises/disasters as a part of their professional duties such as paramedics, police officers, military personnel, and other first responders), and *witnesses and bystanders* (who do not belong to the first three groups but still witness the crisis/disaster in some way, often through media or social media coverage).

In the context of abnormal situations such as crises/disasters, individuals often experience common responses, including survivor's guilt, a fear of losing control over their overwhelming emotions, concerns about developing mental health issues, resorting to substance use, and sometimes even harboring thoughts of death or suicide (Math et al., 2015). However, it is important to note that, although most individuals affected by crises/disasters do not develop psychiatric disorders, nearly

everyone who experiences severe trauma during a crisis/disaster will undergo distress, even if only for a short period (North & Pfefferbaum, 2013). In other words, the majority of individuals affected by crises/disasters exhibit resilience and are likely to completely recover from their traumatic experiences (Norris et al., 2002).

The impact of crises and disasters is not uniform and varies among individuals (Kuran et al., 2020). Acknowledging diverse factors, particularly the characteristics of the affected population is crucial (Harada et al., 2015). Crises/Disasters impact the entire community and have the potential to make everyone vulnerable (Kent & Ellis, 2015). Yet, certain groups facing crises/disasters may be at a higher risk in terms of their ability to resist, cope with, and recover from them (Morris et al., 2014; Tierney, 2014). Among those potentially vulnerable groups in terms of psychological well-being during a crisis/disaster are children and adolescents (Kilic & Ulusoy, 2003; La Greca & Silverman, 2009; Lazarus et al., 2002; McFarlane & Van Hooff, 2009; Strauss et al., 2011), elderly people (Çakır & Aydoğmuş-Atalay, 2020; Howard et al., 2017; Klinenberg, 2002; Larson, 2006; Okay & İnal, 2019), women (Dekel, 2010; Demirci & Avcu, 2021; First et al., 2017; Neumayer & Plumper, 2007; Schumacher et al., 2010; Warria, 2016), and people with disabilities (Fox et al., 2010; Good et al., 2016; Klein et al., 2007; Zhou et al., 2015), among others. These individuals may not have the capacity to take critical actions to mitigate unforeseen crisis/disaster situations, rendering them vulnerable (Açıkalın Rashem & Aslangiri, 2019). In times of crisis and disaster, these specific groups often require additional assistance, necessitating the implementation of supplementary measures such as increased resources and capabilities as part of the emergency response phase of disaster management (Marin-Ferrer et al., 2017). Moreover, they may be unable to independently access the resources essential for their safety and well-being, leaving them susceptible to behavioral, physiological, and emotional problems following traumatic events like crises and disasters (Abramson et al., 2010; Peek, 2008).

2.1. People with Disabilities as a Vulnerable Group

"Vulnerability is defined as the extent to which a population, an individual, or an organization is unable to anticipate, cope with, resist, and recover from the impacts of crises/disasters" (WHO, 2002). According to UNISDR (2009), vulnerability

pertains to the characteristics and conditions of a community, system, or asset that make it susceptible to the adverse effects of a crisis/disaster. Historically, research on social vulnerability has primarily focused on identifying and pinpointing specific populations at heightened risk, such as children, the elderly, homeless individuals, and those with acute or chronic illnesses (Zhou et al., 2014). However, more recent scholarship suggests that vulnerability should be viewed as a dynamic attribute, influenced by the interplay of personal, social-structural, and situational factors that can change over time (Tierney, 2019). In other words, vulnerability is not solely determined by a single characteristic, such as age or membership in a particular demographic group like the elderly or children. Instead, it emerges from a complex interplay of various factors, including but not limited to social status, ethnicity, gender, and age (Tierney, 2019).

> […] people are not born vulnerable, they are made vulnerable. […] different axes of inequality combine and interact to for systems of oppression – systems that relate directly to differential levels of social vulnerability, both in normal times and in the context of disaster. Intersectionality calls attention to the need to avoid statements like "women are vulnerable" in favour of a more nuanced view […] (Tierney, 2019 127–128).

Vulnerability results from social inequalities (Açıkalın, 2017) and emerges from a joint effect of factors like health, literacy skills, active participation in social and daily life and sources of income (Okay & İlkkaracan, 2018). Even within the wealthiest countries, the encounter with crises/disasters can differ based on various factors that are often associated with inequality (First et al., 2017). This can pertain to uneven access to resources and opportunities, as well as varying levels of exposure to risks (Reid, 2013). To give an example of unequal access to resources, individuals with lower economic status are less likely to access crisis/disaster information from media due to their limited resources, and tend to rely more on information that is relevant to their immediate social circles, such as family and school (Spink & Cole, 2001). Moreover, vulnerable groups may experience recovery from a crisis/disaster more difficult, complex, and lengthy due to pre-existing circumstances (Stough et al., 2010). Disasters increase pre-disaster inequalities and make underprivileged and disempowered groups more vulnerable (Yoshihama & Yunomae, 2018). Similarly, Reid (2013) points out that the crisis/disaster experience is shaped by race, class, and

gender, leading to marginalized groups being at the greatest risk of suffering the detrimental effects of a crisis/disaster and encountering significant difficulties during the recovery process. For instance, disadvantaged communities with lower socioeconomic status, higher percentages of African American residents are particularly susceptible to the intensified impact of crises/disasters, as seen in the aftermath of Hurricane Katrina (Pyles, 2011).

In crisis and disaster situations, it is widely acknowledged through numerous studies that people with disabilities are one of the vulnerable groups and they face heightened vulnerabilities concerning survival, their ability to cope with the event, and their subsequent recovery (Battle, 2015; Kent & Ellis, 2015; Morris et al., 2014; Powell & Gilbert, 2006; Stough & Kang, 2015; Stough et al., 2010; Twigg et al., 2018). The vulnerability of people with disabilities stems from various pre-existing factors, and crises/disasters exacerbate these aspects negatively. Physical, psychosocial, and cognitive disabilities increase the risk of poverty, unemployment, social exclusion, inadequate housing, limited access to essential services, residing in unsafe areas (Twigg et al., 2018). Firstly, living with a disability presents inherent challenges and often leads to significant stress (Stough et al., 2016). People with disabilities face a stressful way of life due to various factors, including low socio-economic status, limited educational opportunities, difficulties in social participation (Alexander et al., 2012; Bombardier et al., 2010; OECD, 2010), as well as daily challenges like limited community mobility, public transportation issues, healthcare access constraints, and communication difficulties (Buchanan, 2020). Besides, access to education becomes a significant challenge, limiting their employment prospects and placing them in an economically disadvantaged position (Alexander et al., 2012). Moreover, these individuals frequently encounter obstacles when seeking information, employment opportunities, and often face societal labeling and stigmatization, resulting in their isolation and marginalization (Stough Kelman, 2018). Additionally, the psycho-social environment for people with disabilities presents substantial barriers, including negative psychosocial beliefs that adversely affect the mental well-being of those with disabilities, leading them to feel less deserving of respect than others, ultimately impacting their quality of life (Tavakoli & Makhtoom Nejad, 2022). They may find themselves confined to their homes as a

result of all challenges (Burcu, 2013). These challenges persist, and they continue to experience higher levels of loneliness and social isolation compared to people without disabilities (Brunes et al., 2019; Macdonald et al., 2018)

Crises/disasters exacerbate these existing inequalities, making people with disabilities, who are already one of the most marginalized groups, even more vulnerable (Reid, 2013; Yoshihama & Yunomae, 2018; WHO, 2011). In other words, crises/disasters can worsen existing societal inequalities, especially at the intersections of disability, leading to a disproportionate risk for people with disabilities. Factors like social disadvantages, poverty, and structural marginalization further contribute to their heightened vulnerability (Fordham et al., 2011; Hemingway & Priestley, 2006; Kent & Ellis, 2015; Morris et al., 2014). In line with this, the factors encompassing a disadvantaged socioeconomic background, limited educational attainment, a lack of social support following a traumatic event, and the prolonged stress stemming from such experiences collectively contribute negatively to psychological resilience during crises (Brewin et al., 2000). It can be reasonably inferred that people with disabilities may be particularly vulnerable to encountering these risks, which have the potential to adversely impact their psychological well-being (Buchanan, 2020).

Another important point to mention is that individuals who report higher levels of psychological distress before a crisis/disaster are more likely to experience greater exposure to traumatic stressors associated with the crisis/disaster (Green et al., 2012). This means that individuals who already experience significant distress prior to a crisis are at a heightened risk of experiencing traumatic stress during the crisis/disaster and its immediate aftermath. As mentioned earlier, disability encompasses various sources of stress (IASC, 2008; Stough et al., 2016), and when the existing stressors of people with disabilities combine with crisis-induced stress, it indicates that they may have the potential to be psychologically more adversely affected by crisis/disaster situations than others.

Lastly, it is important to note that people with disabilities are not homogeneous, and various factors contribute to their vulnerability. Individuals can belong to multiple at-risk groups during a crisis/disaster, a concept known as intersectionality (Bennett,

2020; Jackson et al., 2016). This means that they may be both a person with a disability and a member of other vulnerable categories, such as being a child, an older adult, belonging to a marginalized ethnic group, or having a specific gender identity. These intersecting identities can amplify marginalization, discrimination, or challenges during times of crises (Bennett, 2020). In this regard, children are at risk during crisis/disaster situations, but children with disabilities are at even greater risk (Peek & Stough, 2010) and they are frequently overlooked in initiatives aimed at reducing crisis/disaster risks (Ronoh et al., 2015; Stough et al., 2017). To exemplify, the transfer of student-evacuees with disabilities to other school systems poses challenges as some students lack proper documentation regarding their disability or Individualized Education Programs (IEPs), resulting in denial of necessary educational services by certain schools (Powell & Gilbert, 2006). In addition, 71% of the known deaths (totaling 1,330) resulting from the hurricane involved individuals aged 60 and above suggests that disability, which is often associated with old age, may have played a role in the disproportionately high number of elderly fatalities during Hurricane Katrina (White et al., 2007).

As suggested, categorizing individual human beings into a single group is challenging, and vulnerability is not fixed (Jackson et al., 2016). People may have multiple disabilities or belong to additional groups that face increased risk during crises/disasters (Peek & Stough, 2010); White et al., 2007). This intersectionality among multiple disability groups can lead to heightened vulnerability, overlapping vulnerabilities, and increased marginalization (Banks, 2018); Consequently, inequality and vulnerability among people with disabilities is not uniform due to various individual, social, economic and cultural factors, and achieving disability inclusion requires addressing the discrimination and marginalization they face during crises and in other contexts (Twigg et al., 2018).

In conclusion, crises and disasters exacerbate the inequities that exist before the crisis/disaster, intensifying the vulnerability of those with disabilities as marginalized and disempowered groups. In addition to challenges before crises and disasters, there exist challenges faced by people with disabilities during and after crises/disasters. People with disabilities encounter unique difficulties that render them vulnerable in

the context of crises/disasters. These difficulties can arise from both their disabilities, and people with disabilities uniquely experience challenges that are demanding for everyone.

> "Just as disability is not the inevitable consequence of physical or cognitive impairment, disaster is not the inevitable consequence of natural hazard." (Priestley & Hemingway, 2008).

2.2. Challenges of People with Disabilities in Crises and Disasters

People with disabilities experience crises and disasters uniquely due to their disability that can cause them to encounter different or more severe challenges both during and after crises/disasters. To begin with, they have \difficulties in accessing evacuation routes, comprehending imminent danger, and limitations in communicating their needs or responding to rescue efforts during crises/disasters (Battle, 2015; Powell & Gilbert, 2006). As a result, they may be left behind or overlooked during crises/disasters like emergencies and conflicts (Battle, 2015; Powell & Gilbert, 2006). Specifically, evacuation can be harder for them for many reasons. They can leave the environment for a longer time in emergency situations (Peacock et al., 2017) since their movement speed is slower (Jiang et al., 2012). Congruently, after Hurricane Katrina devastated the U.S. Gulf Coast, National Council on Disability (NCD, 2006) reports that individuals who had motor disabilities are not able to reach higher areas, rooftops or access rescue boats or other forms of transportation to evacuate during the emergency (Powell & Gilbert, 2006). Another example, people with disabilities who live in high-rise buildings faced particular challenges during the emergency as they were unable to evacuate or obtain essential supplies due to the power loss in elevators after Hurricane Sandy (Battle, 2015). Due to limited accessible transportation options and concerns about inadequate accommodations in evacuation shelters, people with physical disabilities have a reduced probability of evacuating their homes and tend to delay the evacuation process (Takahashi & Kitamura, 2016). As a result, insufficient evacuation planning can lead to the abandonment of people with disabilities during evacuations, causing significant emotional distress (Fox et al., 2010) and life-threatening distress can create a reduced sense of personal safety (Good et al., 2016).

Lack of Sensitivity in Crisis/Disaster Communication

Another concern that poses a challenge during crises and disasters for people with disabilities can be communication barriers. It is vital to have effective crisis/disaster communication to convey crucial information and warnings, which can help alleviate the impact of crises/disasters and aid response efforts (International Federation of Red Cross and Red Crescent Societies, 2019; Ludwig & Mattedi, 2018). Vulnerability in communication-related stress can be due to various factors: individual challenges like impairments and limited resources, social-structural issues tied to inequality and inadequate communication infrastructure, and situational complications arising from specific contexts like exposure to false or misleading information, and lack of experience with particular crisis/disaster (Hansson et all, 2020). To deal with communication barriers, it is crucial to ensure that crisis/disaster risk communication is accessible, taking into account the diverse needs of individuals with disabilities (Bennett, 2020). Consistently, early warning systems must adhere to accessibility standards and universal design to effectively alert all individuals, including those with disabilities, about potential dangers (Twigg et al., 2018). Nevertheless, people with disabilities encounter barriers to accessing crisis-related information and communication (Kobayashi, 2014). This issue is exacerbated by insufficient funding for disability-specific programs and integration of disability considerations into broader initiatives, as noted by Keet and colleagues (2018), which can lead crisis/disaster institutions to overlook disability-related concerns.

Crisis/disaster information systems should be accessible for each type of disability because inclusive access ensures equal participation and safety for all individuals during crises. However, crisis/disaster information systems typically neglect the needs of people with visual disabilities, placing them at a disadvantage in preparing for and responding to crises/disasters (Kobayashi, 2014; Stough and Kang, 2015). For instance, people with visual disabilities, in particular, face vulnerability in crisis/disaster situations due to their inability to perceive visual cues, unfamiliar surroundings, or flashing lights. They may miss critical visual information presented in inaccessible formats like Braille or audio. Moreover, individuals with visual, hearing, cognitive, or physical disabilities, as well as those requiring constant medical attention, may need assistance in responding to warning messages (Ringel,

2011). Similarly, people with hearing disabilities struggled to receive evacuation messages during Hurricane Katrina, as these messages were not accessible through television, teletypewriter (TTY), or loudspeakers (Powell & Gilbert, 2006). However, it is crucial that crisis-related communication is made available and accessible to people with disabilities, or else those who are unable to use them will be subjected to even greater marginalization (Raja, 2016).

Uninformed Relief Personnel

In times of crisis and disaster, uninformed relief personnel can pose an additional challenge (Rooney & White, 2007; White et al., 2007). It is imperative to underscore their critical role during emergencies. Social work professionals, as emphasized by Pyles (2011), are required to collaborate closely with communities to enhance the resilience of vulnerable members of society in crisis/disaster response efforts. Ethically bound by their professional code, social workers, as pointed out by Bennett (2020), are obligated to prioritize vulnerable populations, taking into consideration their unique experiences and perspectives. Specialized registries designed to monitor the needs and locations of people with disabilities can play a vital role in directing aid to those in need, exemplified by their use in relief and recovery efforts following the 2010 floods in Pakistan (Smith et al., 2017).

People with disabilities face a heightened risk of experiencing more severe consequences in crises/disasters. They are often disproportionately affected by crises, experiencing higher rates of mortality, injury, displacement, and property damage compared to people without disabilities (Priestley & Hemingway, 2008; Rohwerder, 2013; Twigg et al., 2018). Fujii (2012) reports that people with physical disabilities have a significantly higher likelihood, ranging from two to four times, of experiencing fatalities or injuries compared to the general population in disaster and crisis situations. If this vulnerable group can survive, survivors with disabilities face challenges during a crisis/disasters and continue to encounter numerous difficulties in its aftermath. Firstly, individuals with pre-existing disabilities face an elevated risk of experiencing adverse health outcomes following crises, thus highlighting their increased vulnerability (Clay et al., 2014). In the aftermath of such events, the

healthcare system can become overwhelmed and struggle to offer adequate support to the substantial number of people with disabilities or those who have recently been injured, as exemplified by the 2010 earthquake in Haiti (Danquah et al., 2015) and the 2001 earthquake in Gujarat (Chatterjee, 2002). To illustrate further, Kett and his colleagues (2005) contend that certain people with mental health issues in Sri Lankan public hospitals after the 2004 tsunami are denied essential healthcare and proper treatment. Additionally, it has been noted that individuals with pre-existing physical or mental health disabilities confront an increased risk of acquiring additional disabilities or health conditions due to the strain on healthcare services during disasters (Reinhardt et al., 2011). Furthermore, in chaotic environments of crisis/disaster, the vital needs of people with disabilities may be overlooked, and they may have lost their support networks such as family or caregivers. Since adults with disabilities require assistance with eating and drinking, they may be more susceptible to micronutrient deficiencies, posing significant threats to their mental and physical well-being, immune system, functional capabilities, with the risk intensifying during emergencies when micronutrient-rich food becomes scarcer (Disability Consortium, 2018).

Increased Discrimination/Exclusion

Another challenge is discrimination in crises/disasters. Many people with disabilities may encounter discrimination even before a crisis, leading to psychological impacts. For instance, Pérez-Garín and colleagues (2018) found that people with disabilities encounter diverse forms of discrimination, leading to various emotional responses. Those with physical disabilities often face being stared at and undervalued at work, resulting in anxiety and depression. Individuals with hearing disabilities experience barriers in leisure activities, leading to feelings of helplessness. Those with visual disabilities report a lack of equal opportunities, along with mockery, bullying, and overprotection, resulting in feelings of anger and self-pity.

Individuals and groups like people with disabilities that experienced neglect, abuse, and harm in society prior to a crisis/disaster are at an increased risk of being subjected to targeted violence and abuse during such a crisis/disaster (Jimenez-

Damary, 2020). A growing body of research highlights that vulnerability to disasters and crises is dynamic and compounded by intersecting forms of discrimination, such as those experienced by individuals with disabilities who also have diverse sexual orientations, gender identities, or sex characteristics (Barbelet & Wake, 2020). Carter (2021) points out that girls with disabilities, in particular, face a heightened risk of gender-based violence and exploitation in times of crises/disasters. Additionally, people with disabilities, especially those with mental health or psychosocial issues, as well as older people, are also more susceptible to violence and abuse. (Carter, 2021). The literature underscores that social inequalities and discrimination pose numerous challenges with widespread consequences. For instance, individuals with pre-existing mental health conditions, like those with psychosocial disabilities, face heightened vulnerability in crises/disasters (Ryan et al., 2019). They may experience increased distress, encounter breakdowns in mental health care infrastructure, be marginalized in humanitarian responses, and face elevated risks of violence and abuse, particularly due to protection issues in emergencies, such as unsafe shelter (Ryan et al., 2019).

Relocation Related Difficulties

Moreover, crisis/disaster situations can necessitate relocation, which can pose additional challenges for people with disabilities. For instance, the study conducted by Battle (2015) concerning this matter explores the difficulties faced by people with disabilities, especially when they undergo relocation due to nature-induced disasters, war, or conflicts. The disruptions resulting from such circumstances impact individuals with disabilities to a greater extent than the general population, leading to potential issues related to accessibility and discrimination. In these scenarios, humanitarian workers may lack adequate awareness of the needs of people with disabilities. In the aftermath of Hurricane Katrina, another example, extensive displacement disrupted the support networks of individuals with disabilities, requiring knowledgeable assistance in organizing essential services in new environments with limited contacts and minimal knowledge of local resources (National Organization on Disability, 2005).

Challenges Related to Social Support

Considering the challenges related to social support, it is essential to note the significant role of families. A study examining the psychosocial impact of Hurricane Katrina on people with disabilities reveals the crucial influence of families on adaptation and well-being and the intricate dynamics between families and individuals with disabilities in the context of post-disaster adjustment (Fox et al., 2010). Families serve as vital sources of social support, being physically close and readily available to provide assistance; however, the absence of family members creates additional hardships for individuals with disabilities (Fox et al., 2010). Conversely, families can also introduce stress and complications, potentially exacerbating the situation for those already facing challenges due to reasons such as a lack of cooperation and support among family members, or uncomfortable and unwelcoming experiences when staying at their family members' homes rather than their own (Fox et al., 2010).

Challenging Recovery Process

Recovery process of a crisis/disaster can be also difficult and complex for those with disabilities. While the recovery process is typically shared among most crisis/disaster survivors, research findings suggest that individuals with disabilities encounter amplified challenges in navigating this process and accessing resources that adequately address their specific needs. (Hemingway & Priestley, 2006; Priestley & Hemingway, 2008; Stough et al., 2010; Weber & Peek, 2012). In terms of the recovery process, Stough and his colleagues (2016) investigates the barriers that individuals with disabilities face in their long-term recovery following a crisis/disaster situation, such as Hurricane Katrina. Their research demonstrates that the process of recovery for these individuals is more intricate and extended in duration (Stough et al., 2016). The barriers for this situation include the absence of tangible resources, the availability of accessible housing and transportation, employment opportunities, financial stability, and challenges in accessing recovery services (Stough et al., 2016). In the same study, participants consistently emphasize their uncertainty about the future, frustration with the prolonged recovery period, and unfavorable comparisons between their current living conditions and those before the

disaster. Their frequent remarks underscore their ongoing struggle with recovery. The participants in this study overwhelmingly confirm that they are still grappling with significant psychological stress two years after Katrina.

In summary, as mentioned above, people with disabilities face numerous challenges in survival and rescue during crises and disaster situations. These challenges include delays in response, difficulty in recognizing danger, communication barriers, limited access to healthcare systems, incorrect practices by relief personnel, difficulties related to relocation, lack of social support, discrimination and exclusion, and a complex and prolonged recovery process. While studies on this matter in Türkiye are limited, one study conducted in Türkiye has indicated that many of these challenges are applicable within the Turkish context as well. The research investigating difficulties of people with physical disabilities in Türkiye in the course of the Covid-19 pandemic reports many challenges they face. They are not being included in the process, insensitivity of local governments, wrong practices of personnel, falling behind in education, inability to access the vaccine, increased mobility limitation, architectural accessibility problems, and lack of backup of mobility tools (Demiröz-Yıldırım, 2022). In the same study, participants also assert that they experience the feeling of sadness and moodiness resulting from these difficulties (Demiröz-Yıldırım, 2022). Other studies conducted in Türkiye regarding people with disabilities in the face of crises and disasters have revealed certain key findings. One study highlighted a deficiency in disaster preparedness, awareness, and knowledge concerning the specific needs of people with disabilities (Açıkalın-Rashem & Aslangiri, 2019). Similarly, another research conducted in Türkiye (Yılmaz et al., 2019) demonstrated that individuals with disabilities need specialized information and training that focuses on enhancing awareness of disaster and emergency situations

2.3. The Impacts of Challenges on Well-Being: Increased Distress Level and Its Effect on Psychological and Physical Well-Being

In the context of a crisis and a disaster, people with disabilities face direct physical impacts as well as significant psychological stress and disorientation, rendering them particularly vulnerable due to various factors such as economic and social effects,

along with the loss of primary support networks like family members and caregivers (Humanity & Inclusion, 2015). The intersection of poverty and disability introduces a critical vulnerability in crisis scenarios, as people experiencing poverty often inhabit inadequate housing and lack timely evacuation transportation, heightening their susceptibility (Phillips & Morrow, 2007). Limited access to essential resources like health and education further compounds the challenges, particularly for individuals with disabilities, creating a significant obstacle to their recovery in times of crisis and disaster (Van Willigen et al., 2002). Recognizing this link is crucial for effective preparedness and recovery efforts, as it both hinders immediate access to resources and support and has lasting repercussions on their ability to withstand and recover from crises/disaster (Priestley & Hemingway, 2008). Moreover, people with disabilities may experience social isolation during a crisis/disaster due to potential disruptions in their support networks (Karanja, 2009; Phibbs et al., 2014). A deficiency in social connections negatively impacts psychological well-being (Santini et al., 2015). Additionally, insufficient social support can exacerbate feelings of isolation and trauma, extending the recovery process after a crisis/disaster event (Good et al., 2016).

While all these challenges may seem to affect physical well-being, each of them actually has an impact on psychological well-being as well. For instance, transportation can be considered as a physical challenge. Yet, limited access to transportation can serve as an obstacle that hinders one's ability to engage in community activities, impacts their quality of life, and affects the mental health of individuals with disabilities; thus, potentially impeding their access to social support (Seekins et al., 2012). In this aspect, it is a challenge that influences psychological well-being. Besides, self-reports from people with disabilities reveal that these challenging situations in crises evoke a range of emotions. These emotions encompass feelings of reduced self-esteem, heightened anxiety, emotional trauma, and diminished personal safety (Good et al., 2016). Emotional challenges can play a role in the overall recovery and adjustment process for people with disabilities following a crisis/disaster. Rooney and White (2007), in their study on disaster preparedness and challenges encountered by people with physical disabilities, report that participants face difficulties returning to their daily routines after crises/disasters

due to various post-disaster emotional traumas, such as fear, grief, nightmares, and generalized stress.

As a result of these challenges like lack of social support, instances of discrimination and so on making them more vulnerable, people with disabilities face a disproportionate risk of experiencing a decline in their mental health during and after many crisis and disaster situations (Stough et al., 2016). Grant (2018) claims that people with disabilities in crisis situations may be more susceptible to developing situational anxiety and post-traumatic stress disorder. Even each disability group can be affected differently (Holm et al., 2022). For instance, researchers have claimed that people with physical disabilities are more likely to experience adverse mental health effects in such situations (Bhugra & Ommeren, 2006; Frankenberg et al., 2008; North, 2003). Consistently, another research indicates that mental health can be significantly affected by physical disability, with a greater level of physical disability being linked to an increased vulnerability to post-traumatic stress disorder (PTSD) (Klein et al., 2007).

Studies reveal that various crisis/disaster scenarios, such as earthquakes, hurricanes, pandemics, and others, can pose significant challenges, rendering individuals with disabilities vulnerable in terms of mental health. The study conducted in China after a devastating 8.0 Richter scale earthquake finds that a significant percentage (27.42%) of people with physical disabilities who experience a major earthquake may exhibit severe symptoms of post-traumatic stress disorder (PTSD) even one year after the earthquake (Zhou et al., 2015). Likewise, in the midst of the COVID-19 pandemic, populations having disabilities have been experiencing increased levels of stress, loneliness, depression, and anxiety as a result of home quarantine, as reported by the World Health Organization in 2020. Another study (Holm et al., 2022) on the impact of the COVID-19 pandemic on the psychosocial well-being of people with disabilities, which was conducted more recently, reveals that, with the exception of those with vision disabilities, all disability groups more frequently experience increased loneliness compared to those without disabilities. Holm and colleagues (2022) propose a potential explanation for the exception observed in individuals with vision disabilities regarding loneliness. Shalaby and colleagues (2021) suggest, based

on their study, that caregivers of individuals with vision disabilities reported an increased frequency of patient care since the onset of the pandemic. This heightened level of care may positively contribute to alleviating loneliness among people with visual disabilities. People with mobility and cognitive disabilities are significantly more likely to report decreased hope for the future due to the pandemic, while all disability groups express greater concerns about being infected (Holm et al., 2022).

To put it briefly, the psychosocial impact of crises/disasters on people with disabilities is currently receiving attention through events such as September 11, Hurricane Katrina, and Super-Storm Sandy, which provide poignant examples of the challenges people with disabilities are facing (Fox et al., 2010; McDermott et al., 2016; National Organization on Disability, 2005; Powell & Gilbert, 2006; Stough & Kelman, 2018; White et al., 2007). Nevertheless, there are very few studies directly examining the psychological effects of crises on individuals with disabilities or investigating whether there is a difference in psychological well-being between individuals with disabilities and those without disabilities in crisis situations, particularly for those with physical disabilities and sensory disabilities (Stough, 2009; Stough & Kelman, 2018). Furthermore, positive portrayals of people with disabilities are scarce in crisis-related literature, which predominantly emphasizes their vulnerability, implying reduced resilience and agency (Stough & Kelman, 2018).

2.4. Strength of People with Disabilities in Crises and Disasters

The concept of resilience, is described as the ability to bounce back from challenging situations (Bonanno, 2004). Psychological resilience involves an individual's ability to navigate and cope with a crisis on a mental or emotional level. It also encompasses the capacity to quickly return to a previous state of well-being. Resilience becomes evident when a person utilizes mental strategies and adaptive behaviors to reinforce their personal strengths, effectively shielding themselves from the potential adverse impacts of stressors (Denckla et al., 2020). Resilience plays a vital role in enhancing physical, social, and emotional well-being, serving as a significant protective factor (Aiena et al., 2015; Uhernik & Husson, 2009). Research has consistently shown that

individuals with higher levels of resilience can sustain a more stable emotional well-being, even when facing substantial stressors such as traumatic injuries (Ehde, 2010) and nature-induced disasters (Pietrzak et al., 2012). In 2012, Amtmann and his colleagues find that people with physical disabilities have a higher prevalence of pain, fatigue, and depression compared to the general population. Resilience can help reduce the negative impact of pain and fatigue on both depression and overall quality of life in persons with long-term physical disabilities (Terrill, 2016). In other words, people who are more resilient may be better able to cope with pain and fatigue, and may therefore be less likely to experience depression and a decrease in their quality of life.

While disability is frequently associated with being vulnerable during crises/disasters, people with disabilities possess comparable knowledge, skills, and resources to other crisis-prone groups in order to develop coping mechanisms (Kharade et al., 2017; Stough et al., 2017). People with disabilities can develop coping mechanisms in crisis situations, contrary to what is traditionally and mostly claimed, just like their counterparts without disabilities. The study investigates how Hurricane Katrina's psychosocial impact on people with disabilities, in terms of successfully coping before, during, and after the storm, is influenced by six main themes: faith, doubt or disbelief, assigning blame to others or oneself, the role of family, adaptability and resilience, and work and professional responsibilities (Fox et al., 2010).

In crisis and disaster situations, people with disabilities can demonstrate significant psychological resilience. The research claims that adults with visual disabilities display remarkable resilience during the Canterbury earthquake sequence in 2010-2011 despite the concerns about communication, isolation, safety, decreased independence, and post-earthquake orientation challenges (Good et al., 2016). Indeed, they may be better equipped to handle crises/disasters psychologically than people without disabilities due to their experience in overcoming obstacles and navigating challenging physical environments in their daily lives (Lord et al., 2016). The study conducted by Barile and his colleagues (2006) compares the experiences of those with disabilities to their peers without disabilities during and after the 1998

ice storm in Canada. They inquire about how participants perceive their psychological and physical coping during the ice storm period in comparison to others. What's intriguing is that both participants with and without disabilities report similar ratings for their experiences during the ice storm. Although those with disabilities face slightly more physical challenges, they report slightly better psychological coping. Additionally, the researchers investigate symptoms of anxiety or depression during the ice storm and find no distinctions between participants with and without disabilities. There are also no variations in self-reported feelings of anxiety and depression before and after the storm. The authors propose that people with disabilities, accustomed to overcoming life's obstacles, may possess psychological resilience when dealing with the impacts of crises/disasters.

In a similar manner, contrary to the literature that categorizes all individuals with disabilities as vulnerable, a qualitative study using interviews to evaluate the factors that currently influence people with disabilities in preparing, taking protective action, and recovering from a tropical cyclone in Australia has demonstrated that this is not the case. (Quaill et al., 2019). Their findings reveal that the experience is subjective and specific to each individual, highlighting the need for personalized strategies that address the unique concerns of each person with a disability (Quaill et al., 2019). In other words, disasters pose considerable hardships for people with physical disabilities and profoundly affect their well-being, yet there exist various factors that contribute to their resilience (Quaill et al., 2019). In the review of the experiences of people with physical disabilities during nature-induced disasters worldwide, Quaill et al., 2019) state that strengthening support networks, involving people with disabilities in disaster planning and response activities, and educating their peers are all positive contributions to enhancing the resilience of people with disabilities.

Social support emerges as another crucial factor in enhancing resilience. Many studies have revealed the relationship between social support and psychological distress, emphasizing the importance of social support in the recovery process (see Bland et al., 1997; Brymer et al., 2006; Kılıç, 2006). Likewise, Sugimoto and his colleagues (2015) find that perceived social support mitigates psychological distress after the Great East Japan Earthquake. In a comparable way, Quaill and his

colleagues (2019) suggest creating disability support groups to enhance resilience. Thereby, these support groups provide a platform where people with disabilities can share their knowledge about cyclones and exchange ideas on managing well-being. This helps to reduce vulnerability and strengthen personal resilience (Quaill et al., 2019). All in all, despite confronting substantial obstacles and susceptibilities, a considerable number of people with disabilities exhibit remarkable strength and adaptability when confronted with adversity, underscoring their capacity to surmount hurdles and uphold a positive state of mental well-being.

2.5. Conclusion and The Need of Inclusive Crisis Preparedness and Psychosocial Support

While crises/disasters may impact individuals from various perspectives, being prepared for crises/disasters is a crucial factor in influencing one's physical and psychological outcomes. Crisis and disaster preparedness plays a crucial role in enhancing coping abilities and reducing the risk of distress during and after crises/disasters (Morrissey & Reser, 2003). Understanding the mental health, vulnerabilities, resources, and capacities of the community prior to a crisis/disaster is crucial in informing the response following the crisis/disaster (Jack & Glied, 2002). Moreover, there is a positive association between crisis/disaster preparedness and mental well-being (Clay et al., 2014). On the contrary, the absence of preparedness significantly raises the likelihood of developing a mental disorder in the aftermath of crises/disasters (Clay et al., 2014). Yet, in crisis and disaster situations, individuals with disabilities are at a greater risk compared to the general population due to a lack of understanding and accommodation of their unique needs, resulting in a lack of crisis/disaster preparedness for this group (Boon et al., 2012; Buluş-Kırıkkaya & Gerdan, 2018; Gerber et al., 2010; Tonak & Kitiş, 2020; the United Nations Office for Disaster Risk Reduction, 2013). Crisis/disaster studies conducted in Türkiye are observed to yield similar results to those found in the literature. For example, the study performed in Türkiye after 2011 Van Earthquake with Non-Governmental Organizations for people with disabilities and their members having disabilities indicates that crisis/disaster preparedness for people with disabilities, crisis/disaster awareness of people with disabilities, and knowledge about what people with

disabilities need is insufficient (Açıkalın-Rashem & Aslangiri, 2019). Similarly, the results of another study in Türkiye (Yılmaz et al., 2019) reveal that individuals with disabilities require specialized information and training that emphasizes awareness regarding disaster and emergency situations. This is despite the increasing focus on the rights and requirements of people with disabilities during disaster and crisis situations in various policies, standards, and guidelines (Açıkalın Rashem & Aslangiri, 2019; Bennett, 2020; Fox et al., 2010; Gvetadze & Pradytia, 2021; Phibbs et al., 2015; Quaill et al., 2019; Twigg, 2014; Twigg et al., 2018).

Considering that people with disabilities are deemed more vulnerable and at risk during crisis and disaster situations, many social policies emphasize the need for preventive measures in this regard. For instance, the UN Convention on the Rights of Persons with Disabilities (as cited by Schulze, 2009), the Sendai Framework for Disaster Risk Reduction (as emphasized by Bennett, 2020; Stough & Kang, 2015), and the Charter on the Inclusion of Persons with Disabilities in Humanitarian Action (as highlighted by Twigg et al., 2018) are common international policies and frameworks regarding this topic. These particularly emphasize the importance of including people with disabilities in disaster risk reduction policies and ensuring their protection and assistance without discrimination. Notably, the Sendai Framework Priority for Action Area Four explicitly targets mental health and well-being, aiming to foster resilience in all individuals through the implementation of inclusive practices. (Murray et al., 2015; Tsutsumi et al., 2015).

Disaster and crisis preparedness also encompasses psychological preparedness, which pertains to an individual's internal state of awareness, anticipation, and readiness, enabling them to effectively anticipate and manage their psychological response during a crisis/disaster situation (Roudini et al., 2017). This concept is distinct from household or physical preparedness (Roudini et al., 2017). Psychological preparedness, by fostering clear and rational thinking, can help individuals mitigate the risk of severe harm and loss of life in the face of crises/disasters (Malkina-Pykh & Pykh, 2013). Consistently, research findings have pointed out that psychological preparedness can be successful in raising both social cohesion and perceived preparedness, which may explain the subsequent decrease in

depression, anxiety, symptoms related to traumatic stress, and functional impairment (James et al., 2020).

All in all, incorporating mental health and psychosocial well-being into crisis/disaster risk reduction efforts can enhance resilience, promote active engagement in preparedness and recovery, and facilitate the restoration of societal functioning for both affected individuals and responders (Devaney, 2016; Gray et al., 2020). Nevertheless, there is a lack of adequate information available regarding crisis and disaster mental health preparedness specifically tailored for vulnerable groups, including people with disabilities (Craig et al., 2019; Grant, 2018; IFRC, 2018; Pickering et al., 2017; Roudini et al., 2017; Stough & Kelman, 2018). However, according to the Age and Disability Consortium (2018), it is recommended that mental health and psychosocial support services offered in response to crises/disasters, including both community-level and specialized services, should be inclusive and accessible to everyone, including those with disabilities in addition to particular emphasis of the Sendai Framework (Murray et al., 2015; Tsutsumi et al., 2015).

To date, prevailing insights into the crisis/disaster experiences of people with disabilities predominantly emanate from the realm of crisis/disaster management literature. Nonetheless, in the provision of post-crisis psychological first aid and support to these individuals, a nuanced comprehension of their experiential dynamics becomes imperative. It is of paramount importance to discern how such individuals navigate and interpret these events, and to scrutinize facets wherein their vulnerability or resilience may manifest. There are studies that demonstrate either the vulnerability or resilience of people with disabilities. However, it is important to note that people with disabilities cannot be solely categorized as either vulnerable or resilient; a person can exhibit characteristics of both simultaneously. The limited research on these dynamics poses challenges in providing specific psychological support for people with disabilities in the aftermath of crises. Therefore, this study aims to investigate how individuals with disabilities experience crises. In this context, the goal is to identify the challenges that can make them vulnerable and to highlight their needs that can mitigate vulnerabilities. Additionally, the study aims to

examine the coping mechanisms that support their resilience. Furthermore, it seeks to explore how their disabilities impact these experiences. Lastly, the study provides emergency plan recommendations crafted by people with disabilities themselves.

CHAPTER 3

METHOD

In the context of creating content that sheds light on how psychological counselors can effectively assist people with disabilities in the aftermath of disaster and crisis situations, this study was conducted to explore the unique experiences of people with disabilities during such events. The primary aim was to identify their unique needs, challenges, coping strategies, and, notably, the facilitating factors that contribute to the strength of this population in the post-disaster period. In this section, the methods employed for obtaining the study findings were presented.

3.1. Research Design

The phenomenological design explores acknowledged phenomena that lack a thorough and detailed understanding (Yıldırım & Şimşek, 2005). It provides a research foundation for studying familiar, yet not fully comprehended, phenomena, relying on individuals or groups experiencing and expressing them (Yıldırım & Şimşek, 2005). In this thesis, a qualitative methodology, specifically the phenomenological approach, was adopted to enhance the understanding of the crisis and disaster experiences of people with visual and physical disabilities. Cresswell (2007) defines phenomenological design as a framework that captures how multiple individuals interpret experiences related to a concept or phenomenon. In the phenomenological approach, an individual's behavior is influenced not solely by external conditions or internal motivations but also by how individuals perceive themselves and their surroundings in their current moments (Yıldırım & Şimşek, 2005). Qualitative research is employed in this approach to understand and examine this phenomenon. In this context, phenomenology focused on individuals expressing their own experiences, including challenges, needs, facilitating factors, and coping mechanisms, providing an opportunity to comprehensively grasp the

experiences of people with disabilities from their perspectives. Phenomenology highlighted how individuals attributed to their experiences, offering crucial insights into their unique ways of navigating challenges and remaining resilient. This emphasis contributed to making the research participant-centered and based on their perspectives. For all these reasons, the selection of the phenomenological approach as a qualitative methodology was grounded in this study.

3.2. Data Collection Procedure

Permission was obtained from the Ethics Committee for Human Research at the Middle East Technical University before data collection began (see Appendix A). The participants were reached using purposive sampling, which was selected due to the specific criteria required by the research question. Participants needed to possess two characteristics: having a disability prior to the event and having encountered a crisis/disaster at least once in their lives.

First, the Life Events Checklist was administered to assess whether the initially reached people with disabilities fell within the scope of the study. Then, participants who meet the research criteria were interviewed. Participants aged 18 and above were exclusively chosen because this study did not consider specific situations related to children and adolescents. Moreover, the concept of intersectionality, which acknowledges the interconnectedness of different social dimensions, such as being a person with a disability and belonging to other vulnerable groups like children or adolescents, was not taken into account. This decision was made as the experiences of individuals with disabilities may vary between adulthood and childhood/adolescence.

A combination of in-person and online semi-structured interviews was utilized, taking into consideration factors such as time limitations, geographical distance, and the preferences of both the researcher and the participant. A total of 15 interviews were conducted, six face-to-face and nine via voice calls on Facebook. The interviews were recorded using a recording device and later transcribed. The transcribed interviews were analyzed using content analysis. Maxqda12 software was utilized for the analysis.

3.2.1. Data Collection Instruments

During the interviews, participants were administered a demographic information form, the Life Events Checklist, and interview questions prepared by the researcher. The demographic information form included age, gender, and information about the type of disability, as well as questions about their social support networks. The Life Events Checklist (see Appendix D for English and see Appendix E for Turkish) was developed by the VA National Center for PTSD to screen for potential traumatic events that a person may experience throughout their life. The purpose of using this questionnaire in this study was to determine whether participants had experienced at least one event that could be classified as a disaster or crisis. In this regard, the questionnaire listed 16 events that fall under the category of disasters and crises, such as fire, earthquake, explosion, and so on.

All the interviews were carried out in the Turkish language, and the original version can be found in Appendix B, while the English translation is available in Appendix C. Every interview started with the verbal consent section, during which most of them were recorded using voice recordings. This initial monologue involved greetings and expressions of gratitude, introducing the study, providing participants with information about research ethics and their rights, and finally asking if they agree to proceed. As previously stated, the initial phase involved administering the life events checklist questionnaire (see Appendix D and E for Turkish). Then, the interview questions, developed by the researcher according to the literature and revised by experts in psychological counseling and special education, were asked to participants who have experienced at least one crisis/disaster event in their lives. People who have experienced multiple events were asked, "Among these events, which one saddened you the most, which one affected you the most?" and they were then asked to answer the following questions considering the event that affected them the most.

The interview questions consist of three main sections. The first section includes questions aimed at obtaining information about the difficulties experienced by individuals with disabilities during the event, their needs at that moment, how they

coped with the situation afterwards, and how it affected them. Questions such as whether it made things easier or more difficult. The second section asked about the experiences they learned from other people with disabilities. The third section focused on measuring their prior knowledge in this field and eliciting their recommendations regarding disaster and emergency planning.

3.2.2. Participants

The sample of the study consisted of individuals who experienced at least one crisis/disaster, such as an earthquake or a traffic accident, defined as a disaster or crisis event within the scope of the study, and who had visual or physical disabilities. Table 3.1 summarizes the events experienced by the participants. Out of the participants, five experienced an earthquake, three experienced the July 15th coup attempt, two experienced an explosion, three experienced a traffic accident, and two experienced physical abuse. Two participants experienced two crises throughout their lives. Participant E experienced both an earthquake (1999 Gölcük Earthquake) and the July 15th coup attempt, while Participant R experienced both physical abuse and a mugging. The study included a total of 15 participants, consisting of five people with physical disabilities, and ten people with visual disabilities. Each participant was named according to the order of contact as Participant A, Participant B, and so on.

When examined in terms of demographic characteristics, the participants consisted of four females and eleven males. The ages of the participants varied from 25 to 53, with a mean of 38.73. Six of them were married, while nine were single. In terms of education level, one participant had a master's degree, five had a bachelor's degree, five had a high school diploma, one completed middle school, and three completed elementary school.

Only one participant was not employed. The majority of participants considered themselves to have a moderate income level. However, participant L indicated a low income level, while participant P stated that he had a high income level. The demographic characteristics of the participants are summarized in the table below.

Table 3.1. Demographic Characteristics of the Participants

Participant	Type of Disability	Crisis Situation	Gender	Age	Education Level	Level of Income	Occupation	Merital Status
A	Visual	July 15 coup attempt	Female	39	Bachelor	Middle	Lawyer	Married
B	Visual	Earthquake	Female	53	Primary School	Middle	Unemployed	Single
C	Visual	Explosion	Male	29	Bachelor	Middle	Teacher	Single
D	Visual	Earthquake	Male	36	Secondary School	Middle	Artist	Married
E	Visual	Earthquake / July 15 coup attempt	Male	32	High School	Middle	Civil Servant	Single
G	Visual	Traffic Accident	Male	50	High School	Middle	Retired Civil Servant	Married
H	Physical	Traffic Accident	Female	39	Bachelor	Middle	Technical Staff	Single
I	Physical	Traffic Accident	Male	37	Primary School	Middle	Worker	Single
J	Physical	July 15 coup attempt	Male	50	Primary School	Middle	Retired	Married
K	Physical	Earthquake	Male	46	Bachelor	Middle	Retired Writer	Single
L	Visual	Physical Abuse	Female	40	High School	Low	Civil Servant	Single
M	Physical	Earthquake	Male	41	Bachelor	Middle	Civil Servant	Married
O	Visual	Earthquake	Male	37	Graduate School	Middle	Civil Servant	Married
P	Visual	Explosion	Male	25	High School	High	Civil Servant	Single
R	Visual	Physical Abuse – Mugging	Male	27	High School	Middle	Civil Servant	Single

3.2.2.1. Participant Profiles

Due to concerns regarding participant anonymity, not all details from the interview were disclosed, as revealing additional information could compromise their identities. Hence, to uphold confidentiality, the researcher has opted to share limited information about the participants below. It is important to note that the names used in this context are pseudonyms assigned by the researcher.

Participant A

Participant A has visual disabilities. She is 39 years old. She is married and the mother of a daughter. She has a bachelor's degree. She has a moderate income level. She receives great social support from her parents, spouse, and close friends. They play a supportive and understanding role in her daily life and career. However, she is

unable to receive social support from her neighbors and relatives. Furthermore, she is a person who directly experienced the July 15th coup attempt. She was present at the location where the incident took place and witnessed the sounds of airplanes and conflicts.

Participant B

Participant B has visual disabilities. She is 53 years old. She lives alone and has completed primary school education. She is single. Currently, she is not employed. She has a moderate income level. She receives social support from friends and neighbors. She has experienced a natural disaster in the past, specifically an earthquake. In a traffic accident, she lost her entire family and has continued her life with three sisters.

Participant C

Participant C has visual disabilities. He is a 29-year-old single man. He lives with his parents and he is pursuing a master's degree. He also works as a teacher. He has a moderate income level. He has had a 90% visual disability since birth and completely lost his remaining vision at the age of 18. He receives social support from everyone in his life. He has experienced a bomb attack.

Participant D

Participant D has visual disabilities. He is a married man, 36 years old. He lives with his spouse and two children, a girl and a boy. He completed middle school but dropped out of high school. He has a moderate income level. He is blind in his left eye and can only perceive light with his right eye. He receives social support from everyone around him, but he especially mentioned receiving support from his friends. He has experienced earthquake.

Participant E

Participant E has visual disabilities. He is a 32-year-old man. He is single and lives alone. He is a high school graduate. He has a moderate income level. He receives

social support from his friends. He has experienced both the earthquake and the July 15th coup attempt incidents.

Participant G

Participant G has visual disabilities. He is 50 years old and a retired person. He is married and has a high school education. He has a moderate income level. He has experienced a traffic accident. He primarily relies on his spouse for social support.

Participant H

Participant H has physical disabilities. She is 39 years old. She is single and lives alone. She has one caregiver. She has a bachelor's degree. She has a moderate income level. She receives social support from her family and neighbors. She has a car accident and breaks her arm. The other two passengers in the car also get injured. Her car was badly damaged.

Participant I

Participant I has physical disabilities. He is 37 years old. He is single and lives alone. He is a primary school graduate. He works as a public servant. He has a moderate income level. His parents are not alive, but his relatives provide support. He has been in a traffic accident.

Participant J

Participant J has physical disabilities. He is 50 years old. He is retired from the finance sector. He lives with their mother, spouse, and children. He is married and has completed elementary school education. He has a moderate income level. As a result of a traffic accident, his spine was fractured at the waist level, leading to spinal cord injury and paralysis from the waist down. He expresses that his greatest social support comes from his spouse. He experienced the attempted coup on July 15th. The bombings during the coup attempt shook the hospital he was in as if it were an earthquake.

Participant K

Participant K has physical disabilities. He is 46 years old. He is single and lives with his parents. He has a moderate income level. He receives social support from his family and his partner. He became a person with disabilities as a result of a traffic accident. He has witnessed many tragic events due to undergoing long-term treatment in the hospital. He has experienced the earthquakes of August 17th and November 25th, 1999.

Participant L

Participant L has visual disabilities. She is a 40-year-old woman. She has a high school education. She has a low income level. She is single and lives alone. She has one child. She believes that her family supports her socially. She sees her child as her biggest supporter. She has experienced physical assault. Her biggest trauma is related to experiencing unwilling sexual experiences.

Participant M

Participant M has physical disabilities. He is a 41-year-old man. He has a bachelor's degree. He is married and lives with his spouse and child. He has a moderate income level. He receives social support from his family and friends. He experienced the Düzce earthquake on November 12, 1999. At that time, he was a university student.

Participant O

Participant O has visual disabilities. He is 37 years old and he is married. He has a moderate income level. He has a son and a daughter. He lives with his spouse, and children. He graduated from the undergraduate program. He has experienced the 1999 earthquake.

Participant P

Participant P has visual disabilities. He is 25 years old. He is a high school graduate. He has a high income level. He receives social support from his family and relatives.

He has experienced an explosion. While shopping, a missile fired from the Syrian border landed near the area.

Participant R

Participant R has visual disabilities. He is 27 years old. He is single and lives with his mother and two siblings. He has a high school education. He has a moderate income level. He receives social support from his family, friends, and partner. He has experienced physical assault and robbery.

3.2.2.2. Crisis Incidents

When each event is specified in the current study, two participants (A and J) experienced the "July 15, 2016 coup attempt" event. Five participants (B, D, E, K and O) went through the "August 17, 1999 Earthquake" experience. One participant (C) lived through the "March 13, 2016 Güvenpark/Ankara Explosion" event. Three participants (G, H, and I) had a "Traffic Accident" experience. One participant (L) faced "Physical Abuse by her husband." One participant (M) experienced the "November 12, 1999 Düzce Earthquake." One participant (P) was involved in the "January 18, 2016 Kilis Explosion." Lastly, one participant (R) went through "Physical Abuse and Mugging." (see Table 3.2)

The table 3.2 provides information about the distress level and current impact of specific events experienced by each participant. Each participant is represented by a letter, and their respective event is listed in the "Crisis Events" column. The column "How distressing it was at that time" indicates the level of distress the participant felt when experiencing the event, while the column "The current impact of this event" reflects the ongoing impact of the event on the participant when they were interviewed in 2017.

Looking at the responses, it is evident that different events have varying degrees of distress and current impact on the participants. For example, Participant B experienced the August 17, 1999 Earthquake and found it to be very distressing at

the time, but it currently has little impact on them. Similarly, Participant M experienced the November 12, 1999 Düzce Earthquake, which had a moderate level of distress, but currently has a minor impact.

On the other hand, Participant O also experienced the August 17, 1999 Earthquake, finding it to be very distressing at the time, and it still has a significant impact on him. Another event that stands out is the January 18, 2016 Kilis Explosion, which was distressing for Participant P and continues to have a significant impact on him.
It's important to note that each participant's experience is unique, and the distress and impact levels are subjective to their individual perception and circumstances.

Table 3.2. Overview of the Crisis Events

Participants	CRISIS EVENTS	How distressing it was at that time	The current impact of this event
A	July 15, 2016 coup attempt	Much	Little
B	August 17, 1999 Earthquake	Very much	Little
C	March 13, 2016 Güvenpark/Ankara Explosion	Very much	Much
D	August 17, 1999 Earthquake	Very Much	Little
E	August 17, 1999 Earthquake	Very much	Little
G	Traffic Accident	Much	Little
H	Traffic Accident	Very much	Very Much
I	Traffic Accident	Very much	Little
J	July 15, 2016 coup attempt	Very much	Very Much
K	August 17, 1999 Earthquake	Very much	Little
L	Physical Abuse by her husband	Much	Little
M	November 12, 1999 Düzce Earthquake	Moderate	Little
O	August 17, 1999 Earthquake	Very much	None
P	January 18, 2016 Kilis Explosion	Much	Much
R	Physical Abuse – Mugging	Very much	Little

3.2.3. Data Analysis

The interview notes and/or records were prepared in a written electronic format for each participant. Content analysis was used for data analysis. To analyze the data, a qualitative data analysis program called MaxQda12 was used. Content analysis consists of four stages: processing qualitative research data obtained from documents, coding the data, identifying themes, organizing codes and themes, and finally, describing and interpreting the findings (Yıldırım & Şimşek, 2005).

Similar to grounded theory, significant segments were identified and assigned new codes derived from the text. However, the main codes were derived from the

interview questions, which were formulated based on previous studies mentioned earlier. Once the codes were finalized, they were reviewed and organized within the code groups. Definitions for each code and code group were documented in a codebook, facilitating understanding for the other coder. The coder received both the codes and the codebook to conduct individual analysis of the research. Following completion, the coders discussed the codes and quotations to enhance inter-coder reliability. The final versions of both analyses, coded by the author and the co-coder respectively, were then combined to determine inter-coder agreement. The resulting Kappa value was calculated to be .981, with a standard error (SE) of .004 and a p-value of .000.

3.3. The Trustworthiness of the Study and Ethical Consideration

In the present qualitative thesis on the experiences of people with disabilities during crises, several measures have been implemented to enhance the trustworthiness of the findings. These measures align with the criteria of credibility, transferability, dependability, and confirmability.

To establish the study's credibility, the research design was meticulously outlined, and participant profiles were comprehensively detailed. Content analysis was utilized, with the involvement of a co-coder who followed established content analysis guidelines. Investigator Triangulation was applied, involving multiple researchers independently examining the same subject, facilitating the comparison of findings and mitigating individual biases.

Although generalizability, as commonly discussed in quantitative research, was not the primary concern in the qualitative approach, an effort was made to enhance the transferability of the findings. In-depth descriptions of the research context and participant characteristics were provided, allowing the applicability of the results to similar settings to be assessed.

Measures were implemented to enhance dependability through the execution of joint data analysis and reexamination. The inter-coder reliability rate was calculated,

yielding a Kappa value of .981, a standard error (SE) of .004, and a p-value of .000. The values indicated a very high level of inter-coder reliability in the present research. Furthermore, clear coding rules and guidelines were furnished to ensure the consistent application of codes, thereby fostering inter-coder reliability.

Confirmability was pursued by prioritizing participants' experiences and preferences over researchers' assumptions and beliefs. The researcher's role was clarified to minimize potential bias.[1] [2] The researcher's role, her impacts on the study, and measures taken to minimize these effects are thoroughly discussed under the titles of Researcher Reflexivity and Researcher Bias. To enhance confirmability and ensure more accurate results, member checking was employed in this study. Following the interviews, recordings were transcribed. These transcriptions were then submitted to participants within seven days after the interview, allowing them to validate the accuracy and meaning of their responses. No significant changes occurred in the final stage, as participants confirmed the accuracy of their interview transcriptions.

3.3.1. Researcher Reflexivity

I am a woman, 32 years old. I have visual disabilities. I lived in Kırklareli, a small city in Türkiye, until I went to university. During this time, there were no schools or associations for the people with disabilities in my area. My family was very supportive, but on the other hand, they had difficulty accepting me as a person with disabilities. Even now, when the topic is brought up, both my mother and father get upset. That's why they took an overprotective approach in making decisions about how to guide me and encouraged my younger sibling, who is one year younger than me, to take on many responsibilities related to me. If we were going somewhere, we always went together. Since we are close in age, we attended the same schools. Therefore, I depended on others until I was 18. There was always someone waiting for me, and I was always treated with great care.

For years, we visited eye doctors to ask if a cure had been found, and we always received the same answer: Not yet. I also kept hearing this from the doctors: Don't expect anything from your daughter, especially don't expect her to be able to read.

Whenever I heard this, it fueled my determination, and I fought even harder. It wasn't easy, but I can say that it was made easier by my family's boundless love and support, the incredible dedication and sacrifice of my teachers, and the warm friendship of my friends. My grades were very good, and my teachers and friends loved me a lot. I was never excluded or discriminated against, but at the age of 18, Gülşah, a blind teenager, had never fully accepted her disability and saw it as something to fight against, rather than something to live with.

My family was immensely proud and incredibly anxious when I got into the Middle East Technical University (METU) in another city. How would I manage on my own? Studying psychology taught me the importance of being independent. With METU's encouragement of students to live independently and a bit out of necessity, I made progress in living independently. I received psychological support in accepting my disability and adapting to it. All of this actually taught us that having a disability doesn't have to make us vulnerable. It showed that when the right conditions are provided, no one has a disability.

I was very excited when my advisor, Professor Özgür Erdur Baker, told me about her project. Being a part of his project and contributing to taking a step towards ensuring that people with disabilities are not the first to die and the last to be rescued in crisis situations, provided the necessary conditions, was going to be fantastic. Additionally, researching how to provide psychosocial support to them in traumatic events, such as crises, in addition to the challenges they may face throughout their lives, was something that greatly interested me.

I did not have any crisis experience prior to the interviews. However, as a person with a disability, I believed that disasters and crisis situations would pose numerous challenges due to the disability. The existing literature predominantly discussed the vulnerability of people with disabilities and the reasons behind it. I distinctly remember feeling saddened while reading sentences stating that people with disabilities are often the most affected and the last to be rescued during crises. As a researcher, I was aware of my emotions and biases. Therefore, the interview questions were prepared in a two-fold manner. While exploring the role of disability

in crisis experiences, questions such as 'Can you say that, due to your disability, you coped more easily with this event compared to others?' and 'What factors could help you overcome this event more easily?' were added to the interview questions.

During the interviews, I felt like I was chatting with a friend. Despite not knowing them beforehand, it felt as if we were already acquainted. I could understand what they were saying, and they seemed to feel understood, expressing themselves comfortably and sincerely. The most intense emotion I felt during the interviews was astonishment. It was truly surprising to witness a person exhibiting both resilience and vulnerability to such an extent. I felt proud because, as a psychological counselor, I was listening to experiences that could contribute to supporting the people with disabilities in crisis situations. I was hearing how a single factor in life – having a disability - could differentiate an experience.

It is important to also mention the reflexivity of co-coder here. In 2010, she graduated from Bilkent University with a degree in Psychology. During her undergraduate years, she investigated quantitative research and explored anthropological methods as a member of the METU Folklore Club. Subsequently, she completed the Middle East Studies master's program at METU, followed by a master's program in Guidance and Psychological Counseling, also at METU. In both of her master's theses, she employed QDA programs and conducted qualitative analyses of in-depth interviews. Her expertise in qualitative research is noteworthy. From 2014 to 2019, she served as a Ministry Expert at the Ministry of Family and Social Services, where she engaged in both qualitative and quantitative research on family policies. I had the privilege of being her co-coder during her thesis, and reciprocally, she served as my co-coder during my thesis.

3.3.2. Researcher Bias

The researcher's reflexivity, influenced by their own lived experience as a person with disabilities, plays a dual role in this study on the crisis experiences of people with disabilities. On one hand, the researcher's disability serves as both an advantage and a limitation. This unique perspective can contribute positively to the research by

fostering a deeper sense of empathy and a richer understanding of the participants' experiences. It may enable the collection of more nuanced, reliable, and comprehensive data, ultimately enhancing the study's validity.

Conversely, the researcher's personal experience with disability can potentially compromise the principle of neutrality, which is fundamental to maintaining objectivity in qualitative research. Despite the rigorous efforts for reliability, including co-analysis, ongoing discussions, and the calculation of inter-coder reliability rates, the researcher's inherent biases or pre-existing opinions, rooted in their own disability-related encounters, must be acknowledged and managed. These personal biases can inadvertently influence data interpretation and analysis, potentially leading to the unintentional reinforcement of preconceived notions. To minimize the likelihood of such a situation, the data were also analyzed by another coder without disabilities, and intercoder reliability was measured

In light of this delicate balance, the researcher strives for self-awareness and transparency throughout the research process. They acknowledge that their unique position as a researcher with disabilities provides valuable insights, but it also necessitates vigilant reflection and conscious effort to mitigate bias. By adopting a reflexive approach, the researcher aims to uphold the integrity of the study while harnessing the strength of their personal experiences to enrich the research findings.

3.3.3. Ethical Consideration

The research approval letter was obtained from the Ethics Committee at Middle East Technical University (METU) (See Appendix A). The informed consent form was collected from the participants to ensure their voluntary participation, devoid of any elements such as fraud, deception, or coercion. The form explicitly stated that participants had the freedom to exit the study at any moment of their choosing. Additionally, through the form, their permission was granted to make voice recordings in alternative ways, e.g., by taking detailed notes. Ethical issues and the rights of participants were taken into consideration throughout the study by the researcher. Pseudonyms were used by the researcher instead of the participants'

names to protect their identities throughout the study. The reporting of the study was carried out independently of any pressure or reservation. Furthermore, it should be noted that the aim of the study is not to inculpate any community or authority.

CHAPTER 4

RESULTS

In the results section of this thesis, the experiences of people with visual and physical disabilities in the context of crises and disasters are presented. Upon examination of the results, it became evident that people with visual and physical disabilities are both a vulnerable group and possess strengths. Their vulnerabilities were observed to stem from the challenges they faced both before and after crises/disasters and the unmet specific needs unique to them during the pre- and post-crisis/disaster periods. In addition to their vulnerabilities, it was found that they exhibited numerous coping mechanisms and strengths that assisted them in dealing with the events. Therefore, the results will be presented in a dual-layered fashion, conveying both the unique experiences of people with visual and physical disabilities as vulnerabilities and strengths. The first part of this section goes beyond the crisis/disaster experiences of people with visual and physical disabilities, addressing the challenges they encountered in their daily lives. Subsequently, the experiences of people with visual disabilities will be presented with subheadings on vulnerabilities through challenges and unique needs, as well as their strength through facilitating factors and coping mechanisms. The experiences of people with physical disabilities will be similarly articulated. The final section includes emergency plan recommendations formulated by participants with visual and physical disabilities.

Each section will feature pertinent codes, nodes (links), and direct quotations to furnish a comprehensive and nuanced portrayal of the interviews. While information concerning the frequency of certain codes mentioned by participants will be provided, it is crucial to bear in mind that this supplementary data should not be misconstrued as quantitative evidence. The absence of a specific code in an interview does not inherently signify the nonexistence of the corresponding phenomenon in one's life.

Furthermore, as a preliminary measure, social environments and social support sources were also reviewed. The overarching findings resulting from this preliminary analysis were expounded upon in the preceding chapter under the designated heading of "Participant Profiles." Furthermore, the author's personal experience as an individual with disabilities substantively contributed to establishing a rapport between the researcher, and the people with disabilities, thus fostering an environment conducive to open and candid interviews.

According to the research results, under the "Vulnerabilities" section of the current thesis, two main categories were examined, namely "Challenges" and "Specific Needs." The challenges of people with visual disabilities during the event were identified with 10 codes, and 8 codes were assigned for challenges after the event. Similarly, the specific needs of people with visual disabilities were represented by 8 codes before the event, 4 codes during the event, and 2 codes after the event. The "Strength" section was divided into two subcategories: "Facilitating Factors" with 7 codes and "Coping Mechanisms" with 13 codes. For people with physical disabilities, challenges during the event were expressed with 8 codes, and challenges after the event were represented by 7 codes. Pre-event needs were categorized with 4 codes, 3 codes during the event, and 3 codes after the event. Facilitating factors for physical disabilities were outlined with 6 codes, while coping mechanisms were detailed with 6 codes. Emergency plan recommendations created by people with both physical and visual disabilities were captured in 12 codes.

4.1. Overall Experiences of People with Disabilities

Having a disability can sometimes lead to lives becoming more challenging, but it can also result in positive contributions to one’s life. Under this topic, the responses of participants to the question "To what extent does your disability affect your daily life?" will be evaluated. In addition to the incidents participants mentioned during the interview, the challenges they face in their daily lives will also be included in this section. Understanding what challenges they experienced relevant to daily lives before and after the crisis, in addition to the crisis itself, is considered to contribute to a better understanding of their experiences during the crises/disasters. This way, participants' experiences can be approached from a more holistic perspective.

When participants were asked about the extent to which their disabilities affected their lives, the answers indicated that the impact of disabilities on individuals' lives varied among the participants (see Table 4.1). One participant (having visual disability) reported no discernible effect of her disability, suggesting that she has successfully adapted to her circumstances. The majority of participants (six individuals with visual disabilities) reported a slight impact, implying that their disabilities had some minor influence on their daily lives. Five participants (3 of them with physical disabilities and 2 of them with visual disabilities) expressed a moderate level of influence, suggesting that their disabilities have a noticeable effect but still allow for a reasonable level of functionality. Two individuals (one of them with physical disabilities and one of them with visual disabilities) stated that their disabilities have a significant impact, indicating that their daily lives are substantially affected by their disabilities. Lastly, one participant (having physical disability) described a high level of impact, implying that his disability significantly shapes and influences his everyday life.

Based on the participants' responses according to the disability group, it can be concluded that individuals with physical disabilities generally acknowledged that their disabilities had a moderate to significant impact on their daily lives. On the other hand, most individuals with visual disabilities stated that their disabilities had a moderate or less pronounced effect on their daily lives, with only one exception.

Table 4.1. The extent to which their disabilities affected their lives

The extent to which their disabilities affected their lives	no discernible effect	slight effect	moderate effect	significant effect	high level of effect
Number of Participants	1 with visual disabilities	6 with visual disabilities	2 with visual disabilities 3 with physical disabilities	1 with physical disabilities 1 with visual disabilities	1 with physical disabilities

Overall, the findings highlight the diverse experiences individuals have with their disabilities, ranging from minimal impact to substantial influence. This information underscores the importance of recognizing and addressing the varying needs and challenges faced by individuals with disabilities in order to foster inclusivity and support their overall well-being.

4.1.1. The Difficulties Experienced in Daily Life

This section contains the participants' responses to the question regarding the extent to which their disabilities affected their lives, as well as the analysis derived from their unrelated but relevant personal sharing during the interview concerning their daily lives. This title will be examined under two headings, namely the challenges faced by people with visual disabilities in their daily lives and the challenges faced by individuals with physical disabilities in their daily lives.

4.1.1.1. The Challenges Faced by People with Visual Disabilities

The heading concerns the difficulties faced by participants with visual disabilities in their daily lives. In relation to this matter, three categories have emerged as a) Physical Environment Challenges, b) Social and Emotional Challenges, and c) Information Access Challenges.

Physical environment challenges are “Lack of Adapted Environment for People with Disabilities” and “Difficulty in Navigating and Orientation”. Social and Emotional Challenges category includes “Discrimination in Romantic Relationships”, “Difficulty in adjusting to living with an individual with disabilities for people in their surroundings”, “Overprotective Attitude from Loved Ones”, and “Social Exclusion by Society”. Finally, the challenges falling under the category of Information Access Challenges involve "Dependency on Assistance", "Lack of Access to Information", "Need for Descriptive TV News". These aspects can be observed in the following Figure 4.1. Also, the values within parentheses indicate the percentage of participants that gave that answer.

Figure 4.1. Daily Life Challenges of People with Visual Disabilities

Category 1 Physical Environment Challenges: As stated earlier, there were two challenges associated with this category: "Lack of Adapted Environment for People with Disabilities" and "Difficulty in Navigating and Orientation". People with visual disabilities faced numerous challenges within the physical environment, which posed obstacles to their mobility and independence. Navigating through unfamiliar surroundings became a daunting task for people with visual disabilities due to the lack of tactile cues and inaccessible infrastructure. Because of the lack of an adapted environment for them, one of the participants discussed the risks they encountered in this way.

> There was construction work in my neighborhood. They had dug a hole, for example, but they didn't put any protection around it. In other words, they didn't enclose the area. I almost fell into the hole. - Participant D
>
> (Direk çalışması vardı mahallemde. Çukur açmışlar mesela ama etrafına bir koruma koymamışlar. Yani etrafını çevirmemişler. Ben de az daha çukurun içine düşüyordum.) - Katılımcı D

Navigating and orientation can also be challenging for them. For people with visual disabilities, difficulties in navigating and maintaining orientation become major barriers, impeding their ability to independently move around and explore their surroundings. When directions were given solely based on visual cues and spatial concepts were explained without a reference point - for example, using terms like

"right" and "left" - it created uncertainty about whose right or left was being referred to, further complicating the navigation and orientation skills of individuals experiencing visual difficulties.

> When you want to go to the pharmacy, you get up and head into the butcher. However, you may accidentally enter a perfume shop or end up going to the same place again. I have personally experienced this. While searching for a phone store, I ended up going to a different place, and someone remarked, "You entered the same place." As people with visual disabilities, we face challenges with such descriptions. They might say there is a place here, right next to it, or on the right or left, but it becomes unclear which direction is meant by "right" or "left." – Participant D

> (Eczaneye gitmek istediğinizde, kalkarsınız ve kasaba doğru ilerlersiniz. Ancak, yanlışlıkla bir parfüm mağazasına girebilir veya aynı yere tekrar gidebilirsiniz. Bunu kişisel olarak yaşadım. Bir telefon mağazası ararken, farklı bir yere girdim ve birisi, "Aynı yere girdin" dedi. Görsel olarak engelli bireyler olarak, böyle tariflerle zorluklarla karşılaşıyoruz. Bize burada bir yer olduğunu, hemen yanında veya sağında veya solunda olduğunu söyleyebilirler, ancak kime göre sağ kime göre sol?). – Katılımcı D

Category 2 Social and Emotional Challenges: In their discussions about the challenges in their daily lives, the participants frequently mentioned difficulties in the social and emotional aspects. Forty percent of the participants specifically addressed social and emotional challenges that were “Discrimination in Romantic Relationships”,

> Receiving a request to go on a date can be a significant source of distress for the person without disabilities, as they might feel upset or uncomfortable about being asked out by someone with a disability. - Participant D

> (Yani bir görme engelliden çıkma teklifi almak o kişi için ne kadar büyük bir moral bozukluğu olabilir belki de.) – Katılımcı D

“Difficulty in adjusting to living with a person with disablilities for people in their surroundings”,

> My spouse is a sighted person. She doesn't know what it means to not be able to see. She couldn't go out on the streets with me, she couldn't walk. She had a fear of me falling. - Participant D

(Eşim gören bir insan. Görmemenin ne olduğunu bilmiyor. Benimle sokağa çıkamıyordu, yürüyemiyordu. Düşeceğim korkusu oluşuyordu onda.) - Katılımcı D

“Overprotective Attitude from Loved Ones”,

I have a controlled environment, you see. They led me to this state by constantly associating certain outcomes with specific actions. If you do this, you'll get this result; if you do that, you'll get that result. - Participant P

(Kontrollü bir çevrem var işte. Şunu yaparsan şu gelir başına bunu yaparsan bu gelir başına diye diye beni bu hale soktular.) - Katılımcı P

and “Social Exclusion by Society”.

For instance, when I go to Kızılay, they would ask, "Where are you going?" If they see a sighted person, they address them as "you." But when it comes to me, they use "sen" (informal "you") in their manner of addressing, which belittles me. - Participant R

(Kızılay da giderken mesela geliyor sen nereye gideceksin diyor. Gören birini görse siz diye hitap eder. Geliyor bana sen diyor. Hitap tarzıyla beni küçümsüyor.) - Katılımcı R

Category 3: Information Access Challenges "Dependency on Assistance", "Lack of Access to Information", "Need for Descriptive TV News" were the other cited difficulties. Participant A summarized these three components with the following sentence:

Publishers often use phrases like "as we see in the visuals" because they typically don't describe the visual content. However, the main issue with such expressions is that viewers may not see or understand what is being referred to. For example, using a phrase like "As you can see, it happens like this" can be challenging to comprehend unless someone is constantly by your side or describing the visuals to you. - Participant A

(Yayıncılar genellikle görsel içeriği tarif etmedikleri için, "görüntülerde izlediğimiz gibi" gibi ifadeler kullanıyorlar. Ancak, bu tarz ifadelerde asıl sorun, izleyicilerin ne olduğunu görmemesi veya anlamamasıdır. Örneğin, "Görmüş olduğunuz gibi, burada şu şekilde oluyor" gibi bir ifadeyle, sürekli birisi yanınızda olmadıkça veya yanınızdaki kişi size betimlemedikçe bilgiyi daha net bir şekilde anlama konusunda zorlanıyorsunuz.) – Katılımcı A

4.1.1.2. The Challenges Faced by People with Physical Disabilities

This heading is related to the challenges experienced by participants with physical disabilities in their daily lives. These challenges include “the process of adapting to disability”, “social exclusion by society”, “legal difficulties”, “struggling with oneself”, “struggling with the environment”, and “labeling oneself as **abnormal**”, which is presented in the frequency distributions outlined in Table 4.2.

Table 3.2 Summary of distribution of daily life challenges among interviewed individuals with physical disabilities

Challenges	No. of participants	Percentage of participants
the process of adapting to disability	2	40
social exclusion by society	1	20
labeling oneself as abnormal	1	40
struggling with oneself	2	40
struggling with the environment	3	60
legal difficulties	2	20

The process of adapting to disability: The process of adapting to disability involved navigating through various challenges and making necessary adjustments in order to lead a fulfilling life despite the limitations imposed by one's disability. The participant J, who became a person with physical disabilities as a result of a traffic accident, expressed the difficulty he experienced during the process of adapting to his disability as follows:

> I had a major accident, something huge. It completely changed my whole life. I used to be a very hyperactive person. I loved walking. I preferred to go by walking. I enjoyed walking, running. Suddenly, being confined to a wheelchair turned my whole world upside down. After my surgeries were over, I thought about throwing myself from the 7th floor of the Medical Faculty. However, they didn't move my bed closer to the window. They understood what I was going to do and didn't change my bed. It's saddening. - Participant J

(Büyük bir kaza geçirdim, çok büyük bir şeydi. Tüm hayatımı tamamen değiştirdi. Eskiden çok hiperaktif bir insandım. Yürümeyi çok severdim. Yürümeyi tercih ederdim. Yürümek, koşmak beni mutlu ederdi. Birdenbire tekerlekli sandalyeye bağlı kalmak, tüm dünyamı alt üst etti. Ameliyatlarım bittikten sonra, Tıp Fakültesinin 7. katından atlamayı düşündüm. Ancak, yatağımı pencereye daha yakın bir yere taşımadılar. Benim ne yapacağımı anladılar ve yatağımı değiştirmediler. Bu üzücü.) - Katılımcı J

Social exclusion by society was another challenge. Individuals with disabilities were often subject to social exclusion in society leading to barriers in their full participation and equal opportunities.

Individuals with disabilities are often perceived and treated in our society as if they belong to a completely different world, as if they are seen through a different lens. - Participant M

(Toplumumuzda engelli çok farklı bir gözle görülüyor. Sanki farklı bir dünyanın parçasıymış gibi algılanıyor ve öyle görülüyor.) - Katılımcı M

Labeling oneself as abnormal: Not only how they are perceived by society but also how they perceive themselves posed another challenge. Forty percent of the participants, when describing their condition and referring to others, used the term "normal people". For instance;

In education, the training is provided based on the norms of normal individuals. - Participant M

(Eğitimler de normallere göre veriliyor.) - Katılımcı M

The participant M summarized the other challenges of **struggling with oneself**, **struggling with the environment**, and **facing legal difficulties** as follows.

In fact, even if individuals with disabilities do not experience a specific challenging event like this, living with a disability itself is already a struggle. It involves struggling with oneself, struggling with the environment, struggling with structures, and struggling with legislation. - Participant M

(Şöyle aslında engellinin buna benzer zorlu bir olay yaşamasa da zaten engeli bir mücadeledir. Kendisiyle mücadele, çevresiyle mücadele, yapılarla mücadele, mevzuatla mücadele.) - Katılımcı M

4.2. People with Visual Disabilities in Crises/Disasters

Upon analyzing the participants' experiences with crises/disasters, it was found that 8 out of 10 participants indicated that individuals with visual disabilities underwent distinct encounters with crisis events due to their visual limitations, and this divergence also played a role. This variation manifested in two ways. Specifically, 8 participants noted that their visual impairments not only subjected them to more challenging circumstances during the events but also offered certain aids in coping with the situations (will be discussed in the title of facilitating factors). On the other hand, 2 participants (B and L) expressed their belief that the visual impairment did not influence their experience of the events.

4.2.1. People with Visual Disabilities as a Vulnerable Group

4.2.1.1. Challenges

In this section, the challenges faced by people with visual disabilities during and after events will be discussed (see Figure 4.2). This segment will shed light on the difficulties experienced by people with visual disabilities both in the midst of events and in their aftermath.

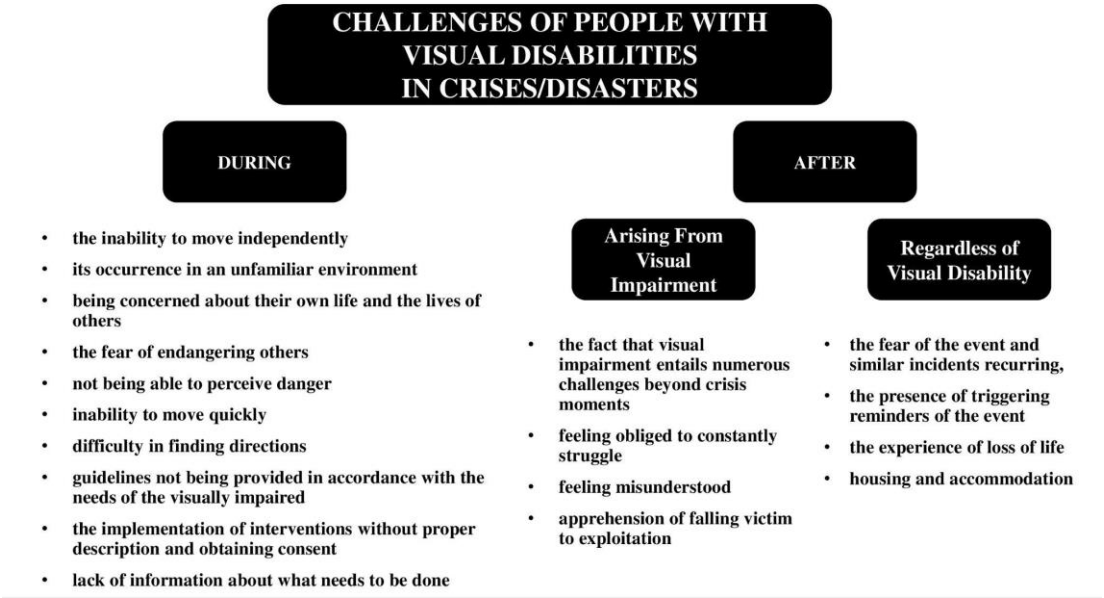

Figure 4.2. Challenges of People with Visual Disabilities in Crises/Disasters

4.2.1.1.1. Challenges during Events

The absence of the facilitating factors mentioned in the previous section was observed to manifest as difficulties during the occurrence of the event. One of these factors was **the inability to move independently**. While the capacity for autonomous movement eased the experience of the event, the opposite situation complicated it. Similarly, the occurrence of the event in a familiar environment facilitated the situation, whereas **its occurrence in an unfamiliar environment** complicated the event's unfolding.

> You're only thinking about this. You know, you're saying, "I can't see, how will I escape, what should I do?" But there's this aspect: In my opinion, the most difficult thing for a person with a disability is this: being caught in an unfamiliar building or place is very dangerous. Do you understand what I'm saying? Earthquake - Participant O
>
> (Sadece şunu düşünüyorsunuz. Hani diyorsunuz ki görmüyorum nasıl kaçacağım, ne yapmam lazım. Ama burada şu var: Bana göre bir engelli için en zor olan şey şu, tanımadığı bir bina ya da mekanda yakalanması çok tehlikeli. Anlatabildim mi?) Deprem – Katılımcı O

Being concerned about their own life and the lives of others was another challenge that people with visual disabilities experienced during the incident. While this factor might appear to be something that anyone, regardless of disability, could experience, it actually included elements influenced by being a person with visual disabilities that differentiated the situation. Specifically, the perception that attempting to rescue them in the midst of the incident due to their disability might cause more harm to others or put others trying to rescue them in danger complicated overcoming the situation for them. This can be described as **the fear of endangering others**, which can trigger feelings of helplessness, anxiety, and guilt in the person.

> But we generally don't go to those places because we believe that our presence there would not benefit us, but instead cause harm to others because they might get hurt while trying to rescue us. Earthquake - Participant E
>
> **(**Ancak genellikle o bölgelere gitmiyoruz çünkü oradaki varlığımızın bize faydası olmayacağına, aksine başkalarına zarar verebileceğimize inanıyoruz. Çünkü bizi kurtarmaya çalışırken onlar zarar görebilirler. Deprem – Katılımcı E

In addition to these, **not being able to perceive danger**, **inability to move quickly**, and **difficulty in finding directions** were among the challenges of people with visual disabilities originating from visual disabilities during crisis/disaster situations.

> In the events of July 15th, now there are guns going off around you somehow, but the discomfort caused by not being able to see, not being able to perceive whom the guns are firing at, what is happening, leads you to a state of fear. You start wondering if you've been shot or not. Various thoughts are swirling in your head. You can't find answers. Ju July 15, 2016 coup attempt – Participant E
>
> (15 temmuz olaylarında, şimdi silahlar patlıyor bir şekilde etrafınızda ama, görmemenin vermiş olduğu bir sıkıntı, silahların kime patladığını, ne yapıldığını göremediğin için korku içerisine kapılıyorsun. Acaba vuruldum mu, vurulmadım mı gibi şeyler düşünüyorsun. Bin bir şekil, hani, kafanda şeyler oluyor. Cevabını bulamıyorsun.) 15 Temmuz Darbe Girişimi – Katılımcı E
>
> Of course, I need to say this here: if possible, run away. However, if you don't have the means, because you are a person with visual disabilities and lacking the resources, then you must behave in a way that will enable you to survive there. Earthquake – Participant O
>
> (Tabii ki, burada şunu söylemek zorundayım: eğer mümkünse kaç. Ancak, imkanlarınız yoksa, çünkü görme engellisiniz ve kaynaklarınız eksik, o zaman orada hayatta kalmanızı sağlayacak bir şekilde davranmak zorundasınız.) Deprem – Katılımcı O

The difficulties experienced due to intervention teams during the incident included **guidelines not being provided in accordance with the needs of the people with visual disabilities:**

> The biggest factor is that, in my opinion. Actually, if we were to continue with the knowledge we've acquired about our own disability, without unnecessary uninformed assistance, you could go on without bumping into anything. But with someone uninformed helping, for example, they might say "go right, go right." Right for them, left for you. You might end up following their guidance and falling into a hole. But you look at the intention, they want to help with good intentions. Yet, due to being uninformed, they can't guide you correctly. Earthquake – Participant E
>
> (En büyük etken o, bana göre. Aslında biz kendi engelimizle ilgili edindiğimiz bilgilerle devam etsek, ekstra bilinçsiz yardımlar olmasa, bir yere çarpmadan rahat gidebilirsin ama bilinçsiz birisinin yardımı mesela sağa git

> sağa git diyor. Kendisine göre sağ, sana göre sol. Ona göre gidip çukura düşebiliyorsun. Ama niyete bakıyorsun, iyi niyetle yardım etmek istiyor. Ama bilinçsiz olduğu için doğru yönlendiremiyor.) Deprem – Katılımcı E

the implementation of interventions without proper description and obtaining consent:

> You wouldn't want to get pricked by a needle unexpectedly on your body. July 15th Coup Attempt - Participant A
>
> (Hiç beklemediğiniz bir yerde iğneyi vücudunuza yemek istemezsiniz.) 15 Temmuz Darbe Girişimi - Katılımcı A

Correct guidance during a crisis/disaster can save lives, whereas uninformed guidance can expose people with disabilities to numerous risks. Moreover, interventions carried out without permission and without being described to individuals who cannot perceive the situation at that moment can be distressing.

Lastly, **lack of information about what needs to be done** was another factor that complicated the situation. Among the 10 participants, 6 of them specifically highlighted this aspect, indicating that they experienced the challenge of not being able to know what to do and feeling it strongly during the incident.

> You don't know. You don't know what to do. We got out of the car, maybe I tried to get my wife, my family out of there. Perhaps they could have been injured. I could have even done something riskier, but at that moment, you're focused on getting them out of the vehicle, nothing else. Traffic Accident Participant G
>
> (Bilemiyorsun. Ne yapacağını bilemiyorsun. Karadüzen biz arabadan çıktık, belki de eşimi, ailemi oradan çıkarmaya çalıştım. Belki onlar yaralı da olabilirdi. Daha tehlikeli iş de yapmış olabilirdim belki ama o anda araçtan çıkarmaya odaklanıyorsun başka bir şey yok.) Trafik Kazası – Katılımcı G
>
> I don't know what to do in an explosion or what should be done in a traffic accident apart from buckling up the seatbelt. Güvenpark Ankara Explosion – Participant C
>
> (Bir patlamada ne yapabileceğimi ya da bir trafik kazasında kemer bağlamak dışında ne yapılması gerektiğini bilmiyorum.) Güvenpark Ankara Patlaması – Katılımcı C

> Not only about the incident but there are also risks in Türkiye. I work at Kızılay. For example, God forbid, when a bomb explodes, how to escape, where to go, which direction to run... I do not know. I am constantly filled with fear. July 15th Coup Attempt – Participant A
>
> (Sadece olayla ilgili değil, Türkiye'de de riskler var. Ben Kızılay'da çalışıyorum. Mesela Allah korusun, bir bomba patladığında nasıl kaçacağımı, nereye gideceğimi, hangi yöne kaçmam gerektiğini bilmiyorum. Sürekli bir korku içerisindeyim.) 15 Temmuz Darbe Girişimi – Katılımcı A

4.2.1.1.2. Challenges after Events

As a result of the conducted interviews, it was determined that the challenges expressed by participants with visual disabilities after the events, excluding the **"housing and accommodation problem"** were factors hindering coping with the incident. These challenges can be classified into two categories: challenges that anyone, whether having visual disabilities or not, could encounter in the face of such an event, and challenges that arise from visual disabilities.

When evaluating challenges arising from visual disabilities, the initial aspect to consider was **the fact that visual impairment entails numerous challenges beyond crisis moments.** Individuals with disabilities face many challenges such as abuse, exclusion, and so on. in their daily lives even before an incident occurs. Experiencing a challenging life event like a crisis on top of these difficulties further complicates coping with the situation. Participant B summarized this situation with the following sentences.

> Moreover, due to my disability, I had to exert even greater effort… However, constantly struggling has worn me out and saddened me quite a lot. Earthquake - Participant B.
>
> (Bir de engelli olduğum için benim daha fazla mücadele vermem gerekiyordu... Fakat artık sürekli mücadele ede ede bu da beni bir hayli yordu ve baya da üzdü.) Deprem – Katılımcı B

Participant D conveyed the emotions and thoughts evoked by being with disabilities as follows:

> I have friends. You're living in the university. You live in an apartment. People unknowingly place things there without telling you. When you bump into something, when you accidentally break something; they think I'm the

> one who broke it because I'm blind, so it must have been me. When something spills, like water being spilled, when they ask who spilled it, I say I did, as if anyone else would be causing damage here. That's what I mean. I'm at peace with my disability. If someone calls me blind, I don't care. Well, would I feel sad? Yes, I would. I even make fun of myself, stopping people from passing, just to tease. Earthquake – Participant D
>
> (Arkadaşlarım var. Sen üniversitede yaşıyorsun. Bir apartmanda yaşıyorsun. İnsanlar bana haber vermeden oraya eşyalar koyuyorlar. Bir yere çarparsan, bir şeyi kazara kırarsan; beni suçlu sanıyorlar çünkü körüm, yani o işi ben yapmış olmalıyım. Bir şey dökülürse, su dökülür gibi; kim döktü diye sorduklarında, ben döktüm diyorum, sanki burada başka biri zarar vermiş olabilir mi? İşte bunu demek istiyorum. Engelimle barışığım. Birisi bana kör derse umursamam. Peki, üzülür müyüm? Evet, üzülürüm. Hatta kendimle alay ediyorum, insanların geçmesini engellemek için sadece şaka yaparak.) Deprem – Katılımcı D

Moreover, in fact, the previous factor also made coping after the event more challenging. When crisis events were added to their already difficult lives, individuals found themselves **obliged to "constantly struggle".** This also led to emotions such as sadness, exhaustion, and frustration among individuals experiencing this situation.

> Everyone used to support each other, but now having to constantly struggle has been quite exhausting and rather disheartening for me. Earthquake – Participant B
>
> (Herkes birbirine destek oluyordu fakat artık sürekli mücadele ede ede bu da beni bir hayli yordu ve baya da üzdü.) Deprem – Katılımcı B

Moving on to the following key point, it is important to recognize that **feeling misunderstood** was another challenge experienced due to the excessively protective attitude exhibited by society after the incident.

> The inhibitive role of your disability is such that, after everything has calmed down in society, there is an excessive sensitivity towards you. For instance, okay, there might be reactions regarding whether others should enter the house or not, but they can hold you back even more. You know, they can attempt to restrict you. Earthquake - Participant O
>
> (Engelinizin zorlaştırıcı rolü şöyle; toplumda her şey sakinleştikten sonra size karşı aşırı bir hassasiyet oluyor. Mesela tamam diğerlerine de eve girip girmeme konusunda bir tepki gösteriliyor ama sizi daha çok tutabiliyorlar. Hani engellemeye çalışabiliyorlar.) Deprem - Katılımcı O

Lastly but not least, the challenge experienced after events arising from visual impairment involved **the apprehension of falling victim to exploitation.** They expressed that even when it came to trusting individuals who wanted to help after the incident, they faced difficulties and harbor concerns due to their vulnerability to exploitation.

> You are a person with visual disabilities, so for instance, you wouldn't know where they might take you under the pretext of offering help. Earthquake - Participant K
>
> (Siz bir görme engellisiniz yani mesela size yardım bahanesi ile sizi nereye götüreceklerini bilemezsiniz.) Deprem - Katılımcı K
>
> I still experience trust issues caused by the trauma of the mugging incident, and it hasn't subsided. Physical Violence, Mugging - Participant R
>
> (Gasp olayının yaratmış olduğu insanlara güven sorunu yaşıyorum hala da geçmiş değil.) Fiziksel Şiddet, Gasp - Katılımcı R

Additionally, **the fear of the event and similar incidents recurring**,

> After the incident, I couldn't go out alone for 1-2 weeks. It felt as if someone was following me, especially in deserted areas. People who wanted to help scared me. It was like experiencing déjà vu, as if the same incident was happening again. Mugging - Participant R
>
> (Olay sonrası 1-2 hafta dışarı çıkamadım tek başıma. Sanki arkamdan birisi geliyormuş gibi özellikle de ıssız alanlarda yardım etmek isteyenler çok korkutuyordu beni. Sanki aynı olayı tekrarlayacakmış gibi bir dejavu olayı gerçekleşiyordu.) Gasp – Katılımcı R

the presence of triggering reminders of the event,

> On the last day before my return, we were once again in the marketplace; Kilis's market is known for its quality and affordability. A man was closing the shutter of his shop, and it made a loud noise. I thought a bomb was coming towards us. I mistook the noise for that and covered my ears. Afterwards, the man said, 'No, no, nothing is happening. They all laughed a lot at me, but I was so scared, so uneasy." Kilis Explosion - Participant P.
>
> (Döneceğim son gün yine çarşıdaydık, bizim Kilis'in çarşısı çok kaliteli ve ucuz oluyor. Adamın biri dükkanının kepengini kapatıyor. Onu kapatırken de gürültü çıkıyor. Zannettim ki yanımıza doğru bomba geliyor. Onun gürültüsü zannettim ve kulaklarımı kapadım. Ondan sonra adam hayır hayır bir şey

> olmuyor dedi. Çok gülmüşlerdi orada bana ama çok korkmuştum, tedirgin olmuştum.) Kilis Patlama – Katılımcı P

and **the experience of loss of life**

> My aunt's daughter. My aunt's daughter passed away at that moment. In Çınarcık. My aunt's daughter lost her life along with her child at that moment. While I was thinking about them, at the same time in Istanbul during the earthquake, my aunt's daughter had also lost her life in Çınarcık, in Yalova. Earthquake - Participant B
>
> (Teyzemin kızı. Teyzemin kızı o anda vefat etti. Çınarcık'ta. Teyzemin kızı o anda kendi çocuğuyla birlikte yaşamını yitirdi. Onları düşünürken, aynı zamanda İstanbul'da deprem sırasında teyzemin kızının da Çınarcık'ta, Yalova'da hayatını kaybettiği anlamına geliyordu.) Deprem - Katılımcı B

made coping with the incident more challenging. Moreover, these factors were considered as elements that complicated everyone's ability to cope in such an event, regardless of whether they are with disabilities or not.

4.2.1.2. Specific Needs

In previous sections, the challenges were discussed. In this section, the focus will shift to exploring the various unique needs necessary to diminish the impact of these difficulties and facilitate coping with the events. The needs of people with visual disabilities in crisis situations are listed below. The needs are identified as pre-event, during-event, and post-event needs (see Figure 4.3).

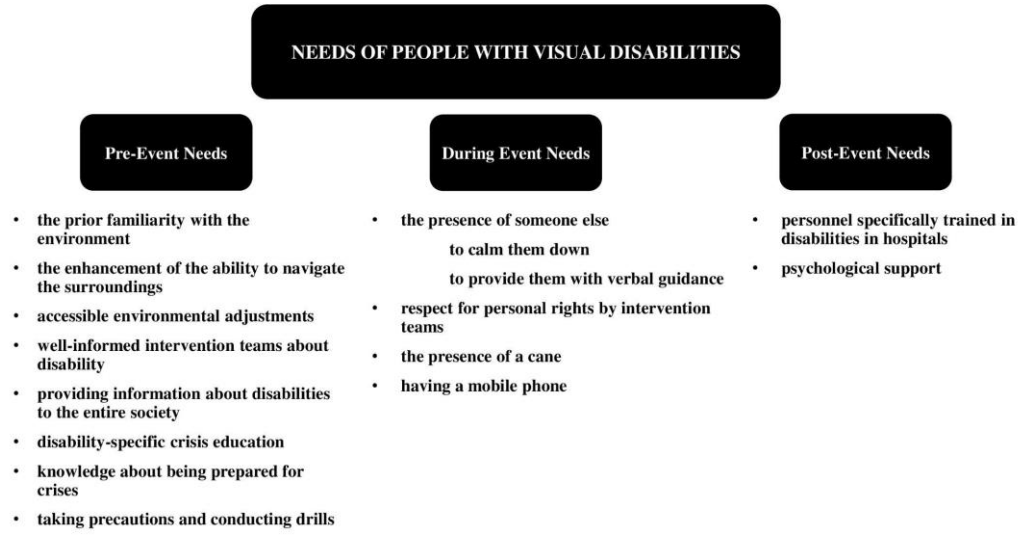

Figure 4.3. Needs of People with Visual Disabilities in Crisis/Disasters

4.2.1.2.1. Pre-Event Needs

To begin with, as a result of the conducted discussions, it emerged that **the prior familiarity with the environment** and **the enhancement of the ability to navigate the surroundings during the event** were among the most fundamental needs for preparing for crisis situations. As previously mentioned, these factors had presented themselves as challenges due to their absence. Therefore, it is not surprising that participants were asked to identify these needs when questioned about what they required before the event.

> They should know the locations. You know, like this here and that there. If they know, they can act quickly and provide a more precise way to escape. Physical violence and Mugging – Participant R
>
> (Yerleri bilmesi lazım. Hani şu şurda bu burda tarzında. Bilirse hızlı hareket edip daha kesin bir kurtulma yolu sağlayabilir.) Fiziksel şiddet ve Gasp – Katılımcı R

Furthermore, another requirement is that **environmental adjustments should be made accessible to individuals with visual impairments** in advance, to ensure all of these aspects are addressed.

Equally important, another point highlighted by the participants regarding the needs of visually impaired individuals was the importance of **informing intervention teams about disability-related requirements.** When discussing challenges, there were two difficulties related to intervention teams: unauthorized interventions and directions that were not suitable for individuals with visual impairments. These challenges highlighted the crucial role of well-informed and sensitive intervention teams, which also emerged as a pre-event need.

> There is something that intervention teams really need to know right now. How to interact with people with visual disabilities. They should also know how to address them. Physical Violence and Mugging - Participant R
>
> (Şu anda müdahale ekiplerinin gerçekten bilmesi gereken bir şey var. Görme engelliye nasıl davranılır, nasıl hitap edilir de bilmesi lazım.). Fiziksel Şiddet ve Gasp - Katılımcı R

> Serious guidance is seriously required in this context. For instance, certifications of sign language experts, certifications of those who have received training in guiding individuals with visual impairments, should be enhanced by adding a statement like, "In mandatory situations, they are obligated to perform the following tasks." This will facilitate the formation of a natural team. Earthquake - Participant O
>
> (Ciddi ciddi rehberlik anlamında. Mesela işaret dili uzmanlarının sertifikalarına, işte görme engelli rehberlik eğitimi almış olanların sertifikalarına, "Zorunlu durumlarda aşağıdaki görevleri yapmak zorundadırlar." diye bir ifadenin eklenerek doğal bir ekibin oluşturulması sağlanmalıdır.) Deprem - Katılımcı O

Next, another challenge mentioned in the difficulties section was the sense of not being understood, experienced by the participants. In this context, participants expressed that merely informing intervention teams about disability might not be sufficient. They indicated that, in line with this, **providing information about disabilities to the entire society** would contribute to meeting the needs of people with disabilities during crises.

> I'm insisting on this point. The same training should be provided together. In other words, the differences should be emphasized there. People with disabilities shouldn't receive separate training about this. Because people with disabilities are also members of this society. If others become aware of this, they can help each other on how to proceed accordingly. Because in natural disasters, as long as mutual assistance and organization are carried out at maximum speed, they cause the least harm to individuals or communities. Earthquake - Participant O
>
> (Israrla söylüyorum. Aynı eğitim birlikte verilmelidir. Yani farklılıklar orada belirtilmelidir. Engelliler bununla ilgili ayrı bir eğitim almalı değil. Çünkü engelliler de bu toplumun bir bireyi. Diğerleri de bunun farkına varırsa ona göre ne yapılacağı konusunda birbirine yardım edebilir. Çünkü doğal afetler yardımlaşmanın ve organize olabilmenin maksimum hızda yapılabildiği sürece kişilere ya da toplumlara en az zararı verir.) Deprem – Katılımcı O

Ultimately, **disability-specific crisis education** was another need they stated. Participants who highlighted the need for crisis education tailored specifically for people with disabilities pointed out that many of the training they received contained general information. They mentioned that these trainings didn't adequately address their own needs. In addition to disability-specific crisis education, there were participants who expressed the need for **knowledge about being prepared for**

crises in a general sense. In this context, the importance of **taking precautions and conducting drills** was also emphasized.

> So, as I'm saying, when they sense that an earthquake is happening, just like other individuals are given drills on what to do, this should also be possible to do specifically for people with visual disabilities. Physical violence - Participant L
>
> (Yani dediğim gibi işte deprem olduğunu hissettiği anda diğer bireyler ne yapması gerekiyorsa onlara da tatbikat yaptırılıyor filan bu görme engellilere özgü de yapılabiliyor olmalı.) Fiziksel şiddet - Katılımcı L

4.2.1.2.2. During Event

Initially, **the presence of someone else** was a prominent need that people with visual disabilities required during the incident. People with visual disabilities expressed the need for someone's presence from two perspectives. One was the need for someone who could **calm them down** during the incident.

> I would want it to keep me calm. Stay calm, don't move from where you are, or protect yourself, put your head between your hands. I would want it to prevent me from panicking. Earthquake - Participant D
>
> (Sakin olmamı sağlamasını isterdim. Sakin ol, işte olduğun yerden kımıldama veya kendini koru, kafanı ellerinin arasına al. Panik yaparsam beni engellemesini isterdim.) Deprem - Katılımcı D

The other was their requirement for someone **to provide them with verbal guidance.**

Participant C expressed the difficulty faced by a participant with visual disabilities during an explosion due to the sound of the blast, danger, and chaos. He explained his struggles to comprehend their surroundings and determine where he can go, and he emphasized the need for someone's presence to assist in this situation.

> If someone were to tell me, for instance, that I could go from here to the boulevard through Karanfil Street, if they said that and there were no other obstacles, it would be sufficient for them to ask whether I can move forward or not. If I couldn't go, it would be enough for them to accompany me; if I

> could go, it would be enough for them to let me proceed on my own. Explosion – Participant C
>
> (Eğer birisi bana örneğin buradan Karanfil Sokağı üzerinden bulvara gidebileceğimi söyleseydi, eğer böyle dedilerse ve başka engeller yoksa, ileri gidebilir miyim diye sormak onlar için yeterli olurdu. Eğer gidemezsem, benimle gelmeleri yeterli olurdu; eğer gidebiliyorsam, benim kendi başıma ilerlememe izin vermeleri yeterli olurdu.) Patlama – Katılımcı C

Considering well-informed intervention teams among the pre-event needs, **respect for personal rights by intervention teams** was a need that was required during the incident. Indeed, participants have emphasized that intervention teams should respect the personal rights of individuals with disabilities while providing assistance.

> When encountering a person with a disability, intervention teams should behave as if they were interacting with a normal individual and also consider their needs. For instance, if you're a woman, encountering someone with a visual or other physical impairment, they might not want to be touched. Just like I wouldn't want it as a man. There might be a need for assistance, for example, you can't say, 'Don't touch me, don't carry me.' However, just as you treat other individuals, people with disabilities should also be treated in the same manner. Explosion - Participant C
>
> (Engelli bireyle karşılaştıkları zaman normal bir bireymiş gibi davranıp onun da ihtiyaçlarını gözetmeleri gerekiyor. Örneğin bir kadınsınız, görmeyen fiziksel engelli ya da benzeri engellerde. Bir yerlerine dokunulmamasını isteyebilir. Mesela ben erkeğim ben de istemem. Taşınılmasına ihtiyaç vardır mesela bana dokunma beni taşıma diyemezsiniz ama diğer bireylere nasıl davranıyorsanız engelli bireylere de o şekilde davranılmalı.) Patlama - Katılımcı C

Finally, among the prominent needs**, the requirement for a cane** during the incident and **the necessity of having a mobile phone** stood out. Participants emphasized that a cane was essential for them to move more efficiently at the scene and enhance their self-protection. Additionally, the significance of having a mobile phone during the event was underscored due to its vital role in navigation and facilitating communication to reach individuals.

> Firstly, I felt the need for a cane. I didn't have a cane. A cane comes into your life, which many things hinder that people are unaware of. I might not step on those remnants, even if I had my cane. Earthquake – Participant E

(İlk olarak, baston ihtiyacını hissettim. Elimde baston yoktu. Bir baston, insanların farkında olmadığı birçok şeyi engellediği şekilde hayatınıza girer. Eğer bastonum olsaydı, belki de o kalıntılara basmazdım.) Deprem – Katılımcı E

4.2.1.2.3. Post-Event Needs.

After the incident, there emerged a need for **personnel specifically trained in disabilities to assist people with disabilities in hospitals.**

I said I couldn't see, and because I couldn't see there, I couldn't fill out those forms. Traffic accident - Participant G

(Ben görmüyorum dedim, orada görmediğim için de o formları dolduramadım.) Trafik kazası - Katılımcı G

Another necessity that emerged after the incident was the need for **psychological support**. Participant E expressed that he needed psychological support after the incident but didn't receive it, and when looking back, he wished he had. On the other hand, Participant L stated that she needed psychological support after the incident, received it, and mentioned that psychological assistance positively contributed to her well-being.

I didn't receive psychological support. But it seems it would have been beneficial if I had. Earthquake – Participant E

(Psikolojik destek almadım. Ama alsaymışım iyiymiş.) Deprem – Katılımcı E

Engaging in unwanted sexual intercourse, which is performed individually, is also a form of sexual violence in my opinion. To me, these are interconnected. Many of these experiences occurred within the context of my marriage. I was pushed to the point of contemplating suicide; he was the father of my child. He even attempted self-harm using medication and trying to jump out of a window. Essentially, he inflicted emotional pain on me through various means, using me particularly as a sexual object. All of these experiences had a negative impact on me emotionally. During the process of ending that marriage, I underwent psychological treatment, which allowed me to grasp life more comfortably and confidently afterward. Physical Violence - Participant L

(Cinsel içerikli yani bu bana bireysel olarak gerçekleştirilen isteksiz cinsel ilişki yaşamış olmak da cinsel şiddettir bana göre. Benim bunlar birbirine

bağlantılı aslında. Çünkü yapmış olduğum evliliğin içerisinde yaşandı bunların birçoğu. İntihar yapacağım, çocuğumun babasıydı, hem ilaçla hem camdan kendini atmaya çalışarak. Yani işte bana şiddet uygulayarak duygusal acı çektiren, özellikle cinsel obje gibi kullanmaya çalışan yine oydu. Bunların hepsi beni olumsuz duygusal bağlamda etkiledi. Zaten o evliliğimin bitme sürecinde ben psikolojik tedavi gördüm ve hayata ondan sonra daha rahat daha emin adımlarla tutunmuş oldum.) Fiziksel Şiddet – Katılımcı L

4.2.2. Strength of People with Visual Disabilities

In times of crises and disasters, beyond the vulnerabilities, inherent strengths and external factors empowering dimensions of the experiences of people with visual disabilities during and after crises and disasters were also observed, with a particular focus on two pivotal themes: facilitating factors and coping mechanisms. These facilitating factors and coping mechanisms collectively formed a robust set of strengths for people with visual disabilities, empowering them to face and manage challenges effectively during crises and disasters. This conceptualization aligns with the idea that strengths are not only about inherent individual qualities but also encompass external factors and coping strategies that contribute to resilience in crisis and disaster situations.

4.2.2.1. Facilitating Factors

When examining the data, it was observed that visual impairment not only posed challenges in the face of disasters and crises but also possessed attributes that facilitated both the moment of occurrence and coping mechanism (will be discussed in the title of Coping Mechanisms). The facilitating factors during the occurrence of the event can be classified into two main categories. The facilitating factors falling within the first group can be categorized as those accessible to everyone, whether being with visual disabilities or not, in the face of the event. **Maintaining composure during the event, the presence of someone else, engaging in prayer, and having prior experience with similar incidents** were among the facilitating factors encompassed in this group. The ability to remain composed during a crisis or disaster is a valuable strength. This suggested a level of emotional resilience that

contributed to better decision-making and coping. Having a support system or someone else present during a crisis and a disaster was indeed a facilitating factor. It provided emotional and potentially practical support, which was considered as crucial by participants with visual disabilities. Praying in the crisis moment provided comfort and a sense of control in challenging situations they experience. Having prior experience with similar incidents implied a level of adaptability and the ability to draw on past experiences to navigate the current crisis more effectively.

What is more, the facilitating factors encompassed within the second group stemmed directly from the condition of visual impairment itself, constituting specific advantages tailored to this impairment. One such advantage involved **the heightened reliance on the auditory sense**. Relying more on the auditory sense was a strength, as it enhanced one's ability to gather information about the environment, potential dangers, and the actions of others. Participant P attributed their ability to perceive danger during the event to their superior auditory acuity compared to other individuals.

> I am not exaggerating this; other people cannot determine where the explosion came from at the moment of detonation. You, on the other hand, are more adept at discerning the source and moving in the opposite direction. Therefore, even if I am alone compared to other individuals, I know better what I can do. I would go in the opposite direction, that is. Because I can more easily distinguish where the sound is coming from. 2016 Kilis Explosion - Participant P
>
> (Bunu abartmıyorum diğer insanlar patlama anında bombanın nereden geldiğini keşfedemiyorlar. Siz daha kolay keşfediyorsunuz nereden geldiğini ve onun tersi istikametine doğru gidiyorsunuz. Bu sebepten dolayı ben diğer insanlara göre yalnız başıma olsam bile daha çok ne yapabileceğimi bilirim. Ters tarafa giderim yani. Çünkü sesin nereden geldiğini daha kolay ayırt edebiliyorum.) 2016 Kilis Patlaması – Katılımcı P

The ability for independent movement was a considerable strength, as it fostered self-reliance and the ability to navigate the surroundings with confidence, even in crisis and disaster situations. Particularly when an event occurred in a very dark environment, participants expressed that they were more advantaged compared to individuals without visual disabilities. In such situations, being accustomed to

moving in darkness enabled them to move independently during the event, thereby facilitating the experience.

> Because of my visual impairment, I was able to utilize the night more comfortably. I was able to quickly call 112 on the phone. Despite it being nighttime, I attempted to assist them. I believe a sighted person might have experienced more panic or hesitation in that darkness. Since there is no distinction between nighPt and day for me, I think I moved more comfortably Traffic Accident – Participant G
>
> (Ben görme engelli olduğumdan dolayı geceyi daha rahat kullanabildim. Hemen telefonla 112' yi arayabildim. Gece olmasına rağmen onlara yardımcı olmaya çalıştım. Gören kişi sanırım o karanlıkta daha çok panikleyebilirdi, bocalayabilirdi. Benim için geceyle gündüz farklı olmadığı için ben daha rahat hareket ettiğimi düşünüyorum.) Trafik Kazası – Katılımcı G

The familiarity of the environment where the event takes place facilitated independent movement, thus becoming another factor that eased the occurrence of the event.

> Because I know my own house, and in fact, I know every corner of that neighborhood, my independent movement, like walking, is perfectly normal, just like anyone else. At that moment, because I know my own house, I can easily navigate. Earthquake - Participant B
>
> (Ben kendi evimi bildiğim için hatta o semtin her köşesini bildiğim için benim bağımsız hareketim yani yürümem falan gayet normal herkes gibi. O anda kendi evimi bildiğim için rahatlıkla çıkabilirim.) Deprem – Katılımcı B

4.2.2.2. Coping Mechanisms

When participants were queried about how they coped with the crisis they had experienced, the resulting responses shed invaluable light on the subject. Various difficulties encountered throughout individuals' lives can strain their emotional and psychological resilience. At this juncture, identifying factors that effectively support and empower individuals can aid in comprehending the shaping of personal growth and inner resilience.

In the current section, coping strategies employed by people with visual disabilities in response to crisis situations (see Figure 4.4) are categorized into four distinct

groups as (1) Problem-Focused Coping, (2) Emotion-Focused Coping, (3) Meaning-Focused Coping/ Cognitive Coping, and (4) Resilience/Personality-Based Coping. It's important to note that some coping mechanisms might fall into multiple categories, as individuals often use a mix of strategies to deal with stressors. Also, it is crucial to emphasize that this categorization is conducted with the aim of providing a clearer and more comprehensible overview of coping mechanisms.

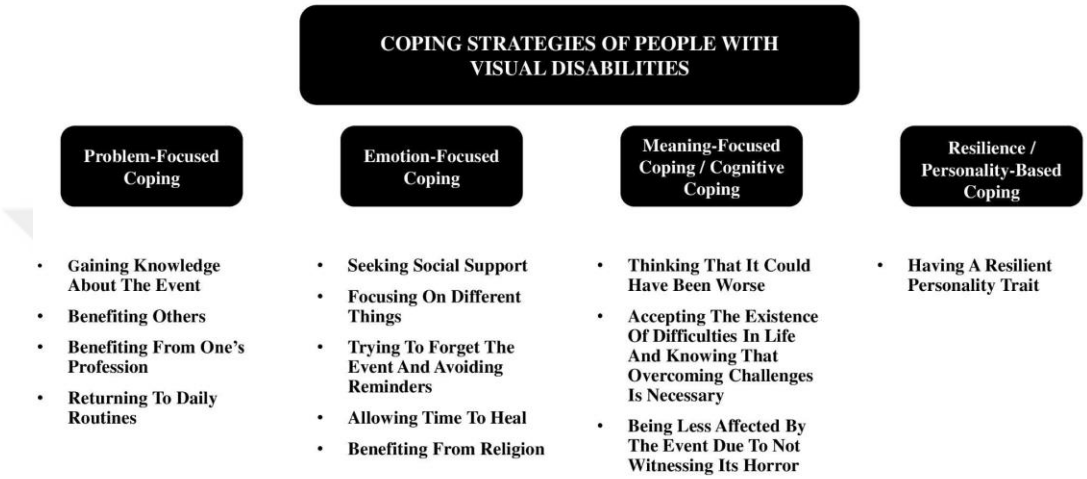

Figure 4.4. Coping Strategies of People Visual with Disabilities in Crises/Disasters

Category 1: Problem-Focused Coping

In this context, the strategies employed by participants with visual disabilities consisted of: "Gaining Knowledge about the Event," "Benefiting Others," "Benefiting from One's Profession," and "Returning to Daily Routines." This approach entailed confronting the stressor or issue head-on. Individuals who utilized this approach endeavored to undertake pragmatic measures aimed at altering the situation or minimizing its repercussions. They concentrated on devising solutions, formulating plans, and implementing actions to address the matter at hand.

Gaining Knowledge about the Event: By seeking guidance from an authority figure or someone knowledgeable about how to resolve the situation was one of the methods that participants used to cope with the event. Participant L, who experienced physical violence from their spouse, expressed attempting to cope with the situation as follows:

> Well, yes, I even went to marriage counseling centers. I attended marriage planning sessions, we attended them, you know. I tried to persuade us to receive treatment there. I wondered if it would last, if it would work out. Whether his condition would somehow improve. Physical Abuse, Participant L
>
> (Yani evet evlilik danışma merkezine kadar gittim. Evlilik planlamasına gittim, gittik yani. Oralarda tedavi görmeye ikna etmeye çalıştım. Acaba sürer mi gider mi? Onun hastalığı bir şekilde gider mi şeklinde.) Fiziksel Şiddet – Katılımcı L

Benefiting Others: Participants claimed that providing assistance and support to others aided them in handling the situation. Participant G stated that the traffic accident occurred in the evening, and because the occupants of the car couldn't see well at night, they had difficulty rescuing themselves. However, due to knowing how to move, Participant G managed to save the others in the car. In this aspect, having this visual impairment made it easier to cope with the situation. Participant G later expressed the following regarding the traffic accident:

> Afterward, by evaluating myself based on what I did, I managed to cope with the incident more easily. This also helped me overcome the situation. Traffic Accident – Participant G
>
> (Daha sonradan ben bunları, bunları yaptım diye kendimi değerlendirmeye geçmiş oldum. Bu da olayı daha kolay atlatmama yardımcı oldu.) Trafik Kazası – Katılımcı G

Benefiting from One's Profession: In this coping approach, participants stated that they employed their occupation or professional assets to deal with the event. Participant E, who is an emergency dispatcher, and Participant C, who is a teacher, declared that their professions helped them cope with the event.

> Because you get used to it. You know, I've been in this sector for 14-15 years. You encounter all sorts of things. You have to forget about it in 10 minutes, otherwise, you can't do this job. It's like the training you get in any profession, it's the same here. You have something like a 10-minute memory. Otherwise, you can't face it calmly. You can't intervene. The necessity to intervene kept me going at some point." (Earthquake and July 15 - Participant E)
>
> (Ya da buna alıştığınız için. Hani, 14-15 yıldır bu sektördeyim. Bin bir çeşit şeyle karşılaşıyorsun. 10 dakika sonra unutmak durumundasın yoksa bu

> mesleği yapamazsın. Her meslekte aldığınız eğitim gibi bunda da böyle. 10 dakika sonra unutmak gibi bir şeyiniz var. Yoksa soğukkanlılıkla karşılayamazsın. Müdahale edemezsin. Müdahale etme gerekliliği beni bir noktada ayakta tutuyordu.) Deprem ve 15 Temmuz - Katılımcı E
>
> I love my profession very much. I love my teaching profession. No matter what kind of difficulty I have, whether it's small, big, or medium. Even if I have personal troubles, I forget about them after entering the classroom. This provides me with great support and contribution. Explosion - Participant C
>
> (Mesleğimi çok seviyorum. Öğretmenlik mesleğimi çok seviyorum. Hangi sıkıntım olursa küçük büyük orta neyse artık. Özel sıkıntılarım dahi olsa sınıfa girdikten sonra bu sıkıntılarımı unutuyorum. Bu bana büyük bir destek ve katkı sağlıyor.) Patlama - Katılımcı C

Returning to Daily Routines: Another coping strategy participants asserted that they tried to cope with the event by attempting to return to and engage in the activities they were doing before experiencing the crisis.

> Getting back into the car again made our job easier. We didn't let the fear of having had an accident hold us back. About a week later, we started driving our normal lives and our regular car again. I believe it contributed to us coping more easily. Traffic Accident – Participant G
>
> (Tekrar arabaya binmek, işimizi kolaylaştırdı. Biz kaza yaptık korkusuyla geri planda kalmadık. Biz bir hafta sonra tekrar normal hayatımızı, normal aracımızı kullanmaya başladık. O bizim daha kolay atlatmamıza sebep oldu diye düşünüyorum.) Trafik Kazası – Katılımcı G

Category 2 Emotion-Focused Coping

Within this group, participants employed five coping strategies that they believed helped them deal with the situation. These strategies were: "Seeking Social Support", "Focusing on Different Things", "Trying to Forget the Event and Avoiding Reminders", "Allowing Time to Heal", and "Benefiting from Religion". Through the application of these strategies, participants focused on effectively managing their emotional reactions to the stressor. They actively sought emotional support, engaged in activities that made them feel better, and found ways to soothe themselves. Consequently, their aim was to effectively regulate the emotional distress caused by the crisis.

Seeking Social Support: The importance of social support in coping with the event was particularly emphasized by the participants.

> I mostly overcame this incident by conversing with people I am close to in my surroundings. Earthquake and July 15 - Participant E
>
> (Genelde çevremde samimi olduğum insanlarla muhabbet ederek bu olayı aştım.) Deprem ve 15 Temmuz - Katılımcı E
>
> I can say that I managed to overcome it thanks to my friends and my mother. Explosion - Participant C
>
> (Arkadaşlarım ve annem sayesinde üstesinden geldim diyebilirim.) Patlama - Katılımcı C

Focusing on Different Things: Focusing on different things emerged as another approach participants chose to deal with the effects of the event during the interview.

> By sharing and engaging in other social activities, I believe I managed to overcome the situation. Earthquake - Participant E
>
> (Paylaşarak, kendimi diğer sosyal aktivitelere vererek, işin üstesinden geldiğime inanıyorum.) Deprem - Katılımcı E
>
> I focused on different things to avoid the effects of the event. July 15th Coup Attempt – Participant A
>
> (Olayın etkilerinden kaçınmak için daha farklı şeylere odaklandım.) 15 Temmuz Darbe Girişimi – Katılımcı A
>
> I overcame it by engaging myself in certain tasks. Earthquake – Participant B
>
> (Kendimi bir takım işlere vererek aştım.) Deprem – Katılımcı B

Trying to Forget the Event and Avoiding Reminders: In the previous section, the presence of reminders of the event making coping with the situation difficult was discussed. It was observed that to cope with the event and avoid experiencing this difficulty, some participants tried to forget the event and attempted to distance themselves from reminders in order to feel better.

> I might not have anything to say about this because I might have avoided it to prevent encountering something afterward. Now, if it happened again, I

would prefer to talk. However, back then, reliving that psychology repeatedly, experiencing the same emotional pain, wasn't easy, so I kept myself quite distant from those situations. Earthquake and July 15th Coup Attempt – Participant E

(Bununla ilgili söyleyebileceğim bir şey yok çünkü sonrasında bir şeylerle karşılaşma şeyi olmasın diye belki kaçmış da olabilirim. Şimdi olsa konuşmayı tercih ederim. Ama o zaman, o psikolojiyi de tekrar tekrar yaşamak, aynı duygusal acıları hissetmek pek kolay olmadığı için o ortamlardan oldukça uzak durdum.) Deprem ve 15 Temmuz Darbe Girişimi – Katılımcı E

I didn't go to Kızılay for about 2 weeks. However, because I couldn't overcome my fears, I couldn't go. Overcoming the fear was a bit difficult. Explosion - Participant C

(Kızılaya yaklaşık 2 hafta gitmedim. Fakat korkularımı Patlama - Katılımcı C aşamadığım için gidememiştim. Korkuyu aşmak biraz zor oldu.) Patlama - Katılımcı C

Allowing Time to Heal: Allowing time to heal was another factor expressed by participant E and beneficial for him. He mentioned that over time, the impact of the event lessened, and he left the event behind in this manner.

Some overcome it through therapy, while others overcome it by allowing time to pass. I tried to overcome it by allowing time to pass in a certain way, and I succeeded. Earthquake and July 15 – Participant E

(Kimisi terapi olarak aşıyor, kimisi de zamana yayarak aşıyor. Ben zamana yayarak bir şekilde aşmayı denedim, başarılı oldum.) Deprem ve 15 Temmuz – Katılımcı E

Benefiting from Religion: Participant C, who experienced an explosion in Ankara, expressed that he drew strength and comfort from his religious beliefs, which was the final aspect of emotion-focused coping that participants emphasized.

By praying. I'm a religious person first and foremost. I believe that I overcame it by reading the Quran, performing prayers. Because these serve to distance these things from your mind in different ways, different methods for believers, or different pursuits for non-believers. It helps to push these thoughts away. Because I'm a believer, I thought these were quite effective. I believed that praying helped overcome such things. Explosion - Participant C

(Dua ederek. Dindar bir insanım öncelikle. Kuran okuyarak, namaz kılarak aştığımı düşünüyorum. Çünkü bu farklı şekillerde, inanan insanlar için farklı yöntemler ya da inanmayan insanlar için farklı uğraşlar. Kafadan bunları uzaklaştırmaya yarıyor. Ben inanan bir insan olduğum için bunların fazlasıyla etkili olduğunu düşündüm. Namaz kılmanın bu tarz şeyleri atlatmada yardımcı olduğunu düşündüm.) Patlama - Katılımcı C

Category 3 Meaning-Focused Coping/ Cognitive Coping

This coping style encompassed changing one's perception or understanding of the situation, akin to the previous approaches. Participants asserted that they often endeavored to uncover favorable aspects, adjust their outlook to a more optimistic angle, or delve into the potential for personal growth and development in the face of hardships. As a consequence of the conducted interviews in this realm, three coping techniques emerged, namely "Thinking that it could have been worse", "Accepting the existence of difficulties in life and knowing that overcoming challenges is necessary", and "Being less affected by the event due to not witnessing its horror“.

Thinking that it could have been worse: Participant O, by recalling the factors that helped him during the event and thinking "What if I didn't have these at that moment," stated that this contributed to his coping with the incident. Similarly, Participant P, who experienced an explosion in Kilis, expressed that by thinking "What if it had been worse" or "What if I were closer to the events", he managed to overcome the situation more easily.

One of the reasons that made it easier for me to overcome this incident is that, first of all, nothing happened to my loved ones. You know, having all of them there. Secondly, my family has this mentality of perceiving even eating outdoors as a pleasure. This helped in transforming it, you know. Earthquake - Participant O

(Bu olayı atlatmamı kolaylaştıran nedenlerden bir tanesi, bir kere sevdiklerime bir şey olmaması. Hani hepsinin orada olması. İkincisi ailemin bunu işte açık alanda yemek yemeyi bir keyif gibi de algılayacak bir yapıda olması. Hani bunu dönüştürmede yardımcı oldu.) Deprem – Katılımcı O

For example, we have our village called Yazıbağ. I thought, "What if I were there?" But Kilis is a bit calmer. Thinking in this way made it easier for me to cope with the incident. Explosion - Participant P

(Bizim Yazıbağ köyü var mesela. Ya orada olsaydım diye düşündüm. Ama Kilis biraz daha sakin. Bu şekilde düşünmek daha kolay atlatmamı sağladı olayı.) Patlama - Katılımcı P

Accepting the existence of difficulties in life and knowing that overcoming challenges is necessary: During the interviews, it was noted that being aware of the possibility of experiencing similar events in life and accepting this fact had a positive impact on the participants. The perception that life continues and that one must somehow overcome the challenges was seen to aid in coping. Participant B experiencing the earthquake and losing her cousin during the earthquake summarized all of these findings as follows:

> Right now, I mean, the earthquake incident, how should I put it? I believe that just as there is life, there is also death. So, I've come to accept everything as normal. It's a loss without consolation, of course, but life goes on in a way. I managed to overcome it through my own efforts because I needed to. Earthquake - Participant B

> (Şu an yani, deprem olayı, yani nasıl anlatayım? Yaşam olduğu kadar ölüm de olduğunu düşünüyorum. Yani, artık her şeyi normal karşılıyorum. Tesellisi olmayan bir kayıp tabii ki ama yaşam da bir taraftan devam ediyor. Kendi çabalarımla üstesinden geldim çünkü üstesinden gelmem gerekiyordu.) Deprem - Katılımcı B

Being less affected by the event due to not witnessing its horror: It is important to note that this coping strategy was the only one that can be associated with visual impairment among all coping strategies. Participants C and A were two participants who expressed using this strategy. The participants compared themselves with individuals without visual disabilities who experienced the same event. They mentioned that people who could see were more negatively affected by the event because they also witnessed the horror of the situation. However, the participants believed that they themselves coped more easily with the event as they did not witness the horror of the situation due to their visual impairment.

> I say it's easier because I haven't visually witnessed many events. If I had seen them, because I'm an emotional person, I believe I would have been more affected. I mean, I heard the moans, but I didn't see the injured people. I heard the moans. Explosion - Participant C

(Kolay olduğunu söylerim çünkü bir çok olayı görsel olarak görmedim. Görseydim, çünkü ben duygusal bir insan olduğum için daha fazla etkileneceğimi düşünüyorum. Hani inlemeleri gördüm ama yaralı insanları görmedim. İnlemeleri duydum.) Patlama - Katılımcı C

For example, television footage doesn't terrify me much. You just feel sad, like, "Oh, God, this happened, that happened..." Since that message doesn't reach your brain, you're only experiencing it physically. Like, you don't see the blood, you don't see the horror. People who can see are affected differently from them. July 15 Coup Attempt - Participant A

(O televizyon görüntüleri mesela çok dehşete düşürmüyor. Sadece üzülüyorsunuz hay Allah şöyle olmuş böyle olmuş... Beyne o ileti gitmediği için sadece onu fiziksel olarak yaşıyorsunuz. Mesela kanı görmüyorsunuz, dehşeti görmüyorsunuz. Görebilen insanlar onlardan daha farklı etkileniyorlar.) 15 Temmuz Darbe Girişimi – Katılımcı A

Category 4 Resilience / Personality-Based Coping

Only one factor expressed by participants in this category emerged which was **Having a Resilient Personality Trait**. During the interviews, when participants were asked how they coped with the event after it occurred, 4 out of 10 participants (B, D, L, and O) emphasized their personality traits such as being stubborn, determined, resilient, and persistent. They highlighted that they were able to overcome the incident because of possessing these characteristics.

Because I have a very stubborn personality. I mean, I go after things relentlessly. Earthquake – Participant O

(Çünkü çok fazla inatçı bir kişiliğe sahibimdir. Yani olayların üstüne giderim.) Deprem – Katılımcı O

Because we have to be resilient. We always have to be resilient. Earthquake – Participant B

(Çünkü dirençli olmak zorundayız. Her zaman için dirençli olmak zorundayız.) Deprem – Katılımcı B

4.3. People with Physical Disabilities in Crises/Disasters

Examining the encounters of participants with physical disabilities, it became apparent that among the subset of 5 participants, 3 individuals (H, K, and M)

maintained the perspective that their physical disabilities had negligible impact—whether obstructive or supportive—during instances of crises/disasters. Nonetheless, in spite of these viewpoints, the entire participant cohort acknowledged the presence of distinct experiential fluctuations in their engagement with episodes of crises/disasters, which were attributed to the limitations imposed by their physical constraints. A unanimous consensus materialized among participants, underscoring the contributory role of their physical disabilities in giving rise to this divergence.

4.3.1. People with Physical Disabilities as a Vulnerable Group

4.3.1.1. Challenges

In the upcoming section, the challenges encountered by individuals with physical disabilities during and in the aftermath of various crises, including earthquakes, the July 15 Coup Attempt, and Traffic Accidents, will be investigated (see Figure 4.5). This part of the discussion will illuminate the challenges that people with physical disabilities confront not only amidst these events but also as they navigate the aftermath.

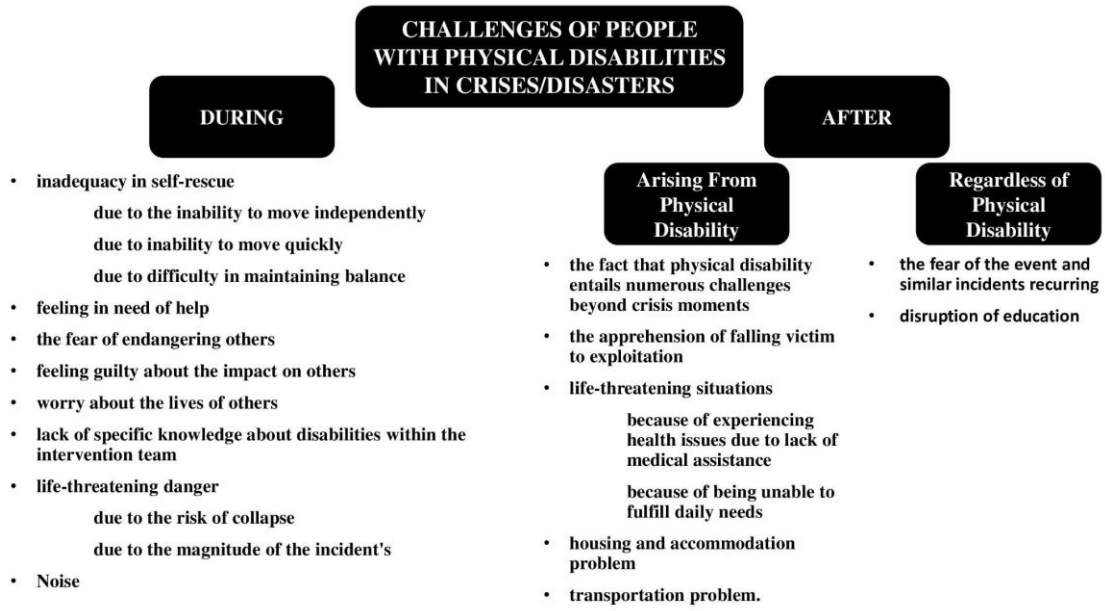

Figure 4.5. Challenges of People with Physical Disabilities in Crises/Disasters

4.3.1.1.1. Challenges during Events

This section explores the firsthand encounters and viewpoints of individuals with physical disabilities in times of crisis, providing insight into the diverse array of challenges they faced. While most of these challenges directly originated from their physical limitations, it's important to highlight that specific factors amplified their difficulties like inadequacy in self-rescue. The challenges will be examined by categorizing them into five categories in order to better explain the difficulties experienced by people with physical disabilities during the event: Physical Limitations Amplifying Challenges, Emotional and Psychological Distress, Interconnected Concerns, Lack of Knowledge and Safety Risks, and Environmental Factors and Sensory Overload

Category 1: Physical Limitations Amplifying Challenges

The responses provided by the participants unveiled various challenges that emerged due to their physical disabilities. One significant concern was the "**inadequacy in self-rescue**."

> So, not being able to escape outside during that earthquake is solely related to your disability. Before I could even get outside, everyone else in the building had already gone down to the balcony or the garden, just so you know. Everyone was outside, while you were still inside. This is, in itself, a source of distress for you. Not being able to get out and relying on someone else for help at that moment. Earthquake - Participant K
>
> (Yani o deprem sırasında dışarı kaçamamak sadece sizin engeliniz ile ilgili bir şey. Ben daha dışarı çıkamadan bütün apartman balkona inmişti bahçeye inmişti öyle söyleyeyim. Herkes dışarıda siz içeridesiniz. Bu başlı başına sizin için bir üzüntü kaynağı. Çıkamamak ve birinden o anda yardım alıyor olmak. Deprem - Katılımcı K

Their **inability to move independently**, **inability to move quickly**, and **difficulty in maintaining balance** hindered their ability to respond efficiently in emergency situations. This limitation not only placed their safety at risk but also emphasized the necessity for customized approaches to cater to their distinct requirements.

> When normal individuals are leaving the area… I have an orthopedic disability. I walk with a crutch. Since we were on the stairs, we had to

descend slowly. If we were to go quickly, we would have fallen. This is a disadvantage, obviously due to the disability at that moment. Earthquake - Participant M

(Normal kişiler orayı terk ederken… Ortopedik engelliyim. Koltuk değneğiyle yürüyorum. Merdivenlerde olduğumuz için yavaş yavaş inmek zorundaydık. Hızlı gidersek düşecektik. Bu bir dezavantajdır. Tabi ki engel o esnada.) Deprem - Katılımcı M

Because your reaction times are much longer, someone else is quickly getting out. But you are not like that. It takes you up to 10 minutes to leave. Earthquake – Participant K

(Çünkü sizin reaksiyon süreleriniz çok daha uzun. Başkası koşa koşa çıkıyor. Ama siz öyle değilsiniz. Çıkmanız 10 dakikayı buluyor.) Deprem - Katılımcı K

Even healthy individuals were falling and fainting. As for me, I was even more affected in terms of maintaining balance and such. Earthquake - Participant M

(Sağlıklı insanlar bile düşüp bayılıyorlardı. Ben de daha çok etkilendim denge kurma konusunda filan.) Deprem - Katılımcı M

Category 2 Emotional and Psychological Distress

During crises, people with physical disabilities experienced heightened emotional distress. The "**feeling in need of help**" emerged as a psychological burden, reflecting their dependency on others for assistance.

Consequently, people like me, and individuals from families with disabilities—let me put it this way, there are two individuals; elderly and me. I'm not old, but I have a disability. We need to be taken care of in some place. Earthquake - Participant K

(Dolayısıyla aslında ben ve benim gibi insanlar handikaplı aileler yani şöyle söyleyeyim; 2 tane kişi, yaşlı var ben varım işte. Ben yaşlı değilim ama engelliyim. Bizim bir yerde kollanmamız gerekiyor.) Deprem - Katılımcı K

The fear of "endangering others" accentuated their emotional turmoil, illustrating their concern for both their safety and the safety of those around them.

Everyone will evacuate, but your parents will not go out. You will have put them at risk, and there's concern about that. Asking for help from someone

and having your family stay with you is conscience-disturbing and upsetting for you. Earthquake - Participant K

(Herkes dışarı çıkacak, senin için annen baban dışarı çıkmayacak. Onları riske atmış olacaksın. Onun kaygısı var. Birinden yardım istemek ve ailenizin sizinle beraber kalması vicdanen sizi çok rahatsız ediyor ve üzüyor) Deprem - Katılımcı K

This apprehension, coupled with the **"feeling guilty about the impact on others"** highlighted the complex emotional landscape Participant K navigated.

In any case, this both saddens you as a person and demoralizes you. You also feel guilt and responsibility towards the person you're facing, because if something happened to them because of being with you. Earthquake - Participant K

(Her halükarda bu sizi insan olarak hem üzüyor hem moralinizi bozuyor ve karşınızdaki kişiye karşı suçluluk ve sorumluluk duygusu hissediyorsunuz. Çünkü ya benle beraber ona da bir şey olursa.) Deprem - Katılımcı K

Category 3 Interconnected Concerns

The participants' responses underscored the interconnectedness of their concerns. Their genuine **worry about the "lives of others"** revealed their selflessness, demonstrating that their consideration extended beyond their immediate challenges.

Now I've had an accident. I experienced it alone, only with my spouse, I experienced it. I bore the damage. My family, my friends, they surely felt sad, but I was the only one experiencing the pain. As an individual, it was me, but during the events of July 15th, my child was with my family, and at that moment, everyone present in Ankara, where it was happening, felt the same stress and fear simultaneously. As a society, we experienced the same pain. Especially my son's condition at that moment, his reactions, his vacant stares, his jumping into our arms with each bomb explosion – those were very saddening incidents. The events affected us greatly that night. July 15th Coup Attempt - Participant J

(Şimdi kazayı geçirdim. Sadece ben yaşadım eşimle birlikte ben yaşadım, hasarı ben aldım. Ailem, arkadaşlarım mutlaka üzüldüler ama acıyı çeken sadece bendim. Birey olarak bendim ama 15 Temmuz olayında ailemle birlikte çocuğum da vardı ve o anda orada bulunan Ankara'da bulunan herkes aynı anda aynı stresi aynı korkuyu yaşadı. Toplum olarak aynı acıyı yaşadık. Özellikle oğlumun o anki durumu, tepkileri, boş boş bakışları, her bomba

patlayışında hoplayarak anne baba deyip sarılması çok üzücü olaylar. Bizi o gece çok etkiledi. 15 Temmuz Darbe Girişimi - Katılımcı J

Category 4 Lack of Knowledge and Safety Risks

The findings identified a substantial **"lack of specific knowledge about disabilities within the intervention team."** This deficit in understanding exacerbated the challenges faced by people with physical disabilities, potentially impeding effective responses from emergency personnel.

> Because they don't know anything. For example, we say this. In an earthquake, you rescued a person with disabilities from the rubble. When you take them and sit them on a hard surface, after like 3 hours of sitting, their hips get bedsores that are so severe that they can die within a month, given the medical facilities in an earthquake scenario. They say, "We didn't know this." They don't even know what the needs of a person with disabilities are. Earthquake - Participant K

> (Çünkü hiçbir şey bilmiyorlar. Yani mesela şeyi söylüyoruz. Bir depremde enkazdan bir engelli çıkarttınız. Onu götürüp sert bir zemine oturttuğunuz zaman o kişi mesela 3 saat oturduğu zaman kaldığı zaman kalçalarında öyle bası yaraları çıkar ki 1 ay içerisinde ölür bu kişi. Deprem ortamının tıbbi olanakları düşünüldüğünde. Biz bunu bilmiyorduk diyorlar. Yani hiç engellinin ihtiyaçlarının ne olduğunu dahi bilmiyorlar.) Deprem – Katılımcı K

Furthermore, the occurrence **of "life-threatening danger"** due to the **"risk of collapse"** and **the "magnitude of the incident's intensity"** highlighted the heightened vulnerability of these individuals.

> The difficulty was purely fear. Because there was no hundred percent guarantee that the next plane coming from behind wouldn't drop a bomb on you, wouldn't shoot bullets, or wouldn't crash into you. Our lives were in danger because of this. July 15th Coup Attempt - Participant J

> (Zorluk sadece korku. Çünkü arkadan gelen bir sonraki uçağın size bomba atmayacağı, kurşun atmayacağı ya da size çarpmayacağı yüzde yüz garanti değildi. Hayatımız tehlikedeydi çünkü.) 15 Temmuz Darbe Girişimi - Katılımcı J

> There was even the possibility of death involved, of course. Because there were cracks and breakages in the windows of the dormitory, even though they were said to be sturdy, they could have collapsed. Earthquake - Participant M

> (Ucunda ölüm bile vardı tabi ki. Bundan. Çünkü yurdun camlarında kırılmalar olmuştu, çatlaklar olmuştu. Yani her ne kadar sağlam denilse de yıkılabilirdi.) Deprem - Katılımcı M

Category 5 Environmental Factors and Sensory Overload

Among the challenges, environmental factors played a significant role. Notably, the addition of **"noise"** as a challenge underscored how sensory overload during crises could compound distress for people with disabilities.

> We heard the bombs, we heard all of them. During the bomb attacks, the building was shaking as if there was an earthquake. The windows were rattling. Of course, my son was crying and hugging us, calling us "mom and dad." We experienced that night like that. July 15th Coup Attempt - Participant J
>
> (Bombaları duyduk, hepsini duyduk. Bomba atılışında bina deprem olmuş gibi sallanıyordu. Camlar şangır şangır ötüyordu. Oğlum tabi anne baba diye ağlayarak sarılıyordu bize. O geceyi de öyle yaşadık.) 15 Temmuz Darbe Girişimi - Katılımcı J

4.3.1.1.2. Challenges after Events

Crises often lead to a range of challenges and difficulties for individuals, affecting various aspects of their lives. This section examines the challenges experienced by individuals with physical disabilities following such crises. Upon examining the interviews, it was evident that while the majority of these challenges stemmed from their physical condition, it was also apparent that everyone, irrespective of their physical ability, could encounter difficulties in the aftermath of these situations like **disruption of education**.

Moreover, it was observed that while challenges such as **the fact that physical disability entails numerous challenges beyond crisis moments**, **the apprehension of falling victim to exploitation**, and **the fear of the event and similar incidents recurring** made dealing with the situation more challenging, the other specified challenges were more vital and primarily related to the challenges of maintaining daily life.

To begin with, examining challenges unique to individuals with physical disabilities, a crucial aspect to consider was **the fact that physical disability entails numerous challenges beyond crisis moments**. People who had physical disabilities faced a range of different challenges like mistreatment, isolation, and other issues as part of their everyday lives even prior to any specific crises. Dealing with a demanding life occurrence such as a crisis, in addition to these existing problems, made handling the situation even more intricate.

> Because those individuals had also experienced something before due to their disability, I would have wanted people to be more careful so that they wouldn't go through the same thing again a second time. Traffic Accident – Participant I
>
> (Çünkü o birey daha öncesinde de bir şey yaşadığı için özründen dolayı, ikinci bir defa aynı şeyi yaşamaması için daha dikkatli olmalarını isterdim insanların.) Trafik Kazası – Katılımcı I

Secondly, another challenge that participants with physical disabilities identified after crises was **the apprehension of falling victim to exploitation**, as explained by Participant K. He associated these risks with the issue following a crisis for people with disabilities, as described below:

> However, the greatest risk, especially for many disability groups, is the very real danger of harassment, assault, including abuse, and organ trafficking. They can steal your valuables. They can steal your organs. There are no specific systems in place. Because we, physically, are not like other people - they are also at risk in such situations, of course, but - we don't have the ability to protect ourselves as much. Therefore, your risk compared to other people outside is 5 times, 6 times, maybe even 10 times higher depending on the magnitude of the disaster. Earthquake - Participant K
>
> (Ama en büyük mesela birçok engel grubu için hakikatten ciddi bir risk taciz, tecavüz yani istismar ve organ kaçakçılığı. Ziynet eşyalarınızı da çalabilirler. Organlarınızı da çalabilirler. Özel sistemler yok. Çünkü bizler fiziki olarak diğer insanlar gibi –onlar da risk altında böyle durumlarda tabi ama- kendimizi daha fazla koruma imkanımız da yok. Dolayısıyla dışardaki diğer insanlara göre riskiniz 5 kat 6 kat belki afet büyüklüğüne göre 10 kat daha fazla.) Deprem- Katılımcı K

Another important point **was life-threatening situations** after crises for the participants with physical disabilities. Particularly, Participant K highlighted that they faced a life-threatening danger as an individual with disabilities.

> Similarly, after a disaster, people with disabilities live the disaster for another year, and those with disabilities deaths, perhaps, exceed the deaths caused by the disaster itself. Earthquake - Participant K
>
> (Aynı şekilde afet sonrasında engelliler, afeti ondan sonra 1 yıl yaşar ve engelli ölümleri afetlerde ölenlerden belki de daha fazla engelli ölümü afet sonrasında gerçekleşir.) Deprem – Katılımcı K

Furthermore, the narratives shared by participants with physical disabilities during and after crises shed light on the imminent danger they faced because of **experiencing health issues due to lack of medical assistance.** Their vulnerability was amplified due to their pre-existing health conditions and the necessity of continuous medical assistance. It became evident that disruptions in healthcare services after crises especially like earthquakes exacerbated their health issues to a perilous extent. Many participants recounted instances where they were deprived of crucial medical care, resulting in the deterioration of their conditions and a heightened risk of mortality. The absence of proper medical attention not only intensified their health challenges but also underscored the urgent requirement for specialized support tailored to their unique needs during the aftermath of crises.

> In daily life, we experience certain difficulties. Issues with medical supplies and accessibility are present. These difficulties have actually increased even more after the earthquake. Apart from that, especially housing problems and obtaining medical supplies. This is what I'm trying to convey: for example, a person can go to the restroom and take care of their needs under normal circumstances. But if you have orthopedic disabilities, an important part uses a catheter. If you can't obtain this catheter, you could die. Do you understand what I'm saying? Because when you don't have that medical supply for your urinary system, if you can't use it, there's a serious risk of entering urea coma after 7-8 hours, for example. Or you could experience serious kidney function issues. There were a lot of problems here. Also, since you can't lie in your bed, you need to lie on special cushions, and these are not available. Some people developed wounds. Earthquake - Participant K
>
> (Günlük hayatta bizim yaşadığımız bazı zorluklar vardır. Medikal malzeme sorunu, erişim sorunu. Bunlar zaten depremden sonra daha da arttı. Onun dışında özellikle barınma sorunu ve medikal malzeme temin sorunu. Bundan şunu anlatıyorum bakın mesela tuvalete gider bir insan küçük abdestini halleder dimi normal şartlarda. Ama siz ortopedik engellisiniz önemli kısmı bir sonda kullanır. Bu sondayı temin edemezseniz. Ölürsünüz. Yani anlatabiliyor muyum? Çünkü boşaltım sisteminizde o medikal malzeme

> olmadığında yapamazsanız 7-8 saat sonra çok ciddi üre komasına girme riski var mesela. Ya da çok ciddi böbrek fonksiyon bozuklukları yaşarsınız. Burada çok sıkıntı yaşandı. Ya da işte yatağınızda yatamadığınız için özel minderlerin üzerlerinde yatmanız lazım bunları bulamıyorsunuz. Yara bere açanlar oldu.) Deprem - Katılımcı K

Another crucial aspect that needs to be mentioned was the perceived life-threatening situation posed by **being unable to fulfill daily needs**. The aftermath of crises unveiled the harsh reality that physically people with disabilities encountered formidable obstacles while trying to fulfill their daily needs. The upheaval of their regular routines, coupled with damaged infrastructure and scarcity of resources, transformed even the simplest tasks into daunting challenges.

> Everyone can just throw a blanket and lie down on the ground, but you can't. Because being with orthopedical disabilities, the risk of bedsore can quickly become a concern on hard surfaces. Medically, you have difficulties meeting your basic self-care needs. Everyone can quickly go to the restroom and get things done, but you can't. Earthquake - Participant K
>
> (Herkes bir battaniye atıp yere uzanabiliyor ama siz yapamıyorsunuz. Çünkü ortopedik engelli olduğunuz için sert zeminlerde hemen basi yaraları gündeme gelebiliyor. Tıbbi olarak bir öz bakım ihtiyaçlarınızı karşılama sıkıntınız var. Herkes işte tuvalete hızlıca girip işlerini yapabiliyor ama siz yapamıyorsunuz.) Deprem - Katılımcı K

In addition to these challenges, **the issue of housing and accommodation** emerged as a critical concern, as the aftermath of the crisis left damaged structures and an acute shortage of accessible shelters.

> But I mean the whole building was in our yard. But, you know, everyone was lying on the ground and such. I don't have that option. I mean, you're a person with disabilities. After a while, I felt helpless and got up. I went inside and lay down. Everyone was lying outside. I guess I was the only one at home in the building. So, I took the risk of the earthquake and lay down. Earthquake - Participant K
>
> (Ama yani bütün apartman bizim bahçede. Ama yani herkes yerlerde falan yatıyordu. Benim böyle bir şansım yok. Engellisiniz yani. Bir süre sonra şey yaptım çaresiz kalktım. Ben içeri gidip yattım. Herkes dışarıda yattı. Herhalde apartmanda bir tek ben evdeydim. Yani ben deprem riskini göze alarak yattım.) Deprem - Katılımcı K

Moreover, another critical challenge that was affected was **transportation**. Individuals with physical disabilities found themselves in a challenging situation when it came to transportation. Having dependable and accessible transportation was essential for them to maintain their independence and engage in different activities. However, the crises made transportation problems even worse, leading to isolation and reliance on assistance. This, in turn, hindered their quality of life. Participant H expressed the difficulty she faced due to the inaccessibility of public transportation after her vehicle became unusable as a result of a traffic accident in the following way.

> Firstly, due to not having a car, I missed out on many social activities. Later on, for instance, I used to go to places like the market by car, but it became quite difficult with taxis. Because finding a taxi was challenging where I was located. Traffic Accident - Participant H
>
> (Birincisi araba olmadığı için sosyal anlamda birçok şeyden geri kaldım. Daha sonra mesela market gibi, arabayla gidip alıyodum ama onlar taksiyle baya zor oldu. Çünkü bulunduğum yerde taksi zor oluyordu bulmak.) Trafik Kazası - Katılımcı H

Finally, the challenges that individuals with physical disabilities encountered in the aftermath of crises extended beyond their physical limitations. These difficulties encompassed **the fear of the event and similar incidents recurring**, as well as the potential **disruption of their education**. It's important to note that these obstacles were not exclusive to those with disabilities; they were challenges that anyone could have faced. The emotional toll of anticipating another crises, along with the potential interruption of educational pursuits, highlighted the universal nature of these struggles.

> When you went there, there was an atmosphere of uncertainty about whether the same thing would happen again or not. It wasn't just me; everyone felt it. Everyone was in the same situation. The question was whether there would be another earthquake or not, because the aftershocks continued for months afterwards. In fact, at that time, there were students who took a break from university. Some friends had left the university Earthquake - Participant M.
>
> (Oraya gittiğiniz zaman aynı olur mu olmaz mı havası vardı. Sade benim değil herkesin. Herkes de aynı durum söz konusuydu. Deprem olur mu olmaz mı? Çünkü sarsıntılar artçı sarsıntılar aylar sonra da yine devam ediyordu.

Hatta o zamanda üniversiteyi donduranlar vardı. Üniversiteyi bırakan arkadaşlar olmuştu.) Deprem – Katılımcı M

They canceled school. We went home. Of course, the educational life was disrupted for university students, just like it was for all of us. I can say it was disrupted for more than 3-4 months. Earthquake - Participant M

(Okulu tatil ettiler. Eve geldik. Tabi bir de eğitim hayatı hepimizin de olduğu gibi üniversiteli arkadaşların da aksadı. Diyebilirim ki 3 4 aydan fazla aksadı.) Deprem – Katılımcı M

4.3.1.2. Specific Needs

In the earlier sections, the challenges were discussed. Shifting focus to this section involves an exploration of the unique requirements necessary to reduce the impact of these difficulties and to facilitate the coping process with the events. The distinct needs of individuals with physical disabilities in crisis situations are presented below, categorized as pre-event, during-event, and post-event needs (see Figure 4.6).

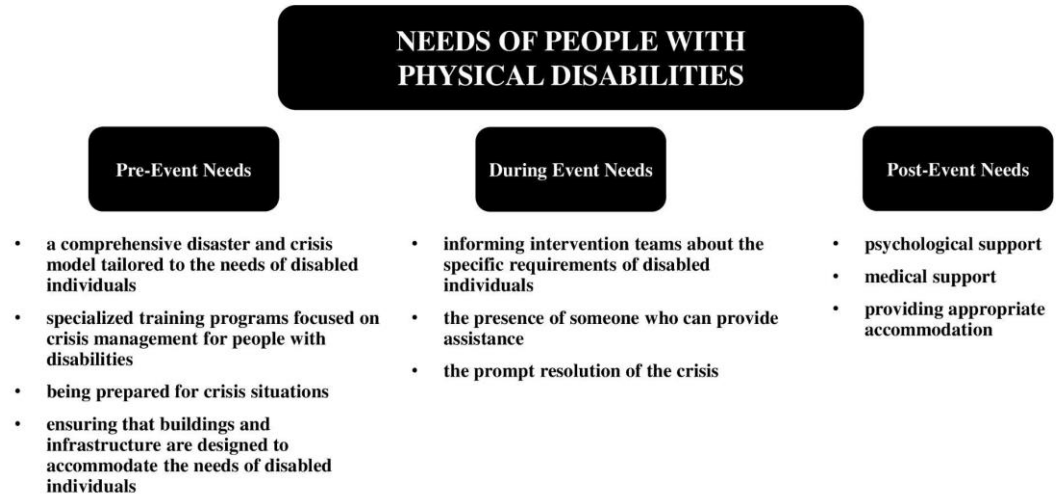

Figure 4.6. Needs of People with Physical Disabilities in Crises/Disasters

4.3.1.2.1. Pre-Event Needs

At first, when reviewing the interviews, it was understood that **a comprehensive disaster and crisis model tailored to the needs of people with disabilities** was necessary. Participants asserted that they believed that this framework should consider the specific challenges they may face and outline strategies to address those challenges effectively.

> But you will determine the basic needs of every disability group, in other words, you will identify their essentials for daily life. You will provide fundamental services and necessities to ensure them. Secondly, how does this turn into a risk during an earthquake? For instance, what is it that spinal cord injury patients need to use regularly, like medical catheters? If they don't use them, they can fall into a urinary coma and die from kidney failure. This is a general need and risk. So, what can happen during a disaster? Naturally, the medical supply system will also collapse during a disaster. In such a situation, a system needs to be developed. They need to create a model. Earthquake – Participant K

> (Ama her engel grubunun temel ihtiyaçlarını belirleyeceksiniz yani günlük hayatta olmazsa olmazlarını belirleyeceksiniz. Sağlaması için temel hizmet ve ihtiyaçlarını vereceksiniz. İkincisi, depremde bu nasıl bir riske dönüşür. Mesela nedir omurilik felçlilerin düzenli olarak medikal sonda kullanması lazım. Kullanmazsa ne olur üre komasına girip böbrek yetmezliğinden ölebilir. Bu bir genel ihtiyaç ve risktir. Peki afette ne olabilir. Afet anında doğal olarak medikal malzeme temin sistemi de çok çökecektir. Böyle bir durumda bir sistem geliştirmek lazım. Bir modelleme yapmaları gerekiyor.) Deprem – Katılımcı K

Not only that but also**, specialized training programs focused on crisis management for people with disabilities** were emphasized by the participants to be extremely important. It was indicated that such training is significant in equipping them with the necessary knowledge and skills to effectively respond to crisis situations.

> Currently, these trainings predominantly highlight the actions of normal individuals. This is my observation. There isn't much emphasis on this aspect: what individuals with visual disabilities or those with orthopedic disabilities should do. Earthquake - Participant M

> (Şimdi bu eğitimlerde daha çok normal insanlar ne yapar vurgulanıyor. Benim gözlemim budur. Şuna pek değinilmiyor. Görme engelli ve ortopedik engelli gibiler ne yapmalı gibi hiç değinilmiyor diyebilirim.) Deprem - Katılımcı M

Additionally, in relation to the previous needs, the participants highlighted the importance of **being prepared for crisis situations**. They held the view that individuals who have disabilities need to be educated about potential risks and taught how to respond rapidly and securely in times of emergencies.

> Reading books and brochures related to disasters will certainly be beneficial. July 15th Coup Attempt - Participant J

(Afetlerle ilgili en azından kitapları okuması, broşürleri okuması mutlaka fayda gösterecektir.) 15 Temmuz Darbe Girişimi - Katılımcı J

Ultimately, another pre-event necessity was **ensuring that buildings and infrastructure are designed to accommodate the needs of people with disabilities**, facilitating their mobility and access. The presence of ramps and elevators in buildings, and not having slippery flooring materials in building interiors, stood out as desired features in buildings.

> But there's also this aspect: all the needs that exist after a disaster, are incorporated into pre-disaster preparation. All public spaces, urban areas, and if possible, residences, should be arranged according to the accessibility of individuals with disabilities. If there's no ramp at the entrance of your apartment building, for example, you can't exit through there. Earthquake - Participant K

> (Ama bir de şu var. Afet öncesi için afet sonrası olan ihtiyaçların hepsi, afet öncesi hazırlığa giriyor. Bütün kamusal mekanların, kentsel mekanların mümkünse konutların engelli bireylerin erişimine göre düzenlenmiş olması lazım. Sizin apartmanınızın girişinde rampa yoksa siz oradan çıkamazsınız.) Deprem – Katılımcı K

4.3.1.2.2. During-Event Needs

Foremost, **informing intervention teams about the specific requirements of people with disabilities** was the crucial need that participants claimed. This awareness was considered important by the participants in terms of enabling appropriate measures to be taken to assist them effectively. Participant K underscored that especially intervention teams need to be trained differently for each type of disability, highlighting that the needs of each disability type are distinct from one another

> For example, let there be teams. Let your teams treat individuals with intellectual disabilities in such a way that they don't ridicule them. They should develop a specific approach for each disability group. I'm talking about the initial moments of a disaster. Afterwards, accommodations should be arranged based on the needs of each disability group – providing shelter if needed, or delivering support services in their current location if shelter isn't required. Like having separate approaches for the those with visual disabilities, the hearing impaired, and individuals with muscular conditions. Earthquake - Participant K

> (Mesela ekipleriniz olsun. Ekipleriniz zihinsel engellilere şöyle davransın; çekiştirmesin. Her engel grubuna göre özel yaklaşım şekli oluştursunlar. Ondan sonra afetin ilk anları için söylüyorum. Sonrasında da her engel grubunun ihtiyaçlarına göre düzenlenmiş eğer barınma ihtiyacı ise barınma yerleri, eğer barınma ihtiyacı yoksa bulunduğu yerde destek hizmetleri verilmesi gerekiyor. Hani görme engellinin ayrı işitme engellinin ayrı kas hastalarının ayrı.) Deprem - Katılımcı K

Besides, according to the participants, **the presence of someone who can provide assistance** was considered essential. They stated that having someone else who can offer help significantly increased their chances of navigating the crisis safely.

> At that moment, I would have waited for the help of others, as I mentioned earlier. Because we were all helpless. These 5 people also had the same accident. Our car was slightly crushed on the sides. The engine malfunctioned. In that moment, for that instant, I would have expected help from people outside. Anyone passing by, even if they didn't know us, just as an act of humanity. Traffic Accident - Participant I

> (O anda diğerlerinin yardımını beklerdi. Demin söylediğim gibi. Çünkü hepimiz çaresizdik. Bu 5 kişi de aynı şekilde kaza yaptı. Arabamız biraz sağa sola ezildi. Motorundan arızalandı. O an, bu an için, dışarıdaki insanlardan yardım beklerdim. Gelip geçen gören. Tanımasa dahi, insanlık olarak.) Trafik Kazası - Katılımcı I

Finally, due to the safety and well-being of all individuals being at risk, **the prompt resolution of the crisis** was another necessity that individuals with physical disabilities required during the incident.

> At that moment, our only thought as a family was how we could leave here as quickly as possible, how we could distance ourselves from this environment. July 15th Coup Attempt - Participant J

> (O anda ailecek tek düşüncemiz bir an önce buradan nasıl gidebiliriz, bu ortamdan nasıl uzaklaşabilirizdi.) 15 Temmuz Darbe Girişimi - Katılımcı J

4.3.1.2.3. Post-Event Needs

In the first place, it was observed that in individuals with physical disabilities, the primary need after an incident was **psychological support**. Both pre-existing challenges, such as not being accepted by society and the failure to adapt the

environment for them, which were significant barriers to their participation in social life, and experiencing crises like earthquakes, made it difficult to maintain their psychological well-being

> But there's something like this. Years later, I realized this. A period when I received psychological help, when was that? 2008. Now, during my attempts at writing a novel, I noticed this. From the past up to now, every trauma has actually done something in my subconscious. Left damage. So, you know, there's this thing, what we call post-traumatic stress disorder, what we call anxiety disorder, I have it. It turns out it's there. I had to seek support for that. At that moment, it doesn't seem like I felt the need, but the severe traumas I experienced created serious anxiety disorders in my subconscious. Earthquake - Participant K

> (Ama şöyle bir şey var. Yıllar sonra şunu farkettim ben. Bir dönem psikolojik yardım aldığım şey ne zamandı 2008. Şimdi roman yazma çalışmalarım sırasında şunu farkettim. Geçmişten bu tarafa her travma aslında bende bilinç altında bir şey yapmış. Hasar bırakmış. Yani işte şey travma sonrası stres bozukluğu dediğimiz anksiyete bozukluğu dediğimiz şey var bende. Varmış yani. Onla ilgili destek almak zorunda kaldım. O anda bir de ihtiyaç hissetmedim gibi gözüküyor ama yaşadığım ağır travmalar bilinçaltımı çok ciddi kaygı bozuklukları yaratmış.) Deprem - Katılımcı K

Besides psychological support, the importance of **medical support** was also evident, to address any injuries or health issues that could have emerged after the crisis. Furthermore, participants believed that rehabilitation services might be necessary to assist in their recovery. Ensuring that people with physical disabilities had access to essential medical care and rehabilitation was crucial for their overall well-being. As it was implied earlier as a challenge, medical support was also underscored as a need by Participant K.

> And finally, medication, blood pressure issues, and so on. These individuals might have hypertension. Or they might have disorders of the digestive and excretory systems, or some people with disabilities perform excretion procedures using special bags known as colostomy bags. For instance, if you don't provide the necessary medical supplies for this person, when he catches a cold, a piece of intestine might get into his bloodstream. For instance, in three days, it could lead to death in men. So, intervention plans and needs analyses related to this should be developed. Earthquake - Participant K

> (İşte sonta, ilaç, tansiyonu vardır falan. Bu insanlar tansiyon hastası olabilir. Veya sindirim boşaltım sistemi bozuklukları vardır veya kimi engelliler

> kolostomi dediğimiz özel torbalara boşaltım işlemlerini gerçekleştirirler. Bu adamın mesela bir medikal malzemesi sağlamazsanız o üşüttüğü zaman bağırsak parçası kanına karışır. Mesela 3 günde erkekte olur ölüme götürebilir gibi. Yani buna ilişkin müdahale planları ve ihtiyaç analizlerinin yapılması.) Deprem – Katılımcı K

Lastly, **providing appropriate accommodation** was also crucial to ensure their safety and well-being as a post event need, just as it appeared in pre-event needs.

> After the earthquake, there are no gathering and accommodation points for people with disabilities. Earthquake - Participant K
>
> (Deprem sonrasında engellilere yönelik toplanma ve konaklama noktaları yok.) Deprem - Katılımcı K

4.3.2. Strength of People with Physical Disabilities

In the face of crises and disasters, people with physical disabilities also demonstrated remarkable strength and resilience beyond their vulnerabilities. This section delves into the inherent strengths and external factors that empower them during such crisis and disaster times. The exploration of these strengths is categorized into two pivotal themes: facilitating factors and coping mechanisms. These themes are conceptualized as the core strengths of individuals with physical disabilities, acknowledging the multifaceted nature of their resilience.

4.3.2.1. Facilitating Factors

Upon analyzing the interviews, it was noted that physical impairment not just presented difficulties during disasters and crises, but also had characteristics that helped in both the occurrence of such events and coping mechanisms (will be discussed in the title of Coping Mechanisms). In the first group, the facilitating factors, whether one has a physical disability or not, can be classified as factors that anyone can experience in the face of an event. **Staying calm during the incident**, **being knowledgeable about what to do during a crisis, having experienced similar events before, and the presence of someone else** were among the facilitating factors in this group. In times of crisis, staying calm during the incident

was a valuable strength, as it allowed participants with physical disabilities to think more clearly and make rational decisions. Being knowledgeable about what to do during a crisis was another significant facilitating factor, providing a sense of control and preparedness. The experience of having encountered similar events before enhanced their adaptive capacity, as they were able to draw upon lessons learned from past experiences. Additionally, it is important to note that **the absence of loss of life** during the incident made the moment easier to handle and also helped in coping with the aftermath. **The presence of someone else** was another finding that provided significant support for the individual with disabilities to cope with the situation more easily and remain calm during the incident.

> I didn't have any needs because my spouse was with me. July 15th Coup Attempt - Participant J
>
> (Benim eşim yanımda olduğu için benim hiçbir ihtiyacım yoktu.)15 Temmuz Darbe Girişimi -Katılımcı J

The facilitating factor in the second group stemmed directly from the physical disability itself, specific to that disability. The most notable facilitating factor was **being accustomed to challenging living conditions**. Being accustomed to challenging living conditions, stemming from physical disabilities, represented a unique strength. This adaptability to challenging circumstances indicated a resilience that can be particularly valuable during crises. The ability to navigate daily challenges translated into effective coping strategies during crisis and disaster situations. For instance, Participant M mentioned that he believed they were more resilient due to having a challenging life before the event.

> Even if the person with a disability doesn't experience something similar, their disability itself is already a struggle. Earthquake - Participant M
>
> (Engellinin buna benzer yaşamasa da zaten engeli bir mücadeledir.) Deprem - Katılımcı M

Participant J expressed the same situation as follows:

> I've had physical disabilities for 18 years. We've overcome many things. We've overcome everything. We're our own psychologists at the same time. July 15th Coup Attempt - Participant J

(18 yıldır ben bedensel engelliyim. Birçok şeyleri artık aştık. Her şeyimizi aştık. Kendi kendimizin de psikoloğuyuz aynı zamanda.) 15 Temmuz Darbe Girişimi – Katılımcı J

4.3.2.2. Coping Mechanisms

In this section, coping strategies of individuals with physical disabilities (see Figure 4.7), similar to the coping strategies of the people with visual disabilities as mentioned earlier, have been categorized. It's important to highlight that this classification is intended to offer a more organized and easily understandable overview of how individuals manage challenges. In this section, four categories emerged as well: These were; (1) Problem-Focused Coping, (2) Emotion-Focused Coping, (3) Meaning-Focused Coping / Cognitive Coping, (4) Resilience / Personality-Based Coping.

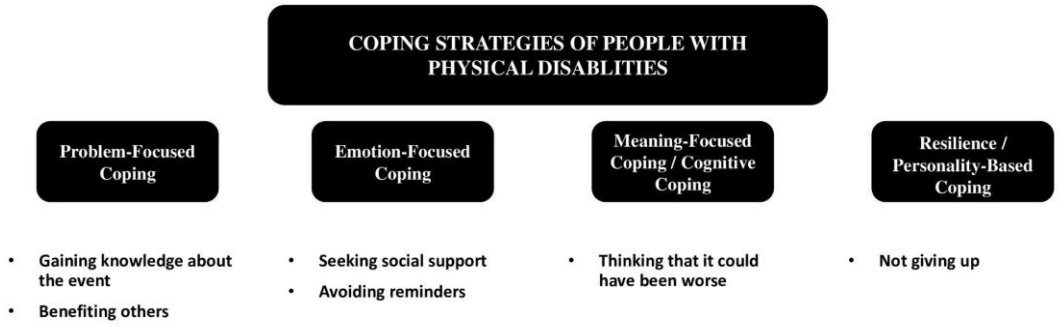

Figure 4.7. Coping Strategies of People with Physical Disabilities

Category 1 Problem-Focused Coping

Gaining Knowledge about the event: At first, it was observed that acquiring information after the event, especially about the possibility of its recurrence played a role in helping participant K carry out daily life activities more smoothly.

> And in terms of this matter, evaluating the potential damage it could cause to me at this stage, I assessed the likelihood of occurrence and found comfort in recently believing that a major earthquake won't happen. Acquiring knowledge has truly empowered me. Learning about the disaster I experienced, being well-informed in this regard, and seeing what I can and cannot do after this stage has eased my mind. For instance, I learned that the next earthquake won't be larger than the main one. Earthquake - Participant K

(Ve bu işin hani bana bu aşamada ne kadar zarar verecek verme ihtimalini değerlendirdim ve yakın bir zamanda depremin olamayacağını düşünüp bende çok büyük şey yarattı bilgilenmek aslında. Olayı yaşadığım afeti öğrenmek bu konuda donanım sahibi olmak ve onun bana bu aşamadan sonra ne yapıp ne yapamayacağını görmek beni rahatlattı. Yani mesela bir daha ki depremin ana depremden büyük olmayacağını öğrendim.) Deprem - Katılımcı K

Benefiting Others: Furthermore**,** coming to the aid of other disaster survivors after the event greatly helped individuals in overcoming the severity of the incident.

There's also this aspect. I enjoy helping people. For instance, during the earthquake, we provided lessons. Tent camps were set up. We assisted in improving the psychological well-being of the people there. To prevent young individuals from having to go elsewhere to prepare for university, we collaborated with various institutions and volunteers to give lessons. We prepared them for the university entrance exams right there. This also played a part in helping us navigate through the situation more easily. We were not only boosting morale but also uplifting ourselves and our surroundings. Simultaneously, we were motivating those who were unwilling as well. Earthquake - Participant M

(Bir de şu vardır. Ben insanlara yardım etmeyi severim. Mesela deprem zamanı ders verdik. Çadır kentler kuruldu. Oradaki insanların psikolojilerini iyileştirmek için yardımcı olduk. Üniversite hazırlanmak için gençleri başka yere gitmesinler diye değişik kurum ve kuruluşlarla gönüllü arkadaşlarla dersler verdik. Dershaneye hazırladık orada. Biz de kolayca atlatmamıza vesile oldu bu aynı zamanda. Hem moral veriyorduk. Hem kendimize moral oluyordu. Hem çevremize oluyorduk. Aynı zamanda istemeyen insanlara da motive oluyorduk. Deprem – Katılımcı M

Category 2 Emotion-Focused Coping

Seeking Social Support: One of the strategies individuals with physical disabilities employed among emotion-focused coping was seeking social support, which enabled them to successfully navigate through challenging situations. Through connections with friends, family, and support networks like neighbours, these individuals stated that they found strength, encouragement, and practical assistance, ultimately contributing to their resilience and ability to face life's obstacles with determination.

We organized various social activities within our community after the earthquake. The apartment building became much more sociable, engaging in

> social events. In fact, something interesting happened. Until then, the neighborly relationships within the apartment complex were just okay, somewhat distant. Earthquake - Participant K
>
> (Kendi içimizde çeşitli sosyal etkinlikler yaptık deprem sonrasında. Apartman kendi içinde çok sosyalleşerek, sosyal etkinliklerde bulunarak. Hatta şöyle bir şey oldu. Apartman o zamana kadar komşuluk ilişkileri eh işte falandı az birazdı.) Deprem Katılımcı K

Avoiding reminders: Moreover, another coping strategy that the participants with physical disabilities stated was avoiding reminders, especially not revisiting the scene of the incident, which helped them deal with the aftermath of the crisis.

> Being discharged the next morning and coming to Eskişehir as soon as possible relieved us. Getting away from the scene. July 15 Coup Attempt - Participant J
>
> (Ertesi sabah taburcu olup bir an önce Eskişehir'e gelmemiz bizi rahatlattı. Olay yerinden uzaklaşmak.) 15 Temmuz Darbe Girişimi – Katılımcı J

Category 3 Meaning-Focused Coping / Cognitive Coping

Thinking that it could have been worse: Under this category, only one strategy emerged, which was that participants coped effectively by considering that the situation could have been worse. Participants who believed that the event caused them less harm indicated that they felt better by considering that the situation could have been worse.

> I didn't experience anything after the incident. Only this event came to mind as an experience. I felt glad that I was thankful to myself. I felt glad that I was thankful to all of us. More precisely, I was thankful that there wasn't much. Traffic accident - Participant I
>
> (Olay sonrasında herhangi bir şey yaşamadım. Yalnız bu olay hatrıma geldi tecrübe olarak. Kendime şükrettiğime sevindim. Hepimize şükrettiğime sevindim. Daha doğrusu fazla bir şey olmadığına şükrettim.) Trafik kazası - Katılımcı I

Category 4 Resilience / Personality-Based Coping

Not giving up: Under this category, it was evident that the practice of not giving up played a pivotal role. Participant M, in particular, exemplified this practice as he

recounted overcoming the earthquake incident while studying at the university. Participant M expressed that he overcame the earthquake incident while being a university student by resisting instead of giving up, striving against adversities.

> As I said, it was easier for me to cope like this. Since Datça, where we were, is in a constant state of earthquakes, and I have this belief that no matter what, having a disability wouldn't deter me from adding something to life. I didn't want to transfer to another university from there. I said, "I'll study here, no matter what. Regardless of the circumstances." I didn't give up. I had a goal, and I acted in line with that goal. I never really like giving up. Earthquake - Participant M

> (Şöyle dediğim gibi daha kolay atlatmamı bulunduğumuz Datça sürekli deprem halinde olduğu için ve ben şu da vardır ne olursa olsun hayata engelli olsan bir şeyler katmak için hiçbir şey hedefimden vazgeçirmezdi. Ben oradan başka bir üniversiteye yatay geçiş de yapmak istemedim. Illa burada okuyacağım dedim. Ne olursa olsun. Vazgeçmedim de. Hedefim vardı benim ve hedefim doğrultusunda hareket ettim. Pes etmeyi hiç sevmem ben.) Deprem - Katılımcı M

4.4. Recommendations for Emergency Planning

This section will include findings from participants' discussions about emergency planning suggestions, characteristics of the suggestion they proposed, and particularly the responses they provided to the question, "If you were to create an emergency plan before experiencing this incident, what needs would you add to this plan?".

The incorporation of diverse suggestions and approaches from participants resulted in a comprehensive and inclusive emergency planning framework. By adopting international best practices, tailoring strategies to disability-specific risks, and providing specialized training and resources, participants believed that it was possible to create a safer and more resilient society for all, regardless of their abilities. Below, each suggestion recommended by participants will be listed and explained.

Adoption of International Disaster Management Models: Upon examining the opinions of participants, it became evident that drawing inspiration from disaster

management practices adopted by other countries played a significant role in the process of formulating effective emergency plans. According to participants, analyzing the approaches taken by different countries would provide valuable insights into preparedness, response, and recovery strategies. They believed that when these insights are integrated into the emergency planning framework in Türkiye, it would enhance their ability to cope with various challenges and unexpected situations.

> In the world, I would have looked into what has been done. I would start by examining Japan and the UK. Japan definitely has a plan regarding earthquakes; we already know they do. I would review the entire world and perhaps come up with something even better than them because I would have a foundation to build upon, and while writing that foundation, new ideas would come to my mind. Of course, you will need to discuss these with people because I believe that a culture of tolerance and conversation can lead us to better results from all perspectives. Explosion - Participant P
>
> (Dünyada ne yapılmış ben buna bakardım. Önce Japonya, İngiltere ne yapmış bakardım. Japonya' nın depremle ilgili kesinlikle bir planı vardır ki zaten var biliyoruz. Bütün dünyayı gözden geçirir belki de onlardan daha iyisini yapardım çünkü bir temeli almış olacaktım ve o temeli oraya yazarken aklıma yeni fikirlerde gelecekti. Tabi bunları insanlarla tartışacaksınız çünkü ben hoşgörü ve sohbet etme kültürünün her açıdan bizi daha iyi sonuçlara götürebileceğini düşünüyorum.) Patlama - Katılımcı P

Identification of Disability-Specific Risks: A significant aspect of the emergency planning efforts involved was the identification of risks that are specific to individuals with disabilities. By proactively identifying these unique vulnerabilities, the strategies could be tailored to better accommodate their needs. Participants considered that this comprehensive approach ensured that potential obstacles could be anticipated and solutions could be developed that offered enhanced support to this important segment of the population.

> First, identify the basic needs of each disability group. Learn and determine the risks they face in their daily lives. This varies for each disability group. Assess how these risks will be magnified during a disaster. For instance, for individuals with orthopedic disabilities, medical supplies are crucial. For children with intellectual disabilities, the risks include abuse and organ trafficking, among others. Determine the specific risks for each disability group. Additionally, create action plans based on the risks that these groups

will face without covering their existing vulnerabilities during disaster situations. Earthquake – Participant K

(Bir, her engel grubunun temel ihtiyaçlarını belirleyin. Yani onlar için onların hayat içerisinde maruz kaldığı riskleri öğrenin, belirleyin. Her engel grubuna göre değişiyor bu. Bu risklerin afet anında nasıl etkileneceğini hani riskin kaç kat artacağını tespit edin. Mesela nedir ortopedik engelli için medikal malzemedir. Zihinsel engelli çocuklar için istismardır. Organ kaçakçılığıdır gibi yani. Her engel grubunun risklerini belirleyin. Artı afet durumlarında engel gruplarının bu riskleri kapsamadan maruz kalacakları risklere göre eylem planları oluşturun.) Deprem - Katılımcı K

Understanding Fundamental Needs of Diverse Disability Groups: A significant milestone in the emergency planning effort was the comprehensive assessment of the fundamental needs of diverse disability groups. This initiative aimed to categorize individuals' requirements based on their specific disabilities, thereby enabling more effective allocation of resources during emergencies. As a result of collaborative efforts with experts and advocacy groups, participants expressed that they believed they were able to gain valuable insights guiding resource allocation and relief distribution strategies.

First of all, I would conduct a field study to gather information about the population with disabilities, their specific disabilities, any secondary disabilities they might have, existing barriers, their healthcare needs, required resources, the number of people with disabilities in the region, and potential gathering places for them in case of emergencies. Based on this study, I would develop policies to address the identified issues. Currently, we, as a society, have overlooked the importance of documenting such information. Let me give you an example. In Norway, when a person with disabilities is born, their information is immediately recorded. A comprehensive file is created that includes the challenges they face as they grow and develop, along with the solutions that have been implemented. This practice applies to all citizens. We need to establish a similar system in our country. By consistently asking these long-term questions and creating a database, we can prevent such problems from arising in the future and decrease their occurrence. Earthquake – Participant O

(Öncelikle bir saha çalışması yapar, engel grubunu, engel durumunu, yan engel durumu var mı, hangi yan sağlık sorunları var, ihtiyaç duyulan maddeler neler, bölgedeki engelli sayısı, bölgedeki engellilerin olası bir durumda toplanabileceği mekanlar gibi alanlarla ilgili bir çalışma yapar, bu çalışma doğrultusunda politikalar geliştirirdim. Şimdi bizde her alanda olduğu gibi bu konuda da eksiklikler var. Biz millet olarak kendimizi kayda almayı unutmuşuz. Bakın ben şöyle bir örnek vereceğim. Norveç'te bir engelli

> doğduğu anda kayıt altına alınır, onunla birlikte büyüyen ve onunla birlikte gelişen karşılaştırdığı sorunlarının ve çözümlerinin de içinde bulunduğu bir dosya büyür. Bu bütün vatandaşlar için böyledir. Bizde de bu alanın oluşturulması lazım. Uzun soluklu bu soruların sorularak insanlara bir defa yapılıp, bunun oluşturulması lazım. Bir dahakine artık böyle bir sorun olmaz ve azalır.) Deprem - Katılımcı O

Tailored Education for Various Disability Types: The safety and well-being of individuals with disabilities were deemed to require tailored education and training initiatives by the participants. The focus of their efforts was placed on the provision of specialized training programs for different disability types. This approach was believed to empower individuals with the necessary knowledge and skills for navigating emergency situations more effectively, allowing informed decisions to be made and appropriate actions to be taken by them to ensure their safety.

> The information given includes everyone. In addition to the information provided to everyone, an adjacent explanation is made with the statement "If you have disabilities" to ensure that the whole community is aware of this. Because if all members of society know what to do when someone has a disability, it becomes easier to have certain things done for you. Earthquake - Participant O

> (Herkese verilen bilgiler içerilir. Herkese verilen bilgilerin yanı sıra “Engelli İseniz” ifadesiyle yan bir açıklama yapılarak bunu bütün toplumun bilmesinin sağlanması gerekir. Çünkü eğer bütün toplum bireyleri engelli birisi olduğunda ne yapılması gerektiğini bilirse bazı şeyleri size yaptırmak da daha kolay olur.) Deprem - Katılımcı O

Development of Disability-Friendly Materials: The development of materials catering to the needs of individuals with disabilities was considered a pivotal aspect of emergency planning by the participants, related to providing education based on disability type. These materials included a variety of formats, including visual, auditory, and tactile, in order to ensure accessibility for all. It was believed that by prioritizing inclusivity in communication materials, information dissemination could be enhanced, and individuals with disabilities could be empowered to respond proactively to emergencies.

> There is no earthquake booklet for the those with visual disabilities. But I remember there being a booklet specifically for the general public. Physical Violence, Robbery - Participant R

(Görme engelliye bir deprem kitapçığı yok. Ama normal bir vatandaşlara özgü bir kitapçığın olduğunu hatırlıyorum.) Fiziksel Şiddet, Gasp - Katılımcı R

Public Awareness Campaigns: An integral part of emergency planning strategy involved raising public awareness through targeted communication campaigns. These campaigns, in the form of public service announcements and informational materials, served as effective tools to educate the general population about disability-inclusive emergency preparedness. By promoting a culture of inclusivity, participants had the idea that the society can be fostered where everyone is equipped to respond effectively in times of crisis.

Customized Family Training: According to participants, disabilities necessitated the inclusion of specialized training for families within emergency planning efforts. According to what participants stated, these training sessions were designed to equip families with the necessary knowledge and skills to offer appropriate support to their loved ones during emergencies. As participants mentioned, this approach was believed to not only strengthen family bonds but also contribute to the development of a more resilient and prepared community.

Participant K underscored and summarized the need: material development, public awareness campaigns, and customized family training in this way:

I'm thinking about the following: It's necessary to create booklets for each type of disability, containing information and precautions relevant to that specific disability. These booklets should also include information for families of people with disabilities since they are involved in their care. Because a family member wouldn't be left behind without their child, or an individual with disabilities without their sibling. For instance, there should be public service announcements related to this. But not just announcements – there should be educational videos. These materials should be developed in a way that each disability group can understand and communicate effectively. Earthquake – Participant K

(Şunu düşünüyorum: Her engellinin engel türüne göre bilgi alacağı, tedbirleri içeren bir kitapçıkların çıkması lazım. Hatta engelli ailelerini de kapsamalı. Çünkü aile çıkmıyor ki çocuğunu çıkarmadan. Ya da engelli, kardeşini çıkartmadan. Yani mesela buna ilişkin kamu spotları olmalı. Kamu spotları değil de yalnızca eğitim videoları da olmalı. Hani yani her engel grubunun

anlayabileceği ve anlatabileceği şekilde özel bilgilendirici materyaller geliştirilmeli zaten.) Deprem - Katılımcı K

Prioritizing the Rescue of Individuals with Disabilities: Central to the emergency response strategy was the prioritization of rescuing individuals with disabilities. The planning efforts of the participants aimed to ensure that first responders and emergency personnel were equipped with the knowledge and protocols required to provide swift and effective assistance to individuals with disabilities. This commitment to inclusivity demonstrated the sensitivity of the participants to not leaving anyone behind during critical situations.

> If we consider people with disabilities, there's this concept of prioritizing items to be rescued during emergencies, like during a fire or disaster. There are gradations to it. In this, we would place a person with a disability at the top. Normal individuals can already save themselves one way or another due to their quick movements. But a person with a disability might have limited mobility, vision, or even be bedridden. They wouldn't be able to save themselves. They would definitely need someone else's help. That's why I would want them to be given priority. I would enforce this as a necessity. Earthquake – Participant M

> (Şimdi şöyle engelliler baz alırsak şu vardır bir yerlerde. Yangın anında afet anında kurtarılacak ilk şeyler diye. Derecelendirmeler vardır. Buna engelliyi en başa koyardık. Normal insanlar zaten kendilerini kurtarabilirler bir şekilde hızlı hareket ettikleri için. Ama engelli az görüyordur, yürüyemiyordur. Yine yatalaktır Bunlar kendilerini kurtaramayacaklardır. Mutlaka bir başkasının yardımına ihtiyaç olacaktır. Bu yüzden öncelik verilmesini isterdim. Zorunlu tutardım bunu.) Deprem – Katılımcı M

Mapping the Residences of Individuals with Disabilities: A significant part of the emergency planning process included mapping the residences of individuals with disabilities. This initiative enabled the authorities to identify areas with higher concentrations of individuals who may require special assistance during emergencies. By understanding the geographic distribution of this population, they were able to optimize resource allocation and streamline rescue operations.

> I don't know if this is considered discrimination or not, but if a database is created for each workplace to keep track of how many people with disabilities there are and where these people with disabilities are working, then the response team would know, like, this person with disabilities was working here. If, God forbid, this place collapsed, and this person with disabilities was

> right here. They could intervene with a skillset to handle this situation. If a database is established for each individual with disabilities, indicating where each one is, at least for those employed in the public sector, and if the response team also has access to this database, I think it would be better. Physical Abuse, Mugging – Participant R
>
> (Bu ayrımcılık sayılır mı sayılmaz mı bilmiyorum ama her iş yerinde kaç engelli olduğu ve bu engellilerin nerede çalıştığını bir database veri bankası oluşturulursa hani müdale ekibi bunları bilir ve hani bu engelli burada çalışıyordu. Burası Allah korusun yıkılmış ve bu engelli tam da buradaydı. Bunu kurtarabiliriz tarzında bir yetkinlikle olaya müdale edlir. Her engellinin her birinin nerede olduğunu en azından kamuda çalışanlar için bir veri bankası oluşturulursa ve müdale ekibininde bu database e erişimi sağlanırsa bence daha iyi olur.) Fiziksel şiddet, Gasp - Katılımcı R

Besides suggestions from all participants, the recommendations provided below stemming from the perspectives of individuals with visual disabilities, enriched our emergency planning strategies with a heightened focus on their specific needs.

Implementation of Audible Early Warning Systems: The recommendation to incorporate audible early warning systems emerged from the valuable insights provided by individuals with visual disabilities. These systems were designed to emit distinctive and attention-grabbing sounds during emergency situations, ensuring that individuals with visual disabilities could receive timely alerts even without relying on visual cues. Through the incorporation of these audible signals, participants contributed to enhancing the inclusiveness of emergency planning efforts.

> So, the creation of voice systems and early warning systems is very important. Earthquake – Participant O
>
> (Yani sesli sistemlerin oluşturulması, erken uyarı sistemlerinin oluşturulması çok önemli.) Deprem - Katılımcı O

Creation of Tactile Surfaces and Audible Landmarks: A particularly innovative idea proposed by individuals with visual disabilities was the concept of introducing tactile surfaces and audible landmarks. These features were integrated into public spaces to assist individuals with visual disabilities in navigating their surroundings independently during emergencies. The incorporation of tactile indicators on floors and the installation of audible landmarks at key points served as vital reference

points, enabling individuals to move safely and confidently in unfamiliar or chaotic environments.

> Here are tactile surfaces. In similar situations, it's necessary to mark points where an individual with disabilities can move safely with tactile surfaces as well. Earthquake – Participant O
>
> (İşte hissedilebilir yüzeyler. Benzeri durumlarda engellinin güvenli olarak hareket edebileceği noktaların da hissedilebilir yüzeylerle işaretlenmesi lazım.) Deprem – Katılımcı O

Quiet Operations of Intervention Teams: The input provided by individuals with visual disabilities emphasized the significance of intervention teams operating discreetly during emergencies. This suggestion led to the implementation of strategies that allowed emergency response teams to work silently when approaching or assisting individuals with visual disabilities. By adopting this approach, the potential for unnecessary confusion or alarm caused by loud noises during rescue operations was significantly reduced, ensuring a more reassuring and effective response.

> I would recommend avoiding the use of heavy machinery, especially. Because you can't hear the outside noise over the sound of those machines, nor can you hear them. Due to this lack of sound perception, you might panic when the noise suddenly appears and react in a way that could end your life unintentionally. For example, there's no need for glass to break, but due to the impact of that noise, you might jolt suddenly, causing the glass to break and debris to fall on you. In essence, many scenarios arise upon reflection, but the most crucial factor is sound. It's essential for the sound not to be excessive.
>
> Earthquake – Participant E
>
> (İş makinalarının kullanılmamasını öneririm özellikle. Çünkü o makinaların sesinden ne dışarıdaki sesini duyabilir, ne sen onları duyabilirsin. Duyamadığın için sesle birlikte paniğe kapılıp olmaması gereken bir harekette bulunup hayatına son verebilirsin. Mesela, cama mama gerek yok ama o sesin vermiş olduğu şeyle, ani bir hareketle camlanırsın, üstündeki kalıntılar üzerine düşebilir gibi. Yani çok fazla, düşündükçe ortaya çıkıyor ama en önemlisi ses. Sesin aşırı olmaması şart.) Deprem – Katılımcı E

To conclude, many participants felt the need to reiterate the needs under the "specific needs" category. Therefore, as a conclusion, an emergency action plan addressing these needs was proposed by all participants.

4.5. Summary of the Results: Similarities and Differences

When examining the experiences of crisis and disaster, it has been observed that the experiences of individuals with visual and physical disabilities both exhibit similarities and differences. In terms of challenges, both groups encountered difficulties in self-rescue. Individuals with visual disabilities faced issues such as an inability to perceive danger, move quickly, or navigate independently. Additionally, they experienced challenges during crisis and disaster incidents, especially in unfamiliar environments, leading to difficulties in finding directions. Similarly, individuals with physical disabilities struggled with the inability to move independently, move quickly, and maintain balance. As a result, they felt life-threatening stress. However, “in need of help" is a feeling more commonly expressed by individuals with physical disabilities. Both groups in this study shared concerns about inadvertently endangering others during times of crises and disasters. They worried about the potential consequences of their calls for help or actions. Furthermore, this apprehension was compounded by a sense of guilt about the impact on others, as expressed by people with physical disabilities. Additionally, while the encountered problems may vary, both groups mentioned experiencing issues arising from the intervention team. While individuals with visual disabilities faced issues related to the implementation of interventions without permission and unclear communication, individuals with physical disabilities experienced problems due to the intervention team's lack of awareness about their specific needs.

Similarities were also observed in the difficulties experienced after the crisis and disaster. Both groups were already encountering problems related to their disabilities before the event, such as social exclusion. These pre-existing difficulties, combined with the challenges posed by crises or disasters, made coping with the events even more challenging for them. As a result, they felt compelled to constantly struggle and felt misunderstood. Both groups shared the apprehension of becoming victims of exploitation because of their disability even if none of them have experienced such problems in the face of crises and disasters. Among the groups, differences in challenges after the incidents were evident as well. Individuals with visual disabilities emphasized more on psychological challenges, such as feeling compelled

to constantly struggle. On the other hand, individuals with physical disabilities highlighted essential life difficulties, including health issues due to a lack of medical assistance, an inability to fulfill daily needs, housing and accommodation problems, and transportation issues. The challenges during and after the event also manifested as specific needs, such as having well-informed intervention teams about disabilities, the presence of someone to help by providing calming assistance and verbal guidance, and psychological support after the event. Additionally, both groups emphasized the importance of preparedness in crisis and disaster situations and the necessity for a comprehensive crisis and disaster model tailored to the needs of people with disabilities.

Both groups demonstrated vulnerabilities and strength simultaneously. All of the coping mechanisms were considered adaptive and helpful by the participants. The six coping mechanisms were common to both groups. They both psychologically coped with the event by gaining knowledge, benefiting others, seeking social support, avoiding reminders, thinking that it could have been worse, and having a resilient personality. The difference between the two groups in coping mechanisms arises from the contribution of the disability. This is particularly evident among individuals with visual disabilities. For example, participants with visual disabilities believe that not witnessing the horror of the event has made them less affected. Such framing emerged as a coping mechanism. People with visual disabilities found strength in familiar environments, independent movement, and shared experiences during an event. Staying calm, having someone else present, and prayer further contributed to their strength. Similar aspects served as facilitating factors for those with physical disabilities. The difference among groups also exists. For individuals with visual disabilities, relying on their auditory sense provided an advantage in dark environments, enabling them to guide and assist others, thereby enhancing their sense of strength. For those with physical disabilities, being accustomed to challenging living conditions is also identified as a facilitating factor.

CHAPTER 5

DISCUSSION

This research explored the crisis and disaster experiences of people with visual and physical disabilities, examining the influence of disability in either impeding or aiding these crisis and disaster situations. The aim was to identify challenges making them vulnerable, highlight their needs for support, and examine factors that help them cope and build strength. Lastly, the study offered emergency plan recommendations formulated by people with visual and physical disabilities. The conducted research followed a qualitative, phenomenological design, utilizing semi-structured interviews with 15 individuals who had disabilities and had encountered a crisis or disaster. The participants comprised 15 individuals, with ten having visual impairments and five having physical disabilities. Each participant had firsthand experience in at least one crisis or disaster, being present at the moment it occurred. Among participants, six had faced earthquakes, two had encountered explosions, two had lived through the July 15th Coup Attempt, three had been involved in traffic accidents, and two had experienced physical assault. It's important to emphasize that these incidents did not lead to the acquisition of disabilities by the participants; they were already people with disabilities when these events occurred.

In light of the consistent findings within existing literature presented in chapter 2, it is imperative to acknowledge that this thesis contributes novel insights to the discourse surrounding crises and disaster experiences, specifically focusing on those with visual disabilities and those with physical disabilities. While the existing body of research has provided valuable information, this study delves into unexplored facets, shedding light on the nuanced vulnerabilities and strengths of these individuals in the face of crises and disasters. The subsequent section will provide an in-depth exploration of both the consistent findings in the existing literature and the novel insights introduced in this study.

5.1. Discussion of the Findings

Are People with Visual and Physical Disabilities Vulnerable or Strong?

Studies investigating the experiences of people with disabilities during crises and disasters have predominantly approached these experiences either from the perspective of vulnerabilities or strength/resilience. However, this study, by considering both aspects of the crisis and disaster experience, has demonstrated that a single characteristic (having a disability) cannot solely exhibit positive or negative elements. Participants are, in many respects, both vulnerable and strong. This research emphasizes the importance of recognizing the dual nature of the experiences of individuals with disabilities and underscores the necessity for addressing both physical and psychological needs to support them effectively. This awareness is crucial for the well-informed practice of both psychological counselors and intervention teams.

Challenges and Specific Needs During Crises and Disasters

In terms of challenges, while the current thesis presents new findings, it has also obtained similar results as some studies in the literatüre, particularly the qualitative study exploring the experiences of 12 individuals with visual disabilities during and after the Christchurch, New Zealand, earthquakes in 2010 and 2011 (Good et al., 2016). The study findings highlighted various concerns expressed by participants, encompassing communication, support, orientation and mobility, safety, health, and evacuation centers (Good et al., 2016). Participants noted a diminishing sense of safety and independence (Good et al., 2016). Consistently, both groups in the present study faced challenges in inadequacy in self-rescue during crisis and disaster situations as stated other studies as well (see Açıkalın-Rashem & Aslangiri, 2019; Battle, 2015; Jiang et al., 2012; Peacock et al., 2017; Powell & Gilbert, 2006), which can result in heightened anxiety, emotional trauma, and reduced sense of personal safety (Good et al., 2016). In the present study, people with visual disabilities struggled with mobility due to their impaired sight, while people with physical disabilities had difficulty in using their physical mobility. In the current study, due to

the challenges stemming from visual impairments such as being unable to perceive danger, move quickly, or navigate independently, as well as experiencing the crisis and disaster incidents in unfamiliar environments and thereby difficulty in finding directions, individuals with visual disabilities faced difficulties in protecting themselves during the incident, comprehending the content of the crisis/disaster, and moving away from the scene. Similarly, individuals with physical disabilities struggled with rescuing themselves due to the challenges arising from the inability to move independently, move quickly, and maintain balance. These points encompassed the challenges experienced and needs expressed by the participants in this regard. They involved expressing familiarity with the environment, enhancing the ability to navigate surroundings, and implementing accessible environmental adjustments to ensure that buildings and infrastructure were designed to accommodate the needs of individuals with disabilities. All of these mentioned challenges prevented people with disabilities from moving independently, creating life-threatening stress. As a result, they felt in need of help and required someone's presence during crises and disasters. Therefore, it was not surprising that both groups required the presence of someone to help them during the incident. Additionally, participants also needed someone to calm them down during the incident.

Furthermore, the findings of the current study indicate a noteworthy aspect not previously addressed in the existing literature. Specifically, the interview responses highlighted that the mere presence of others on the other hand can give rise to additional challenges, a phenomenon not documented in the current body of literature. Both groups in this study had concerns about accidentally endangering others in times of crises and disasters. They worried about the consequences of their calls for help or actions, illustrating their concern for their own life and the lives of others. Moreover, this apprehension, coupled with the 'feeling guilty about the impact on others,' highlighted the complex emotional landscape, particularly as stated by the participants with physical disabilities.

One notable theme is the concern shared by both groups about accidentally endangering others. This highlights a significant psychological aspect, as individuals grapple with the potential consequences of their actions or calls for help, showcasing

a profound awareness of the impact on their own lives and the lives of others. The fear of unintended harm adds a layer of complexity to the emotional landscape of these individuals. Moreover, the participants, particularly those with physical disabilities, express a sense of guilt about the potential impact on others. This guilt adds another dimension to the emotional challenges they face. Psychological counselors might recognize the importance of addressing these feelings of guilt, helping individuals navigate the intricate interplay of emotions tied to their concern for personal safety and the well-being of others. Psychological counselors could work towards validating these emotions like fear, worry, and guilt while providing support to help them manage the complex emotional terrain revealed in the study.

In the present study, challenges concerning the intervention team were also prevalent and shared by both groups. Despite all the parallel findings highlighting the importance of a well-informed intervention team in the literature (Battle, 2015; Bennett, 2020; Pyles, 2011; Rooney & White, 2007; White et al., 2007), this thesis presented some novel findings. One shared difficulty was that guidelines were often not provided in a way that met the needs of the people with visual disabilities. Additionally, interventions were sometimes carried out without proper descriptions or obtaining consent, posing a challenge for those with visual disabilities. Similarly, there was a lack of specific knowledge about disabilities within the intervention team, particularly concerning physical disabilities. This lack of understanding can lead to interventions being conducted without adequate explanations and consent, resulting in potential distrust and misunderstandings for both groups, especially during crisis and disaster situations. To address these issues, they emphasized the importance of informing intervention teams about the specific requirements of people with disabilities, stressing the need for intervention teams to respect personal rights, and advocating for personnel in hospitals to receive specialized training in disabilities. Last issue to consider associated with during crisis/disaster challenges is noise which has not been documented in the present literature as well. Those with visual disabilities stressed the significance of intervention teams acting discreetly in crisis and disaster situations. This insight led to the adoption of strategies enabling emergency response teams to work silently when approaching or assisting individuals with visual disabilities. This modification reduces the potential for

causing undue confusion or alarm through loud noises during rescue operations, ensuring a response that is more reassuring and effective.

While the lack of sensitivity in crisis/disaster communication has been emphasized in numerous studies (see Bennett, 2020; International Federation of Red Cross and Red Crescent Societies, 2019; Hansson et al, 2020; Kobayashi, 2014; Ludwig & Mattedi, 2018; Powell & Gilbert, 2006; Twigg et al., 2018), this issue has not been addressed by both people with visual and physical disabilities in the current study. In the Turkish context, this situation may not be a problem. However, a more likely reason for this could be the use of open-ended questions such as "What difficulties did you experience?" and "What did you need?" Participants may not have been directly asked if they had communication problems. They might have experienced issues but did not prioritize sharing them, or it might not have come to their minds at that moment.

Challenges and Specific Needs After Crises and Disasters

In both groups, it can be observed that there were difficulties specific to visual impairment and challenges unique to physical impairment. Furthermore, regardless of their disability status, both groups also experienced difficulties that anyone facing such an event could encounter. These difficulties encompassed concerns related to the potential recurrence of the event and similar incidents, as well as disruptions to education. For those with visual disabilities, these concerns were supplemented by the presence of triggering reminders of the event and the emotional impact of life loss. This similarity between those with and without disabilities may suggest that certain aspects of crises and disasters affect everyone regardless of their physical abilities, emphasizing the universality of some challenges during such events.

Crises and disasters exacerbate pre-existing inequalities and challenges such as poverty, unemployment, social exclusion, inadequate housing, and limited access to essential services (Alexander et al., 2012; Bombardier et al., 2010; Buchanan, 2020; Stough et al., 2010; Twigg et al., 2018; Yoshihama & Yunomae, 2018). These challenges further contribute to heightened vulnerability (Fordham et al., 2011;

Hemingway & Priestley, 2006; Kent & Ellis, 2015; Morris et al., 2014) and collectively have a negative impact on psychological resilience during crises and disasters (Brewin et al., 2000). A similar phenomenon in the existing literature was observed in this study as well. Both groups indicated that physical and visual disabilities pose numerous challenges not only during disasters and crises but also in everyday situations, making coping with crisis and disaster situations even more difficult. This dual experience entailed numerous hardships, prompting the necessity for psychological support. People with visual disabilities, in particular, reported facing challenges before crises/disasters, including dependency on assistance, discrimination in romantic relationships, overprotective attitudes, and social exclusion and so on. After crises/disasters, they felt compelled to constantly struggle and were often misunderstood due to the new challenges arising from the crisis and disaster situations. This finding indicates that psychological counselors, while providing psychological support after disasters and crises, should focus not only on the crisis and disaster experience but also on what the individual with disabilities may have experienced before the event when offering support.

Another difficulty mentioned in the literature is the increased discrimination and social exclusion during and after crises/disasters (Carter, 2021; Pérez-Garín et al., 2018; Ryan et al., 2019). Those with disabilities may experience neglect, abuse, and violence in society when faced with crises and disasters (Jimenez-Damary, 2020). While participants reported facing similar challenges in their daily lives before experiencing a crisis/disaster, they did not encounter discrimination or social exclusion during the crisis and disaster. However, both groups shared the apprehension of becoming victims of exploitation, highlighting a common vulnerability. Participants expressed mistrust in others due to the potential vulnerability of their disabilities, expressing concerns about being exploited. This finding brings awareness to how previous experiences can shape the experience of crisis and disaster for psychological counselors. Those with visual and physical disabilities, even if they did not experience discrimination, exploitation, or exclusion in the face of crises and disasters, intensely felt the fear of these possibilities.

While there are common challenges faced by both groups of disabilities, at the same time, due to the inherent nature of visual and physical disabilities, there are distinct

difficulties that separate them and are specific to each group of disabilities. When considering the difficulties conveyed by people with physical and visual disabilities after the crises/disasters, it was observed that the challenges expressed by people with visual disabilities were predominantly difficulties that made psychologically coping with incidents more challenging including the fact that visual impairment entails numerous challenges beyond crisis moments, feeling obliged to constantly struggle, feeling misunderstood and apprehension of falling victim to exploitation.. Conversely, in the aftermath of the incident, it was observed that individuals with physical disabilities faced challenges that included psychological difficulties; however, the emphasis was more on essential life difficulties. These are challenges mentioned in the literature as well, including health issues due to the lack of medical assistance (Danquah et al., 2015; Reinhardt et al., 2011), inability to fulfill daily needs (Rooney & White, 2007), housing and accommodation problems (Battle, 2015), and transportation issues (Takahashi & Kitamura, 2016). The difference between those with visual and physical disabilities in terms of challenges after a crisis/disaster may arise from various reasons. People with physical disabilities may encounter more practical difficulties related to infrastructure and accessibility after a crisis/disaster. Issues like damaged buildings, disrupted transportation, or inaccessible emergency shelters could contribute to their challenges in meeting basic life needs. Physical disabilities, depending on their nature, could directly affect the ability to perform routine tasks. Consequently, it is plausible that the emphasis on the need for psychological support was observed in both groups after the incident, while individuals with physical disabilities expressed a greater inclination towards the requirement for medical support rather than psychological assistance.

Coping Mechanisms

Coping mechanisms of people with disabilities was an important aspect of this research because it would help mental health professionals better comprehend crisis/disaster-related trauma and stress. There were several distinct crisis coping strategies reported in the literature (Skinner et al., 2003). The most fundamental distinction was made between problem-focused and emotion-focused coping techniques (Carver et al., 1989; Folkman & Lazarus, 1988), which was also applied

in this study. For problem-focused coping techniques, active coping, planning, and obtaining practical assistance were cited, while for emotional coping, acceptance, denial, turning to religion, and maladaptive coping strategies such as disengagement were addressed (Carver et al., 1989). The current thesis suggested that people with disabilities employed diverse coping strategies, which can be categorized into Meaning-Focused Coping / Cognitive Coping (Folkman, 1997; Park & Folkman, 1997) and Resilience / Personality-Based Coping (Richardson, Neiger et al., 1990; Riolli et al., 2002) in addition to problem-focused and emotion-focused approaches. These categories emerged as ways to address their personal stress relief and concerns, providing a more comprehensive understanding of their coping strategies.

In the existing body of literature, there is limited research specifically addressing coping mechanisms among people with disabilities in various contexts, particularly crisis and disaster situations (Carter, 2021; Stough & Kelman 2018). Typically, scholarly investigations tend to be centered on the examination of coping skills within families that have a child with disabilities and children with disabilities (see Madrid et al., 2006; Peek & Stough, 2010; Schonfeld et al., 2015). Consequently, the insights derived from this present study introduce fresh perspectives to the field. Furthermore, it is imperative to underscore that none of the coping strategies elucidated in this study are characterized as maladaptive. Instead, participants have delineated these strategies as constructive actions and thought processes that contribute positively to their psychological well-being and assist them in effectively managing the challenges they encounter when directly questioned about their coping mechanisms in these situations.

In the current thesis, it has been observed that while disabilities may lead to vulnerabilities in the face of crises and disasters, people with visual and physical disabilities simultaneously exhibit knowledge, skills, and resources to develop coping mechanisms, as indicated in various studies (Fox et al., 2010; Kharade et al., 2017; Stough et al., 2017). One study specifically explores the psychosocial impact of Hurricane Katrina on individuals with disabilities, examining how they successfully coped before, during, and after the storm. Six main themes influencing coping strategies were identified: faith, doubt or disbelief, assigning blame to others

or oneself, the role of family, adaptability and resilience, and work and professional responsibilities (Fox et al., 2010). These coping mechanisms vary in nature, with some being adaptive, like work and professional responsibilities, and others maladaptive, such as doubt or disbelief. In contrast to the mentioned study (Fox et al., 2010), all coping skills in the current thesis are considered adaptive because participants in this study regarded all the coping strategies they employed as positive and helpful. Shared coping mechanisms between this study and the referenced one include faith, interpreted as benefiting from religion in the present study; adaptability and resilience, coded as possessing a resilient personality trait; and work and professional responsibilities, coded as benefiting from one's profession. Additionally, in the current thesis, the coping strategy of "The role of family" was categorized as "seeking social support," with an expanded examination that does not limit the source of social support solely to family. The commonality in coping mechanisms suggests that these strategies may have broader applicability and significance within the people with disabilities, showcasing a shared resilience and adaptability among those with disabilities facing similar circumstances.

In the current study, within the scope of Problem-Focused Coping, it was observed that participants with visual disabilities expressed dealing with the crisis by gaining knowledge about the event, benefiting others, benefiting from one's profession, and returning to daily routines. The strategy of "Gaining Knowledge About The Event" can be associated with obtaining practical assistance, while "Returning To Daily Routines" can be related to planning. In addition, the utilization of work-related duties and professional aspects as coping strategies was identified among people with visual disabilities. Under the coping strategy labeled as "Benefiting from One's Profession," participants indicated that they employed their respective vocations or professional attributes to address the given situation. In terms of emotional coping, seeking social support, as demonstrated not only in this study but also in various other research endeavors, was the coping strategy commonly employed by individuals with disabilities (Fox et al., 2010; Good et al., 2016). The current research findings underscored the significance of social support as a crucial factor for both individuals with visual disabilities and those with physical disabilities. Moreover, participants with visual disabilities in the current study employed various

coping strategies that can be associated with emotion-focused coping. One such strategy involved individuals redirecting their attention towards different activities or interests, aiming to distance themselves from the effects of a stressful event. For example, engaging in hobbies or focusing on work served as an illustration of this coping approach. Another strategy observed was the deliberate attempt to forget the event and actively avoid triggers or reminders associated with it, representing an endeavor to alleviate the emotional burden induced by the event. Also, participants also embraced the strategy of allowing time for healing, wherein they placed their trust in the gradual diminishment of the event's impact over time, fostering an expectation of improved emotional well-being. "Benefiting From Religion," in other words, spirituality, was another approach utilized by the participants with visual disabilities in this study, as documented in the literature (Meisenhelder & Cassem, 2009).

When analyzing the coping strategies employed by people with visual and physical disabilities, it became evident that there were both similarities and differences in their approaches to coping with the crises and disasters. Despite the distinct nature of their disabilities, both people with visual disabilities and those with physical disabilities commonly employed problem-focused, emotion-focused, meaning-focused (or cognitive), and resilience-based coping strategies to navigate the challenges. Within the problem-focused coping category, both groups exhibited a tendency towards 'Gaining Knowledge About the Event' and 'Benefiting Others.' Similarly, in the emotion-focused coping realm, 'Seeking Social Support' and “Avoiding Reminders” emerged as a common strategy. Furthermore, both groups displayed resilience-based coping, but the manifestations differed. People with visual disabilities found resilience by "Thinking That It Could Have Been Worse." This cognitive reframing served as a protective factor, allowing them to view their circumstances from a broader perspective and appreciate the positives. Moreover, people with visual disabilities believed in accepting the existence of difficulties in life and knowing that overcoming challenges was necessary. They considered this mindset to be helpful in overcoming adversities. This can also be interpreted as a facet that supports their resilient personalities. People with physical disabilities, on the other hand, expressed resilience through the strategy of "Not Giving Up." Their

determination to confront challenges headlong and maintain a positive outlook reflected the strength of character cultivated through their experiences. In other words, their familiarity with overcoming physical challenges fostered a mindset of perseverance and determination. This trait contributed to their ability to face difficulties head-on without succumbing to despair. There was one coping strategy unique to visual disability. Specifically, people with visual disabilities have employed the coping strategy of "Being Less Affected By The Event Due To Not Witnessing Its Horror." This strategy stems from their inability to directly witness the distressing aspects of their circumstances. Such a perspective allowed them to reframe their situation, finding solace in the positive aspects and thereby enhancing their ability to cope effectively.

People with visual disabilities exhibited 13 coping mechanisms, while those with physical disabilities demonstrated 6 coping mechanisms. Interestingly, the 6 coping mechanisms identified among individuals with physical disabilities were also common to both groups. This suggests a shared core set of coping strategies between people with visual and physical disabilities. Despite the differences in the total number of coping mechanisms, the overlap in the identified codes implies that certain adaptive strategies may be universally employed by both groups. The common coping mechanisms may reflect fundamental approaches that individuals with various disabilities utilize to navigate challenges, emphasizing a potential commonality in effective coping strategies across different types of disabilities. However, these conclusions require further investigation. Ultimately, a comprehensive understanding of these coping strategies shed light on the remarkable resilience and strength exhibited by people with disabilities. Resilience, a quality that emerged from their experiences, underscored their ability to adapt, grow, and thrive in the face of crises and disasters.

Facilitating Factors

The existing literature emphasizes that individuals with disabilities are adept at overcoming numerous challenges in their daily lives; hence, they demonstrate resilience in crisis and disaster circumstances (see Lord et al., 2016; Quaill et al.,

2019). Similarly, in this study, becoming accustomed to the challenges posed by both visual and physical disabilities and learning to cope with them emerged as a significant factor that facilitates the management of the crisis moment. However, the current thesis goes a step further by identifying facilitating factors that can enhance the resilience and effectiveness in coping with crisis or disaster experiences. In other words, crises pose substantial challenges for individuals with disabilities, significantly impacting their overall well-being. Nevertheless, various factors contribute to their resilience, such as strengthening support networks, involving individuals with disabilities in disaster planning and response activities, and educating their peers (Quaill et al., 2019). While this study also emphasizes the need for involving individuals with disabilities in disaster planning and response activities and educating their peers as crucial factors, the concept of social support emerged as a facilitating factor, manifested in the presence of someone else.

The identified facilitating factors for individuals with visual disabilities, such as maintaining composure, the presence of a supportive person, engagement in prayer, and previous experiences, highlight their resilience in navigating crises and disasters. These factors suggest a strong emphasis on emotional regulation, interpersonal support, spirituality, and the value of experiential learning. As a psychological counselor, this information underscores the importance of incorporating these aspects into counseling interventions for individuals with visual disabilities in the face of crisis and disaster situations. On the other hand, individuals with physical disabilities exhibit distinct facilitating factors, including staying calm, crisis knowledge, prior experience, the absence of loss of life, adaptability to challenging conditions, and the presence of a supportive person. This indicates a combination of psychological preparedness, adaptability, and the crucial role of interpersonal relationships in coping with crises and disasters. For a counselor, understanding the unique needs and strengths of individuals with physical disabilities can inform tailored therapeutic approaches that address their specific challenges and foster resilience.

Overall, the findings suggest that while there are some commonalities, such as the importance of staying calm and having supportive relationships, there are also unique factors for each group. Recognizing and respecting these differences is crucial for

designing effective counseling strategies that acknowledge the diverse needs and coping mechanisms of individuals with visual and physical disabilities in the face of crises and disasters. By tailoring counseling strategies to encompass both shared and distinctive factors, practitioners can cultivate a more nuanced and person-centered approach that empowers individuals with visual and physical disabilities, fostering not only their resilience in times of crisis/disaster but also promoting a deeper sense of psychological well-being and self-efficacy

The Need of Inclusive Crisis/Disaster Preparedness

Various studies indicate that individuals with disabilities are at greater risk in the face of crisis and disaster situations due to a lack of understanding and accommodation of the unique needs of people with disabilities, resulting in inadequate disaster preparedness for them (Açıkalın Rashem & Aslangiri, 2019; Bennett, 2020; Fox et al., 2010; Gvetadze & Pradytia, 2021; Phibbs et al., 2015; Quaill et al., 2019; Twigg, 2014; Twigg et al., 2018; Yılmaz et al., 2019). In parallel with these observations, the participants in the present study overwhelmingly expressed a lack of awareness regarding appropriate actions to take during a crisis or a disaster. There seems to be a significant knowledge gap when it comes to providing information about disabilities to society at large, along with disability-specific crisis/disaster education. This deficit in knowledge hinders the overall readiness of both people with disabilities and the general population to effectively manage crisis and disaster situations in terms of survival and psychological coping. To bridge this gap, participants highlighted the importance of comprehensive measures. These include the dissemination of knowledge about crisis preparedness, the incorporation of disability-specific considerations into disaster planning, and the execution of drills and precautions tailored to the needs of people with disabilities. Specialized training programs designed to equip people with disabilities with crisis management skills were also emphasized as a critical component of addressing this issue. Furthermore, this study introduced a novel aspect by incorporating participants' own emergency plan suggestions into the discussion, enhancing the overall preparedness efforts for people with disabilities. (see Recommendations for Emergency Planning in Chapter 4).

5.2. Implications

The research conducted on the crisis and disaster experiences of people with visual and physical disabilities sheds light on the vulnerabilities and strengths within this both vulnerable and resilient population. The findings of the present thesis offer valuable insights into the unique challenges and psychosocial needs of people with visual and physical disabilities during times of crisis and disaster, as well as their coping mechanisms, facilitating factors, and perspectives on emergency preparedness, contributing to enhancing the support and understanding of this group within society. This thesis also explores the roles that disabilities can play in both facilitating and exacerbating crisis and disaster experiences. As the implications of these findings are explored, it becomes evident that various stakeholders, including first responders, counselors, counselor educators, emergency planners and managers, and policymakers, play crucial roles in enhancing the overall resilience and well-being of people with visual and physical disabilities in the face of crises and disasters.

Implications for First Responders:

First responders are at the forefront of disaster management, and understanding the specific needs of people with visual and physical disabilities is paramount. The research underscores the importance of tailored training programs for first responders to equip them with the knowledge and skills necessary to address the diverse challenges faced by this population. Training should encompass communication strategies, evacuation protocols, and a heightened awareness of the unique vulnerabilities and strengths exhibited by individuals with visual and physical disabilities.

The thesis results indicate that both people with visual disabilities and those with physical disabilities have provided specific information on this subject. People with visual disabilities express the need for first responders to offer guidance that aligns with their specific needs. For instance, they might instruct, "go right, go right," but what is right for them may be left for you. Following their misdirections could lead

to unintended consequences. Additionally, they advocate for responders to provide clear descriptions and seek consent when devising and implementing interventions. Participants with physical disabilities have particularly emphasized the importance of first responders being knowledgeable about the needs of people with physical disabilities. They have expressed that the lack of this knowledge puts them at risk and creates difficulties for them.

Implications for Counselors:

Counselors play a pivotal role in providing mental health support to those affected by crises and disasters. For people with visual and physical disabilities, the emotional toll can be exacerbated by their unique challenges. Counselors should receive specialized training that includes an understanding of the intersectionality of disability and crisis experiences. Additionally, counseling approaches need to be adapted to accommodate diverse psychosocial needs as well as coping mechanisms. Building a network of counselors with expertise in disability-related trauma is essential for ensuring accessible and effective mental health support.

The findings of this thesis provide a wealth of information for psychological counselors. Firstly, when offering psychological assistance, providing both short-term and long-term support, counselors should be aware of the vulnerabilities as well as the strengths of people with physical and visual disabilities. This thesis has demonstrated that their disabilities play both a facilitating and hindering role. Contrary to expectations, disability can assume a facilitating role. For example, if an event occurs in a dark environment, a person with visual disabilities may navigate more comfortably than those without disabilities and may even assist others in the process. By helping others, they can navigate through the situation more easily. Another example, people with visual disabilities believe that they cope more easily with the event because they are less affected by witnessing its horror. Indeed, this thesis offers comprehensive information on the crisis and disaster experiences of individuals with visual and physical disabilities, covering their challenges, psychosocial needs, facilitating factors that aid in dealing with the event, and coping mechanisms. Understanding all of these can contribute to more effective

psychological support for individuals with visual and physical disabilities after crisis and disaster situations, and the development of tailored psychosocial interventions for them. Additionally, not only intervention but all this information can also contribute to the development of preventive psychological interventions.

Implications for Counselor Educators:

Counselor educators play a key role in shaping the next generation of mental health professionals. The research highlights the need for curriculum enhancements that integrate disability-inclusive perspectives into counseling programs. Educators should emphasize the importance of cultural competence, intersectionality, and a nuanced understanding of disability experiences in crisis contexts. By fostering a more inclusive educational environment, counselor educators contribute to the development of a workforce that can effectively address the diverse needs of individuals with visual and physical disabilities. This is crucial because many graduates of four-year programs, who may lack specific training in these areas, often embark on careers as psychologists, psychological counselors, or school counselors across different locations in Türkiye, both within the public and private sectors. As a result, the structure of the curriculum holds particular significance in addressing this concern.

Implications for Emergency Planning and Management:

This thesis provides emergency plan recommendations directly created by people with visual and physical disabilities. The insights gained from this research have direct implications for emergency planning and management. Emergency planners should prioritize the integration of accessibility features in evacuation plans, shelters, and communication systems. Collaborative efforts with disability organizations can facilitate the development of inclusive emergency protocols. Simultaneously, disaster preparedness campaigns should be designed with a focus on raising awareness among individuals with visual and physical disabilities, empowering them to actively participate in their own safety and well-being during crises and disasters.

Implications for Policy Makers:

Policy makers have a crucial role in shaping the legal and regulatory frameworks that guide disaster preparedness and response efforts. The research underscores the necessity of policies that explicitly address the needs of individuals with visual and physical disabilities. This includes the integration of disability considerations in all phases of disaster management. incorporating considerations for different types of disabilities in emergency protocols can ensure that the needs of all individuals are adequately addressed, leading to a more equitable distribution of assistance and resources. By enacting and enforcing inclusive policies, policy makers contribute to creating a more resilient and equitable society for individuals with disabilities in times of crises.

Implications for Researchers

As a final point, the last implications are directed towards fellow researchers, acknowledging that the current study has its own set of limitations:

- Initially, the experiences of individuals with disabilities who have encountered crises such as earthquakes, the July 15th coup attempt, explosions, traffic accidents, and physical violence were examined. Of course, crisis events are not limited to these, and the nature, impacts, and interaction with disabilities can differ for each incident. Therefore, in future research, the effects of other traumatic crises should also be examined, such as sudden violent death (for example, homicide, suicide) of a loved one, fires, life-threatening illnesses.
- Participant representation is another limitation since the present study does not cover the full spectrum of disabilities, potentially limiting the generalizability of findings to other disability types. As mentioned before, this study included 5 people with physical disabilities and 10 people with visual disabilities experiences of crises. It's crucial to consider that different disabilities like cognitive disabilities, mental health disabilities and so on may have distinct requirements during crises. Additionally, in

this research, only the insights of those with sight problems were included under the category of sensory disabilities, while individuals with hearing problems could not be reached. Subsequent studies can replicate this work by including these groups of disabilities and expanding the scope of this study.

- Furthermore, due to the inherent nature of this research, interviews were conducted with individuals who already had disabilities during this crisis. However, these events can also lead to a person acquiring a disability, and the experiences of such individuals or the potential psychological effects of acquiring a disability as a result of these events were not accounted for. All of these aspects could be the focus of future studies.
- As suggested before, classifying individual humans as a homogeneous group is a complex task, and susceptibility isn't static. Individuals might possess multiple disabilities or belong to other groups exposed to higher disaster risks like being a woman or a child. The interconnection of these various disability groups can result in elevated susceptibility, intersecting vulnerabilities, and greater marginalization. Hence, this also presents another limitation not addressed in this study but which future research could investigate
- While the examination of gender and gender-based differences is a crucial aspect in the experiences of crises and disasters, it was not a specific objective of this study. Despite not identifying any notable differences in experiences, it is important to note that the participants consisted of 4 females and 11 males. Additionally, as there were no direct questions related to this aspect, drawing conclusions in this regard would be overly speculative. Therefore, future research endeavors should explore the role of gender in the context of crisis and disaster experiences.
- In addressing the limitation of the study related to the temporal aspect of the data collection, efforts were made to enhance the research's relevance by establishing a renewed connection with the original participants. Three individuals were randomly selected from among the participants. Recognizing the potential impact of time on the dynamism of experiences, the researcher initiated communication with the study participants to

solicit updated insights into their experiences and perspectives. This iterative engagement aimed to bridge the temporal gap between the initial data collection, which occurred six years ago, and the present, offering a valuable opportunity to gauge the evolution of participants' experiences over time. Through this process, the intention was to gain contemporary feedback and enrich the study with insights that reflect the participants' current circumstances, thus contributing to a more nuanced understanding of the ongoing implications of their experiences in the context of crises and disasters.

- The data were collected before the earthquakes on February 6, 2023, in Türkiye, and subsequent events underscored the significance of the study's outcomes. There might be a limitation in not distinguishing between the magnitude of a crisis and a disaster. In more extensive disasters, support mechanisms can be significantly more adversely affected. It is suggested, perhaps, to explore versions of this study that are specific to the type of disaster or crisis for a more nuanced understanding. By examining the experiences of individuals with disabilities in the 11 provinces affected by the Kahramanmaraş earthquake, this study should be replicated by future research to explore the subject deeper.
- Lastly, the author's disability can be both an advantage and a limitation. As a researcher with a disability, they could contribute positively to the study by engaging in greater empathy with participants and achieving a deeper understanding of their experiences. This could facilitate the collection of more reliable and comprehensive data. On the other hand, the author's own disability might compromise the principle of neutrality. Despite efforts for reliability, including co-analysis, further discussion, and calculation of inter-coder reliability rates, the author's personal experiences as an individual with disabilities could potentially weaken objectivity and lead to biases or pre-existing opinions.

All in all, the present research on the crisis experiences of individuals with physical and visual disabilities goes beyond academic exploration; it can serve as a catalyst for positive change. The implications of such research extend to policy development,

community engagement, and the overall enhancement of societal inclusivity, as well as effective and disability-specific psychological support for people with disabilities . By unraveling the complexities of crisis experiences, identifying challenges, and highlighting effective coping strategies, this research contributes to the empowerment of people with disabilities and the advancement of a more equitable and resilient society.

5.3. Conclusion

This study has revealed the vulnerabilities and strengths of people with visual and physical disabilities in Türkiye and identified their psychosocial needs in the face of crises and disasters. In the pursuit of comprehending the intricate nuances of crisis and disaster experiences among people with physical and visual disabilities, this study explored various dimensions of their challenges, shedding light on how their disabilities can either exacerbate or mitigate the impact of such events. This study emphasizes the importance of mental health professionals providing post-crisis/disaster psychological support to individuals with visual and physical disabilities being aware of the aspects that differentiate the crisis/disaster experiences of people with visual and physical disabilities. These can be exemplified as follows: feeling in need of help, feeling fear of and guilty about endangering others when helping them, feeling obliged to constantly struggle, feeling misunderstood, experiencing life-threatening stress intensely, and apprehension of falling victim to exploitation. Due to the inherent nature of their disabilities, crisis/disaster experiences differ in many aspects, as presented in detail earlier. For example, the ability of people with visual disabilities to navigate their own lives without sight has helped them to remain resilient in situations such as earthquakes or nighttime traffic accidents by guiding others, and in this way, assisting others has aided them in coping psychologically with the crisis and disaster. They also considered that they were less affected because they hadn't witnessed the horror of the event, and this framing helped them cope more effectively with the incident. Moreover, an examination of their coping mechanisms during crisis situations revealed a diverse array of strategies they employ to navigate crises and disasters. This study has demonstrated various resilient aspects of people with disabilities, such as their

resilience in coping with crises. It has been observed that individuals with visual and physical disabilities can employ several strategies that work well for them in dealing with crises and disasters.

The findings of this study underscore the critical importance of involving individuals with disabilities at all stages of disaster preparedness and psychosocial support with a focus on tailoring disaster education to their specific needs stated in the current thesis and emphasizing a comprehensive understanding of diverse disability types and related requirements. For example, those with visual disabilities expressed a preference for pre-intervention explanations of emergency procedures, which, if provided to response teams in advance, could significantly enhance the effectiveness of psychosocial support. Recognizing and accommodating these identified needs is paramount when designing interventions for psychosocial support, ensuring a more effective approach for individuals with disabilities. It is essential to acknowledge that each disability type presents unique necessities within the context of crises. Furthermore, this study went beyond cataloging challenges, identifying specific needs that manifest before, during, and after a crisis event. This comprehensive analysis underscored the necessity of tailored support structures encompassing emotional, physical, and logistical considerations. Such a holistic approach emphasizes the need for preparedness plans that address not only the immediate impact of crises but also their short- and long-term aftermath. Moreover, the study highlighted the pivotal role of societal awareness and support in enhancing the resilience of people with disabilities during crises, emphasizing the significance of raising awareness about the challenges faced by this community and fostering an environment of empathy and inclusivity. Such awareness can cultivate a more responsive and understanding society, empowering individuals with disabilities to overcome the hurdles posed by crises and disasters. Overall, this study contributes to a deeper understanding of the psychological dimensions of crisis/disaster experiences within the community with disabilities and calls for a more comprehensive, empathetic, and inclusive approach to crisis management and support for people with disabilities. This highlights the importance of recognizing and addressing the psychological needs of people with disabilities in the face of crisis and disaster situations.

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APPENDICES

A: ETHICS COMMITTEE PERMISSION

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER

ORTA DOĞU TEKNİK ÜNİVERSİTESİ
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26 NİSAN 2016

Gönderilen: Doç.Dr. Özgür ERDUR BAKER
Eğitim Fakültesi

Gönderen: Prof. Dr. Canan SÜMER
İnsan Araştırmaları Etik Kurulu Başkanı

İlgi: Etik Onayı

Sayın Doç.Dr. Özgür ERDUR BAKER'in danışmanlığını yaptığı yüksek lisans öğrencisi Gülşah KARAKEDİ'nin "Afet Sonrasında Fiziksel Engelli Bireylere Psikososyal Destek Sağlanırken Engelli Bireylerin Onlara Özgü İhtiyaçları" başlıklı araştırması İnsan Araştırmaları Etik Kurulu tarafından uygun görülerek gerekli onay **2016-EGT-065** protokol numarası ile **01.05.2016-31.12.2016** tarihleri arasında geçerli olmak üzere verilmiştir.

Bilgilerinize saygılarımla sunarım.

Prof. Dr. Canan SÜMER
İnsan Araştırmaları Etik Kurulu Başkanı

Prof. Dr. Meliha ALTUNIŞIK
İAEK Üyesi

Prof. Dr. Ayhan SOL
İAEK Üyesi

Prof. Dr. Mehmet UTKU
İAEK Üyesi

Prof. Dr. Ayhan Gürbüz DEMİR
İAEK Üyesi

Yrd .Doç .Dr. Pınar KAYGAN
İAEK Üyesi

Yrd. Doç. Dr. Emre SELÇUK
İAEK Üyesi

ETİK ALT KURULU TARAFINDAN DOLDURULACAKTIR.

Protokol No: 2016-EGT-065

İAEK DEĞERLENDİRME SONUCU

Sayın Hakem,

Aşağıda yer alan üç seçenekten birini işaretleyerek değerlendirmenizi tamamlayınız. Lütfen "Revizyon Gereklidir" ve "Ret" değerlendirmeleri için gerekli açıklamaları yapınız.

Değerlendirme Tarihi: 20.04.2016

Ad Soyad:

☒ **Herhangi bir değişikliğe gerek yoktur. Veri toplama/uygulama başlatılabilir.**

☐ **Revizyon gereklidir**

- ☐ Gönüllü Katılım Formu yoktur.
- ☐ Gönüllü Katılım Formu eksiktir.

  Gerekçenizi ayrıntılı olarak açıklayınız:
- ☐ Katılım Sonrası Bilgilendirme Formu yoktur.
- ☐ Katılım Sonrası Bilgilendirme Formu eksiktir.

  Gerekçenizi ayrıntılı olarak açıklayınız:
- ☐ Rahatsızlık kaynağı olabilecek sorular/maddeler ya da prosedürler içerilmektedir.

  Gerekçenizi ayrıntılı olarak açıklayınız:
- ☐ Diğer.

  Gerekçenizi ayrıntılı olarak açıklayınız:

☐ **Ret**

Ret gerekçenizi ayrıntılı olarak açıklayınız:

B: GÖRÜŞME PROTOKOLÜ

1) Araştırma Hakkında Bilgi Verilmesi

Size kendimi tanıtayım. İsmim Gülşah Karakedi Beydoğan. ODTÜ Rehberlik ve Psikolojik Danışmanlık yüksek lisans öğrencisiyim. Bu çalışmayı, danışmanım Prof. Dr. Özgür Erdur Baker ile yürütüyorum. Çalışmaya katılmayı kabul ettiğiniz için çok teşekkür ederim. Katılımınız araştırmamız için büyük önem taşıyor.

Başlamadan önce size bugün burada ne yapacağımızı kısaca açıklamak istiyorum. Ama bunun öncesinde sizden bir konu ile ilgili izin almam gerekiyor. Sizden aldığım yanıtları daha iyi değerlendirebilmem için konuşmalarımızı kaydetmeye ihtiyacım var. Bu kayıt daha sonrasında silinecek ve araştırmacılar haricimde kimse tarafından dinlenilmeyecek. Bir diğer neden de şu: Benim bir görme engelim var ve konuşmayı yapacağımız şu ortam not alabilmem için uygun değil. Kaydetmek işimi oldukça kolaylaştıracak bu anlamda. Bu sizin için sorun olur mu?

O zaman neyi araştırdığımızdan, neyi amaçladığımızdan bahsetmek istiyorum size. Kısaca söylemek gerekirse engelli bireylerin afet ve kriz deneyimlerini araştırıyoruz. Afetten ve krizden kastettiğim aniden gerçekleşen, sizin kontrolünüzde olmayan, birinin yaşamını yitirmesine neden olabilecek ya da mal kaybına neden olabilecek yaşamı tehdit eden olaylar: deprem, patlama, trafik kazası, silahlı saldırı gibi.

Her birey yaşanılan buna benzer olaylar öncesinde, olay sırasında ve olayın ardından bazı şeylere ihtiyaç duyar. Bizim de araştırdığımız engelli bireylerin ihtiyaçlarının neler olabileceği. Bu konuda size danışmak istiyoruz. Sizden istediğim ilk olarak sizinle beraber yaşamınız boyunca hangi zorlu yaşam olaylarını yaşadığınızı öğrenmeye çalıştığım bir anket dolduracağız. Daha sonrasında bu ankette belirttiğiniz olaylardan sizi şu an hangisinin en çok üzdüğünü tespit edeceğiz ve bu olay üzerinden konuşacağız. Net olmayan bir şey var mı? Hazır mısınız?

2) Demografik Bilgi Formu ve Yaşam Olayları Kontrol Listesi Anketinin Uygulanması

3) Görüşme Sorularının Sorulması

Şimdi sizden istediğim soracağım soruları sizi şu an en çok üzen …. olayını düşünerek yanıtlamanız. Net olmayan bir şey var mı? Hazır mısınız?

A.

1- Doldurduğunuz ankette .... olayını sizi şu an en çok üzen olay olarak söylediniz. Bu olay anını kısaca anlatır mısınız?

2- Engelinizden dolayı bu olay karşısında diğer bireylerden daha zor durumda kaldığınızı ya da daha kolay baş ettiğinizi söyleyebilir misiniz? Açıklar mısınız?
3- O anda neye ihtiyaç duydunuz?
4- O anda yaşadığınız zorluklar nelerdi?
5- Olay anında engel durumunuzun yarattığı zorluklar var mıydı? Varsa nelerdi?
6- Size o anda nasıl yardımcı olunabilirdi?
7- Olay sonrasında ne gibi zorluklar yaşadınız?
8- Olay sonrasında nelere ihtiyaç duydunuz?
9- Olay sonrasında psikolojik yardım aldınız mı?
10- Birden fazla zorlu olay yaşadığınızı belirttiniz ankette ve ..... olayının en üzücü olay sizi şu anda en çok etkileyen olay olduğunu söylediniz. Bu olayı diğer olaylardan daha zor yapan neydi? Engel durumunuzun bu olayı daha zor yapmakta bir rolü var mı?
11- Bu olayla başa çıkmada yaşadığınız zorluklar var mıydı? Nelerdi?
12- Bu olayı atlatmanızı zorlaştıran etkenler var mıydı? Nelerdi?
13- Bu olayı daha kolay atlatmanıza yardımcı olabilecek etkenler ne olabilirdi?

B.

14- Tanık olduğunuz veya diğer engelli bireylerden öğrendiğiniz benzer durumlar/deneyimler var mı? Onlardan bahseder misiniz?

C.

15- Bir afet (yangın, sel, deprem, patlama, terör olayları v.b.) anında ne yapmanız gerektiğini biliyor musunuz? Yanıtınız EVET ise, bu bilgiyi nereden ve nasıl edindiniz?

16- Bu kaynaklardan en faydalı olanı hangisiydi? Neden faydalıydı? Bu bilgilendirmeleri en faydalıdan en az faydalıya doğru sıralar mısınız?

17- Engelli bir bireyin afet öncesinde mutlaka bilmesi gereken bilgiler var mıdır? Varsa nelerdir

a. Daha önce okulda olabilir, tv de olabilir, dernekte olabilir patlama, deprem, trafik kazası gibi bir kriz anında acil bir durum anında ne yapmanız gerektiği ile ilgili size bilgi veren oldu mu?
b. Bu bilgi herkese verilen bir bilgi miydi yoksa engelli bir birey olarak farklı ihtiyaçlarınız olabileceği dikkate alınmış mıydı?
c. Bu bilgilendirmenin faydası oldu mu? Ne faydası oldu?

d. (Herkese verilen bir bilgilendirme ise) Sizin durumunuzu düşündüğümüzde bu bilgilendirmeye neler eklenebilir? Bu olay öncesinde neyi bilmek işinize yarardı?
e. (Bilgi verilmediyse) afet öncesine hazırlıklı olmanın yani bu konu hakkında bilgilendirilmenin size faydası olur muydu? Ne faydası olurdu?

18- Yetkililer kriz olayından önce nasıl müdahale edeceklerini planlarlar ve buna da acil durum planı derler. Yaşadığınız bu olay öncesinde bir acil durum planı hazırlayacak olsaydınız bu plana hangi ihtiyaçlarınızı eklerdiniz?

19- Sizden engelli bireylerin afet ve kriz durumlarında özgün ihtiyaçlarının neler olduğunu öğrenmeye çalıştık. Bunları özetleyecek olursak .....gibi ihtiyaçların en öncelikli olduğu çıkıyor dogru mu?

20. Eklemek istediğiniz bir şey var mı? Başka sormamızı istediğiniz bir şey var mi?

Çok teşekkür ederim. Sonrasında kafamıza takılan bir şey olursa sizi yeniden rahatsız edebilir miyiz?

C: INTERVIEW PROTOCOL

1) Providing Information About the Research

Let me introduce myself. My name is Gülşah Karakedi Beydoğan, and I am a graduate student in Guidance and Psychological Counseling at METU (Middle East Technical University). I am conducting this research under the guidance of my advisor, Prof. Dr. Özgür Erdur Baker. I want to express my sincere gratitude for agreeing to participate in our study. Your participation is of great importance to our research.

Before we begin, I'd like to briefly explain what we will be doing here today. However, before that, I need to ask for your permission regarding a certain matter. In order to better evaluate the answers you provide, I need to record our conversations. These recordings will be deleted afterward and will not be listened to by anyone other than the researchers. Another reason for this is that I have a visual impairment, and the current setting is not suitable for me to take notes during our conversation. Recording will make my job much easier in this regard. Would this be a problem for you?

Then, I would like to tell you what we are researching and what our goals are. In brief, we are studying the experiences of individuals with disabilities during disasters and crises. By disasters and crises, I mean sudden, uncontrollable events that can threaten someone's life or lead to property loss, such as earthquakes, explosions, traffic accidents, or armed attacks, which could result in loss of life.

Every individual has certain needs before, during, and after events like the ones I mentioned. We are researching what the needs of individuals with disabilities might be in this regard. We would like to consult with you about this. What I'm asking for first is to fill out a questionnaire where we attempt to learn about the challenging life events you may have experienced throughout your life. After that, we will determine which of the events you mentioned in the questionnaire is currently causing you the most distress, and we will discuss that particular event. Is there anything unclear? Are you ready?

2)Administration of the Demographic Information Form and Life Events Check-List Questionnaire

3)Asking Interview Questions

What I would like from you now is to answer the questions I will ask while thinking about ... the event that currently troubles you the most. Is there anything unclear? Are you ready?"

A.

1- You mentioned in the questionnaire that the event that currently troubles you the most is the .... event. Could you briefly describe the moment of this event?

2- Can you say if, due to your disability, you were in a more challenging or easier situation compared to others in this event? Could you please explain?

3- What did you need at that moment?

4- What were the difficulties you experienced at that moment?

5- Were there any challenges created by your disability during the event? If so, what were they?

6- How could someone have helped you at that moment?

7- What difficulties did you experience after the event?

8- What did you need after the event?

9- Did you receive any psychological help after the event?

10- You mentioned in the questionnaire that you have experienced multiple challenging events, and you said that the .... event is the most affecting event for you right now. What made this event more challenging than the others? Does your disability play a role in making this event more difficult?

11- Were there any difficulties in coping with this event? What were they?

12- Were there any factors that made it more challenging for you to overcome this event? What were they?

13- What factors could have made it easier for you to overcome this event?

B.

14- Do you have any similar situations/experiences that you have witnessed or learned from other people with disabilities? Could you tell me about them?

C.

15- Do you know what to do in the event of a disaster (such as a fire, flood, earthquake, explosion, terrorist attack, etc.)? If your answer is YES, where and how did you acquire this knowledge?

16- Which of these sources was the most helpful? Why was it helpful? Could you rank these sources from most to least helpful?

17- Are there any essential pieces of information that an individual with disabilities should know before a disaster?

a. Have you received any information about what to do in a crisis or emergency, such as a school program, television, or an organization, regarding events like explosions, earthquakes, or traffic accidents?

b. Was this information provided to everyone, or were specific needs of people with disabilities considered?

c. Did this information help? How did it help?

d. (If the information was provided to everyone) Considering your situation, what could be added to this information? What would be useful for you to know before such an event?

e. (If no information was provided) Would it have been beneficial for you to be informed about disaster preparedness before such an event? What would be the benefit?

18- Officials plan how to intervene before a crisis event, and this is referred to as an emergency action plan. If you were to create an Emergency Planning before experiencing this event, what needs would you include in that plan?

19- We have been trying to understand the specific needs of people with disabilities in disaster and crisis situations. To summarize, it appears that needs such as ..... are of the utmost priority, is that correct?

20- Is there anything else you would like to add? Is there anything specific you would like us to ask?

Thank you very much. If we have any more questions later on, can we bother you again?

D: LIFE EVENTS CHECK-LIST VOLUNTARY PARTICIPATION FORM

This research is a master's thesis conducted by Gülşah Karakedi Beydoğan, a graduate student in the Department of Guidance and Psychological Counseling at Middle East Technical University (METU), under the supervision of Prof. Dr. Özgür Erdur-Baker. The purpose of this research is to: a) identify the psychosocial needs of individuals with disabilities in crisis and disaster situations, and b) restructure psychosocial support services for individuals with disabilities based on these needs.

This research consists of two phases. Your participation in both phases is essential for us to achieve the objectives of this study.

1- In the first phase, we kindly request you to complete the survey on the following pages, which inquires about your experiences regarding challenging life events.

2- In the second phase of the research, we would like to conduct face-to-face interviews with you to gather more detailed information about these challenging events. The purpose of these interviews is to collect information about your psychosocial needs in coping with the challenging events you have experienced. The insights obtained from this phase will guide us in developing a psychosocial support program for individuals with disabilities following crises and disasters.

Participation in this research is entirely based on voluntariness. You can choose to participate in the first phase and may decide not to participate in the second phase. However, the success of the psychosocial support program we will develop for individuals exposed to disaster and crisis situations depends on gathering as many opinions as possible from participants. If you are willing to participate in the second phase, please fill in the name (which can be a pseudonym) and email information below so that we can contact you. If you only wish to participate in the first phase, please continue without filling in these sections. No information that would reveal your identity will be shared with anyone. If you have any concerns about this, please feel free to contact us.

Thank you in advance for your participation.

Contact Information:

Gülşah Karakedi

Middle East Technical University

Email:

Prof. Dr. Özgür Erdur-Baker

Middle East Technical University

Email:

I have read the above information, and I am participating in this study entirely voluntarily.

Personal Information:

Name or Alias (Pseudonym):

Email:

PERSONAL INFORMATION FORM

1. Gender *:

2. Age *:

3. Please write down the city and district you currently live in *:

4. Who do you live with at your home? *:

Alone	Only with my spouse	With my spouse and children	With my mother and father	Residing in a dormitory Other

5. Your educational level (Please check the highest level you have graduated from): *

Illiterate		College	
Literate		University	
Elementary School		Master's Degree	
Middle School		Doctorate	
High School			

6. Marital status: *

Married	Single	Other

7. Your profession: *

8. In your opinion, which of the following options best represents your economic status? *

Very low	Low	Average	High	Very high

9. Type and degree of disability *:

10. How did your disability occur? *:

To what extent does your disability affect your daily life? *

Not at all	A little	Moderate	Much	Very much

11. Who do you think provides you with social support in your environment? (You can select multiple options) *

Mother		My spouse	
Father		Children	
Siblings		Relatives	
Friends		Neighbours	
My partner		Nobody	

12. Have you ever received psychological help for any reason? *

Yes	No

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it *happened to you* personally; (b) you *witnessed it*

happen to someone else; (c) you *learned about it* happening to a close family member or close friend; (d) you were exposed to it as *part of your job* (for example, paramedic, police, military, or other first responder); (e) you're *not sure* if it fits; or (f) it *doesn't apply* to you.

Be sure to consider your *entire life* (growing up as well as adulthood) as you go through the list of events.

Event	*Happened to me*	*Witnessed it*	*Learned about it*	*Part of my job*	*Not Sure*	*Doesn't Apply*
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)						
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)						
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)						
9. Other unwanted or uncomfortable sexual experience						
10. Combat or exposure to a war-zone (in the military or as a civilian)						
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)						
12. Life-threatening illness or injury						
13. Severe human suffering						
14. Sudden violent death (for example, homicide, suicide)						
15. Sudden accidental death						
16. Serious injury, harm, or death you caused to someone else						
17. Any other very stressful event or experience						

PLEASE COMPLETE PART 2 ON THE FOLLOWING PAGE

PART 2:

A. If you checked anything for #17 in PART 1, briefly identify the event you were thinking of:

_____

B. If you have experienced more than one of the events in PART 1, think about the event you consider the *worst event*, which for this questionnaire means the event that currently bothers you the most. If you have experienced only one of the events in PART 1, use that one as the worst event. Please answer the following questions about the worst event *(check all options that apply)*:

1. Briefly describe the worst event *(for example, what happened, who was involved, etc.)*.

_____

_____

2. How long ago did it happen? _____*(please estimate if you are not sure)*

3. How did you experience it?

____ *It happened to me directly*

____ *I witnessed it*

____ *I learned about it happening to a close family member or close friend*

____ *I was repeatedly exposed to details about it as part of my job (for example, paramedic, police, military, or other first responder)*

____ *Other, please describe:*

4. Was someone's life in danger?

____ *Yes, my life*

____*Yes, someone else's life*

____*No*

5. Was someone seriously injured or killed?

____ *Yes, I was seriously injured*

____ *Yes, someone else was seriously injured or killed*

____ *No*

6. Did it involve sexual violence? _____*Yes*** ____***No***

7. If the event involved the death of a close family member or close friend, was it due to some kind of accident or violence, or was it due to natural causes?

____ *Accident or violence*

____ *Natural causes*

____ *Not applicable (The event did not involve the death of a close family member or close friend)*

8. How many times altogether have you experienced a similar event as stressful or nearly as stressful as the worst event?

____ *Just once*

____ *More than once (please specify or estimate the total # of times you have had this experience* _____*)*

9. How upsetting was the event at the time?

1	2	3	4	5
Not at all		**Moderately**		**Extremely**

10. What extent does the event have an influence on you at the moment?

1	2	3	4	5
Not at all		**Moderately**		**Extremely**

E: YAŞAM OLAYLARI ANKETİ

GÖNÜLLÜ KATILIM FORMU

Bu araştırma, ODTÜ Rehberlik ve Psikolojik Danışmanlık Yüksek Lisans öğrencisi Gülşah Karakedi Beydoğan tarafından Prof. Dr. Özgür Erdur-Baker danışmanlığında yürütülen yüksek lisans tezidir. Bu araştırmanın amacı, *a*) kriz ve afet durumlarında engelli bireylerin psikososyal ihtiyaçlarının belirlenmesi *b*) bu ihtiyaçlar doğrultusunda engelli bireylerin psikososyal destek hizmetlerinin yeniden yapılandırılmasıdır.

Bu araştırma iki aşamadan oluşmaktadır. Her iki aşamaya da katılımınız çalışmanın amacına ulaşabilmemiz için çok önemlidir.

1-İlk aşama olarak ileriki sayfadaki zorlu yaşam olaylarına dair deneyimlerinizi sorgulayan anketi doldurmanız rica edilmektedir.

2-Araştırmanın ikinci aşamasında ise bu zorlu olaylar hakkında daha ayrıntılı bilgi almak adına sizinle yüz yüze görüşmeler yapmayı istemekteyiz. Bu görüşmelerin amacı yaşadığınız zorlu olaylarla başa çıkmada psikososyal yönden nelere ihtiyaç duyduğunuz ile ilgili bilgi toplamaktır. Bu aşamadan elde edilen görüşleriniz bize kriz ve afet olayları sonrasında engelli bireylere yönelik geliştirmek istediğimiz psikososyal destek programı için yol gösterici olacaktır.

Bu araştırmaya katılım tamamen gönüllülük esasına dayanmaktadır. İlk aşamasına katılıp ikinci aşamaya katılmayabilirsiniz. Ancak, hazırlayacağımız afet ve kriz durumlarına maruz kalmış bireylere psikososyal destek programının başarısı olabildiğince fazla katılımcıdan görüş toplayabilmemize bağlıdır. Eğer ikinci aşamaya katılmaya gönüllüyseniz, sizinle iletişime geçebilmemiz için lütfen aşağıdaki isim (rumuzda kullanılabilir) ve e-posta bilgilerini doldurunuz.
Eğer sadece ilk aşamaya katılmak istiyorsanız bu kısımları boş bırakarak devam ediniz. İsim veya sizin kimliğinizi belli edecek hiç bir bilgi hiç kimseyle paylaşılmayacaktır. Eğer bu konuda bir tereddütünüz varsa lütfen iletişime geçiniz.

Katıldığınız için şimdiden teşekkür ederiz.

İletişim için:

Gülşah Karakedi

Orta Doğu Teknik Üniversitesi

Eposta:

Prof. Dr. Özgür Erdur-Baker

Orta Doğu Teknik Üniversitesi

E-posta:

Yukarıdaki bilgileri okudum ve bu çalışmaya tamamen gönüllü olarak katılıyorum.

Kişisel Bilgiler;

İsim veya Rumuz:

E-posta :

KİŞİSEL BİLGİ FORMU

1. Cinsiyetiniz * :

2. Yaşınız * :

3. Şu an yaşadığınız il ve ilçeyi yazınız* :

4. Evinizde kimlerle yaşamaktasınız?*;

Yalnız	Sadece eşimle	Eşim ve çocuklarımla	Annem ve Babamla	Yurtta yaşıyorum	Diğer

13. Eğitim durumunuz (Lütfen mezun olduğunuz en son düzeyi düşünerek işaretleyiniz): *

Okur-yazar değil		Yüksek okul	
Okur-yazar		Üniversite	
İlkokul		Yüksek Lisans	
Ortaokul		Doktora	
Lise			

14. Medeni haliniz: *

Evli	Bekar	Diğer

15. Mesleğiniz*:

16. Sizce aşağıdaki seçeneklerden hangisi ekonomik düzeyinizi en iyi ifade etmektedir? *

Çok düşük	Düşük	Orta	Yüksek	Çok Yüksek

17. Engel türü ve derecesi* :

18. Engeliniz nasıl oluştu?* :

19. Engeliniz günlük yaşamınızı ne ölçüde etkiliyor?*

Hiç	Biraz	Orta	Çok	Fazlasıyla

20. Çevrenizde kimlerin size sosyal destek sağladığını düşünüyorsunuz? (Birden fazla işaretleyebilirsiniz) *

Annem		Eşim	
Babam		Çocuklarım	
Kardeşim veya kardeşlerim		Akrabalarım	
Arkadaşlarım		Komşularım	
Sevgilim		Hiçkimse	

21. Bugüne kadar herhangi bir sebeple psikolojik yardım aldınız mı?*

Evet	Hayır

LEC-5

Aşağıda bazen insanların başına gelebilecek zor ve stresli olaylar listelenmiştir. Her bir madde için sağdaki kutucukların birini veya daha fazlasını seçiniz: (a) şahsen *ben yaşadım*, (b) başka birinin yaşadığına *şahit oldum*, (c) yakın bir aile üyesi veya arkadaşımın yaşadığını *öğrendim*, (d) *işimin bir parçası* olarak maruz kaldım (örneğin; sağlık görevlisi, polis, asker ya da diğer ilk müdahale ekibi), (e) bana uygun olduğundan *emin değilim*, (f) benim için geçerli değil (yani bu olayı yaşamadım).

Olaylar listesini incelerken *bütün yaşamınızı* (yetişkinliğin yanı sıra büyüme çağı) dikkate aldığınızdan emin olun.

Event	*Ben yaşadım*	*Şahit oldum*	*Öğrendim*	*İşimin Parçası*	*Emin değilim*	*Geçerli Değil*
1. Doğal afet (örneğin; sel, kasırga, hortum, deprem)						
2. Yangın ya da patlama						
3. Ulaşım kazaları (örneğin; araba, tekne, tren, uçak kazası)						
4. İşte, evde ya da bir eğlence aktivitesi sırasında ciddi kaza						
5. Zehirli bir maddeye maruz kalma (örneğin; tehlikeli kimyasal madde, radyasyon)						
6. Fiziksel saldırı (örneğin; tekme, tokat, vurulmak, dövülmek)						
7. Silahlı saldırı (örneğin; vurulmak, bıçaklanmak; silah, bomba ve bıçakla tehdit edilmek)						
8. Cinsel saldırı (örneğin; tecavüz, tecavüz girişimi, zorla veya zarar verme tehdidiyle her türlü cinsel ilişkiye girmeye zorlamak)						
9. Diğer istenmeyen veya rahatsız edici cinsel deneyim						
10. Savaşmak veya savaş alanına maruz kalmak (askerde veya sivil olarak)						
11. Esaret (örneğin kaçırılma, alıkonulma, rehin alınma, savaşta esir alınma)						
12. Hayati tehlike taşıyan hastalık, yaralanma						
13. Çok şiddetli acı çekme						
14. Şiddet içeren ani ölüm (örneğin; cinayet, intihar)						
15. Kazayla ani ölüm						
16. Başka birinin ciddi şekilde yaralanmasına, zarar görmesine ve ölmesine sebep olma						
17. Diğer çok stresli bir olay veya deneyim						

LÜTFEN DİĞER SAYFADAKİ BÖLÜM 2'Yİ TAMAMLAYINIZ.

BÖLÜM 2:

A. BÖLÜM 1'de 17. Maddede herhangi bir işaretleme yaptıysanız, düşündüğünüz olayı kısaca belirtiniz:

_____

B. BÖLÜM 1'de listesi verilen olaylardan birden fazla yaşadıysanız, en kötü olarak değerlendirdiğiniz olayı düşünün. Bu olay, bu anket için size şu anda en çok sıkıntı veren olay anlamına gelmektedir. BÖLÜM 1'deki olaylardan yalnızca birini yaşadıysanız, bunu en kötü olay olarak düşünün. Lütfen aşağıdaki soruları en kötü olayı düşünerek cevaplayın *(geçerli olan tüm şeçenekleri kontrol edin)*:

1. En kötü olayı kısaca tanımlayın *(örneğin; ne oldu, kim yer aldı vb.)*.

_____

2. Ne kadar süre önce oldu? _____*(Emin değilseniz lütfen tahmini)*

3. Ne şekilde yaşadınız?

____ *Şahsen ben yaşadım*

____ *Şahit oldum*

____ *Yakın bir aile üyesi ya da arkadaşa olduğunu öğrendim*

____ *İşimin parçası olarak olayla ilgili ayrıntılara defalarca maruz kaldım (örneğin; sağlık görevlisi, polis, asker ya da ilk müdahale ekibi)*

____ *Diğer, lütfen belirtin:*

4. Birinin hayatı tehlikede miydi?

____ *Evet benimki*

____*Evet başka birininki*

____*Hayır*

5. Birisi ciddi şekilde yaralanmış ya da öldürülmüş müydü?

____ *Evet ben ciddi şekilde yaralanmıştım*

____ *Evet başka birisi ciddi şekilde yaralanmış ya da öldürülmüştü*

____ *Hayır*

6. Bu olay, cinsel şiddet içeriyor muydu? ___*Evet*_____*Hayır*

7. Olay yakın bir akrabanın veya arkadaşın kaybını içeriyorsa, olay kaza veya şiddetten mi kaynaklanıyordu yoksa doğal sebeplerden mi kaynaklanıyordu?

____ *Kaza veya şiddet*

____ *Doğal nedenler*

____ *Geçerli değil (Olayda yakın bir akrabam veya arkadaşım ölmedi)*

8. En kötü olarak değerlendirdiğiniz olaya kadar stresli veya hemen hemen onun kadar stresli bir olayı kaç kez yaşadınız?

____ *Sadece bir kez*

____ *Birden fazla kez (Lütfen bu olayı kaç kez yaşadığınızı belirtiniz ya da tahmini olarak yazınız*_____*)*

9. Olay yaşandığı anda ne kadar üzücüydü?

1	2	3	4	5
Hiç		Orta Derecede		Fazlasıyla

10. Olay şu an sizi ne derecede etkiliyor?

1	2	3	4	5
Hiç		Orta		Fazlasıyla

F: TURKISH SUMMARY /TÜRKÇE ÖZET

GÖRME VE FİZİKSEL ENGELLİ BİREYLERİN KRİZ/AFET DURUMLARINDA KIRILGANLIKLARI VE GÜÇLÜ YÖNLERİ

Kriz ve afetler birçok insan ve toplum için yaşam kaybı, mal kaybı, bireysel ve ailevi işlev kaybı, sağlık ve eğitim sistemlerinin çöküşü gibi birçok olumsuz sonuç içermektedir (Erdur-Baker, 2014). Bu tür durumlarda engelli bireylerin birçok bakımdan daha kırılgan oldukları düşünülmektedir (Battle, 2015; Kent & Ellis, 2015; Morris et al., 2014; Powell & Gilbert, 2006; Stough & Kang, 2015; Stough et al., 2010; Twigg et al., 2018). Bu kırılganlıkları hem kriz afet öncesi, fakirlik, eğitim sorunu, ekonomik olarak dezavantajlı olmak, yalnızlık hissi, ayrımcılık ve sosyal dışlanma gibi zorluklarından kaynaklanmakta (Alper & Goggin, 2017; Banks et al., 2017; Bombardier et al., 2010; Holm et al., 2022; OECD, 2010; Phillips and Stough, 2016; Stough & Kelman, 2018) hem de afet kriz olaylarını diğer bireylerden daha farklı deneyimlemelerinden ileri gelmektedir (Yoshihama & Yunomae, 2018; WHO, 2011; Reid, 2013). Birçok çalışma, engelli bireylerin kriz/afet durumlarında savunmasız olduklarını (bkz Kent & Ellis, 2015), orantısız bir şekilde etkilendiklerini (bkz Rohwerder, 2013) ve iyileşme sürecini çok daha uzun, karmaşık ve zor geçirdiklerini iddia etmektedir (Stough & Sharp, 2010). Ayrıca engelli bireyler kriz ve afet durumlarında birçok alanda zorluk yaşarlar. Daha fazla yaralanma ve ölüm oranına sahiptirler (Twigg et al., 2018). Tahliye güzergahlarına ulaşmakta güçlük yaşarlar (Takahashi & Kitamura, 2016). İletişim sorunları ya da kısıtlı hareket nedeniyle tehlikeyi fark edememektedirler ve kendilerini koruyamamaktadırlar (Battle, 2015). Rutine geri dönememek (Rooney & White, 2007), müdahale ekiplerinin bilgi eksikliği (White et al., 2007), sosyal destek ağlarının kaybı (Karanja, 2009) ve sosyal dışlanma ve ayrımcılık (Carter, 2021) afet ve kriz durumlarında yaşanılan diğer zorluklar arasındadır. Öte yandan, engelli bireylerin, kriz ve afet durumlarında engeli bulunmayan diğer gruplar gibi benzer bilgi, beceri ve kaynaklara sahip olduklarını vurgulayan çalışmalar da bulunmaktadır. Aslında,

günlük yaşamlarında engellerle başa çıkma ve zorlu fiziksel çevreleri aşma deneyimleri nedeniyle, engelli bireylerin, engelli olmayan bireylerden daha büyük bir psikolojik dirence sahip olabileceği gözlemlenebilir (see Lord et al., 2016; Quaill et al., 2019).

Alanda yapılan çalışmalar, kriz ve afet durumlarında engelli bireylerin karşılaştığı zorlukların psikososyal etkilerini incelemekte ve bu etkilerin genellikle göz ardı edilen bir konu olduğunu vurgulamaktadır. Engelli bireyler, kriz ve afet durumları sırasında ekonomik ve sosyal etkilerin yanı sıra aile destek ağlarını kaybetme gibi faktörlerden dolayı önemli psikolojik stresle karşılaşabilirler (Humanity & Inclusion, 2015). Yoksulluk ve engellilik arasındaki kesişim, kriz ve afet durumlarında yaşanan evsizlik ve zamanında tahliye taşıması eksikliği gibi faktörlerle engelli bireyleri daha da savunmasız kılar (Phillips & Morrow, 2007). Sosyal bağlantılardaki eksiklik, kriz ve afet sırasında destek ağlarında olası kesintilere ve sosyal izolasyona yol açabilir, bu da psikolojik iyi hali olumsuz etkiler (Santini et al., 2015). Araştırmalar, kriz ve afet durumlarının özellikle fiziksel ve duyusal engellilere önemli psikososyal etkileri olduğunu ve bu etkilerin genellikle göz ardı edildiğini ortaya koymaktadır (Stough, 2009; Stough & Kelman, 2018). (Stough & Kelman, 2018), engelli bireylerin kriz ve afet durumlarındaki psikososyal iyi hallerini anlamak için daha fazla araştırmaya ihtiyaç olduğunu vurgular ve alanyazınındaki olumlu tasvir eksikliğine dikkat çeker.

Bugüne kadar, engelli bireylerin kriz ve afet deneyimlerine dair genel bilgiler çoğunlukla kriz/afet yönetimi alanyazınından gelmektedir. Bu bireylerin bu olayları nasıl yaşadıklarını ve yorumladıklarını anlamak, kırılganlıklarını veya güçlü yönlerinin nasıl ortaya çıkabileceğini incelemek son derece önemlidir. Bu dinamikler üzerine sınırlı araştırma olması, kriz sonrasında engelli bireylere özel psikolojik destek sağlamada zorluklara neden olmaktadır. Bu nedenle, bu çalışma, engelli bireylerin krizleri nasıl deneyimlediğini araştırmayı amaçlamaktadır. Bu bağlamda, onları kırılgan kılabilen zorlukları belirlemek ve bu zayıflıkları hafifletebilecek ihtiyaçlarını vurgulamak hedeflenmektedir. Ayrıca, çalışma, güçlü yönlerini destekleyen başa çıkma mekanizmalarını incelemeyi amaçlamaktadır. Dahası, engelliliklerinin bu deneyimlere nasıl etki ettiğini araştırmaktadır. Son olarak, çalışma, engelli bireyler tarafından hazırlanan acil durum planı önerilerini sunmaktadır.

Yukarıda belirtilen amaçlar doğrultusunda araştırma soruları şu şekildedir: 1) Bir kriz/afet öncesinde, sırasında ve sonrasında engelli bireylerin özel ihtiyaçları nelerdir? 2) Kriz/afet durumlarında engelli bireyleri savunmasız kılan hangi zorluklarla karşılaşılmaktadır? 3) Engelli bireylerin kriz/afet durumlarıyla başa çıkmalarında dirençlerini arttıran güçlü yönleri nelerdir? 4) Engelli bireyler, kriz/afet durumlarıyla nasıl başa çıkar ve nasıl yol alır? Amaçları doğrultusunda elde edilecek bulguların psikolojik danışmanlara, engelli bireylere psikolojik destek sağlarken yararlanabilecekleri birçok bilgi sunması bu çalışmanın önemli yönlerinden biridir. Hem fiziksel hem psikolojik ihtiyaçlarını ortaya koyması ile birlikte müdahale ekipleri, yasa düzenleyicileri gibi birçok alana da katkı sunacağı düşünülmektedir.

Yöntem

Desen

Bu tezde, engelli bireylerin deneyimlerini daha iyi ve derinlemesine anlayabilmek için nitel bir metodoloji olan fenomenolojik yaklaşım benimsenmiştir. Cresswell (2007, s. 57), fenomenolojik tasarımı, bir kavram veya olguyla bağlantılı olarak birden çok bireyin yaşadıkları deneyimleri nasıl yorumladığını yakalayan bir çerçeve olarak tanımlamıştır. Fenomenolojik yaklaşımda, bireyin davranışı sadece dış koşullar veya içsel motivasyonlar tarafından değil, aynı zamanda bireylerin şu an kendilerini ve çevrelerini nasıl yorumladıklarıyla da belirlenir (Yıldırım & Şimşek, 2005, s. 74). Bu bağlamda nitel araştırma, bu fenomeni anlamak ve incelemek için kullanılmıştır. Ayrıca fenomenoloji, bireylerin kendi yaşantılarını ve anlamlarını ifade etmelerine odaklanır. Fenomenoloji, bireylerin olaylara ve deneyimlere nasıl anlam verdiklerini vurgular. Böylece engelli bireylerin kriz deneyimlerini onların bakış açısından anlama imkanımız olabilir. Engelli bireylerin kriz durumlarını nasıl deneyimlediklerini ve bu durumları nasıl algıladıkları konusunda önemli bilgiler sağlayabilir. Araştırmanın katılımcı merkezli ve onların bakış açısına dayalı olmasına olanak sağlayabilir. Tüm bu nedenler bu çalışmada nitel bir metodoloji olan fenomenolojik yaklaşımın seçilmesine zemin oluşturmuştur.

Prosedür (Örnekleme, Araçlar ve Veri Toplama, Veri Analizi)

Veri toplanmaya başlamadan önce Orta Doğu Teknik Üniversitesi İnsan Araştırmaları Etik Kurulu' ndan izin alınmıştır (bkz Ek A). Katılımcılara, araştırma sorusunun gerektirdiği özel kriterler nedeniyle amaçlı örnekleme yöntemi kullanılarak ulaşılmıştır. Katılımcıların araştırmanın amacı gereği iki özelliğe sahip olmaları gerekmekteydi: olay öncesinde bir engeli olmak ve yaşamları boyunca en az bir kez bir kriz/afet yaşamak. Görüşmeler sırasında katılımcılara, demografik bilgi formu, Yaşam Olayları Kontrol Listesi (bkz Ek E) ve araştırmacı tarafından alanyazınına göre hazırlanan ve uzmanlarca revize edilen görüşme soruları (bkz Ek B) uygulanmıştır. Demografik formun ardından Yaşam Olayları Kontrol Listesi, ulaşılan engelli bireylerin çalışmanın kapsamına uyup uymadığını değerlendirmek amacıyla uygulanmıştır. Sonrasında, araştırma kriterlerini karşılayan katılımcılarla görüşmeler gerçekleştirilmiştir. Altısı yüz yüze ve dokuzu Zoom üzerinden sesli aramalarla gerçekleştirilen 15 görüşme yapılmıştır. Görüşmeler bir kayıt cihazı kullanılarak kaydedilmiştir ve daha sonra transkribe edilmiştir. Transkript edilen görüşmeler bir hafta içerisinde katılımcılara yeniden okunmuş ve doğru anlaşılıp anlaşılmadıkları sorulmuştur. Veriler içerik analizi kullanılarak incelenmiştir. Analiz için Maxqda12 yazılımı kullanılmıştır. Her kod ve kod grubu için tanımlamalar, diğer kodlayıcı için anlamayı kolaylaştıracak şekilde bir kod kitabında yer almış ve Kodlayıcılar arası güvenilirlik Kappa değeri .981 ve standart sapma .004 olarak hesaplanmıştır.

Katılımcılar

Çalışma, beşi fiziksel engelli onu görme engelli olmak üzere 15 katılımcı içermektedir. Katılımcılar; yaşamları boyunca trafik kazası, patlama, deprem gibi en az bir kriz olayını deneyimlemiş ve bu olay sırasında engeli bulunan kişilerden oluşmaktadır. Katılımcıların beşi deprem yaşamış, üçü 15 Temmuz darbe girişimini deneyimlemiş, ikisi patlama yaşamış, üçü trafik kazası yaşamış ve ikisi fiziksel şiddete maruz kalmıştır. Katılımcıların dördü kadın, on biri erkektir. Katılımcıların yaşları 25 ile 53 arasında değişmekte olup, ortalama yaşları 38.73'tür. Altısı evliyken, dokuzu bekardır. Katılımcıların biri yüksek lisans derecesine, beşi lisans derecesine, beşi lise diplomasına, biri ortaokul diplomasına, üçü ilkokul diplomasına sahiptir. Sadece bir katılımcı çalışmamaktadır. Katılımcıların çoğunluğu kendilerini orta gelir düzeyinde görmektedir.

Bulgular

Görme Engelliler

Görme engellilerin kriz/afet deneyimleri incelendiğinde hem kriz/afet anında hem de sonrasında birçok zorlukla karşı karşıya kaldıkları görüldü. Olay deneyimini kolaylaştıran faktörlerin eksikliğinin, olay sırasında zorluk olarak ortaya çıktığı gözlemlenmiştir. Bunlardan biri bağımsız hareket edememe durumudur. Olay sırasındaki bağımsız hareket kapasitesi deneyimi kolaylaştırırken, tersi ise olayı karmaşık hale getirmiştir. Benzer şekilde, olayın tanıdık bir ortamda gerçekleşmesi durumu kolaylaştırırken, bilinmeyen bir ortamda gerçekleşmesi olayın karmaşık olmasına neden olmuştur. Tehlikeyi algılayamama ve yön bulma konusundaki zorluklar görme engelli bireylerin kırılganlıklarını artıran diğer etkenlerdir. Elbette ki kendi hayatları ve başkalarının hayatı için endişe duymak engeli olsun olmasın herkesin yaşayabileceği bir duygudur. Ancak görme engellilerin yaşadığı bu zorluk farklı bir yönle farklılaşmaktadır. Görme engelliler, engellerinden dolayı kurtarılırken başkalarının desteğine ihtiyaç duyabilmektedirler ve bu durumdan ötürü başkalarını tehlikeye atmaktan endişe duyabilmektedirler. Onları kurtarmaya çalışan diğer kişileri tehlikeye atabilecekleri algısı ve korkusu, görme engellilerde kaygı, korku ve suçluluk hissi yaratabilmektedir.

> Ancak genellikle o bölgelere gitmiyoruz çünkü oradaki varlığımızın bize faydası olmayacağına, aksine başkalarına zarar verebileceğimize inanıyoruz. Çünkü bizi kurtarmaya çalışırken onlar zarar görebilirler. Deprem – Katılımcı E

Olay sırasında ifade edilen diğer zorluklar kurtarma ekiplerinin davranışlarıyla ilgilidir. Görme engelliler, onlara yer yön tarif edilirken bir referans noktasının belirlenmesi gerektiğini düşünmektedir. Örneğin; kimin sağı kimin solu. Kriz sırasında doğru rehberlik hayat kurtarabilirken, bilgisiz rehberlik görme engellilere yaralanma gibi birçok risk açığa çıkarabilmektedir. Dahası, izin alınmadan ve o anki durumu algılayamayan bireylere açıklanmadan yapılan müdahaleler görme engellilere sıkıntı yaratabilmektedir. Ayrıca kriz/afet sırasında ne yapılması gerektiği hakkında bilgi sahibi olmamak olay anını zorlaştıran diğer bir etkendir.

Görme engellilerin olay sonrasında yaşadıkları barınma sorunu haricindeki zorlukların olayla baş etmeyi güçleştiren durumlar olduğu tespit edilmiştir. Bu zorlukları da görme engelinden kaynaklanan ve engelden bağımsız olmak üzere iki kategoriye ayırmak mümkündür. Görme engelinden kaynaklanan zorluklar; görme engelinin kriz anlarının ötesinde birçok zorluk içerdiği gerçeği, sürekli mücadele etme zorunluluğu hissi, anlaşılmama duygusu ve istismara kurban gitme endişesi şeklinde sıralanabilir. Olayın ve benzer olayların tekrarlanma korkusu, olaya dair tetikleyici hatırlatıcıların varlığı ve yaşam kaybı görme engellilerin kırılganlıklarını artırmaktadır.

> ''Ama en büyük mesela birçok engel grubu için hakikatten ciddi bir risk taciz, tecavüz yani istismar ve organ kaçakçılığı. Ziynet eşyalarınızı da çalabilirler. Organlarınızı da çalabilirler. Özel sistemler yok. Çünkü bizler fiziki olarak diğer insanlar gibi –onlar da risk altında böyle durumlarda tabi ama- kendimizi daha fazla koruma imkanımız da yok. Dolayısıyla dışardaki diğer insanlara göre riskiniz 5 kat 6 kat belki afet büyüklüğüne göre 10 kat daha fazla.'' Deprem- Katılımcı K

Görme engellilerin olay öncesi, olay anı ve sonrası psikososyal ihtiyaçları aşağıda listelenmiştir. Yaşadıkları zorlukların ve psikososyal ihtiyaçlarının karşılanmaması görme engelli bireyleri kriz/afet durumlarında kırılgan hale getirmektedir.

Kriz ve Afet Durumlarında Görme Engellilerin İhtiyaçları

Olay Öncesi İhtiyaçlar

- Çevre ile önceden tanışıklık
- Çevreyi gezme yeteneğinin artırılması
- Ulaşılabilir çevresel düzenlemeler
- Engellilik konusunda bilgili müdahale ekipleri
- Toplumun geneline engellilikle ilgili bilgi sağlama
- Engellilikle ilgili kriz eğitimi
- Krizlere hazırlıklı olma bilgisi
- Önlemler almak ve tatbikatlar düzenlemek

Olay Anı İhtiyaçlar

- Başka birinin bulunması

Sakinleştirmek için
Sözlü yönlendirme sağlamak için

- Müdahale ekipleri tarafından kişisel haklara saygı
- Bir bastonun bulunması
- Bir mobil telefonun olması

Olay Sonrası İhtiyaçlar

- Hastanelerde özel olarak engellilik konusunda eğitim almış personel
- Psikolojik destek

Fiziksel Engelliler

Fiziksel engellilerin kriz/afet deneyimleri incelendiğinde hem kriz/afet anında hem de sonrasında birçok zorlukla karşı karşıya kaldıkları görülmüştür. Bedensel engelli bireyler, bağımsız hareket edememe, hızlı hareket edememe ve dengesini koruyamama gibi zorluklardan dolayı kendilerini kurtarmakta zorlanmışlardır. Hayati tehlike stresi yaşamışlar, yardıma ihtiyaç duyduklarını hissetmişler ve kriz ve afet sırasında birinin varlığına gereksinim duymuşlardır. Birinin varlığı aynı zamanda zorluk yaratan bir unsurdur. Görme engelliler ile benzer şekilde Yardım çağrıları veya eylemleri konusundaki endişeleri, kendi yaşamları ve diğer insanların hayatları konusundaki endişelerini ortaya koyarak, bu bireylerin kendi hayatları ve diğerlerinin hayatları konusundaki endişelerini göstermiştir. Dahası, bu endişe, 'diğerleri üzerindeki etki konusunda suçluluk hissi' ile birleştiğinde, özellikle bedensel engelli katılımcılar tarafından belirtildiği gibi, karmaşık duygusal manzaranın altını çizmiştir. Müdahale ekiplerinin fiziksel engelli bireylerin ihtiyaçları hakkında bilgi sahibi olmaması yaşanan ve endişe uyandıran başka bir zorluk olmuştur.

Olay sonrasında da benzer olayların yeniden yaşanması korkusu, eğitim sisteminde geri kalma gibi engeli bulunsun bulunmasın herkesin yaşayabileceği zorlukların yanı sıra fiziksel engeli bireyler, engellerinden kaynaklanan birçok zorluk yaşamıştır. Yaşanılan zorluklar görme engelliler ile kıyaslandığında görme engelliler olayla psikolojik olarak baş etmeyi güçleştiren zorlukları ifade ederken fiziksel engelliler daha çok yaşamsal ihtiyaçlarını karşılama konusundaki ihtiyaçlarını ifade etmişlerdir. Bunlar barınma sorunu, ulaşım sorunu, tıbbi destek eksikliği nedeniyle sağlık sorunu

ve günlük ihtiyaçlarını karşılayamamadır. Baş etmeyi güçleştiren psikolojik zorluklardan biri ise fiziksel engelin kriz ve afet yaşamadan önce de birçok zorluk yaratması ve kriz, afet gibi deneyimlerle birleşince sürekli mücadele etmekten yorulmalarıdır. Bir diğeri ise fiziksel engelliler engellerinin istismara açık olduklarını düşündükleri için sömürülme ve istismara uğrama endişesi taşımaktadırlar. Tüm bu zorlukların yanı sıra aşağıda gösterildiği gibi olay öncesi olay anı olay sonrası ihtiyaçlar karşılanmadığında fiziksel engelli bireylerin kırılganlıkları artmaktadır.

Kriz ve Afet Durumlarında Fiziksel Engellilerin İhtiyaçları

Olay Öncesi İhtiyaçlar

- Engelli bireylerin ihtiyaçlarına uygun geniş kapsamlı bir afet ve kriz modeli
- Engelliler için kriz yönetimine odaklanmış uzmanlaşmış eğitim programları
- Kriz durumlarına hazırlıklı olma
- Binaların ve altyapının engelli bireylerin ihtiyaçlarını karşılayacak şekilde tasarlanmasının sağlanması

Olay Anı İhtiyaçlar

- Engelli bireylerin özel gereksinimleri hakkında müdahale ekiplerini bilgilendirme
- Destek sağlayabilen birinin varlığı
- Krizin ve afetin hızlı çözümü

Olay Sonrası İhtiyaçlar

- Psikolojik destek
- Medikal destek
- Fiziksel engele uygun konaklamanın sağlanması

Görme ve Fiziksel Engellilerin Güçlü Yönleri

Kriz ve afetler sırasında engelli bireylerin deneyimlerini inceleyen çalışmalar genellikle bu deneyimlere ya kırılganlık ya da güç/direnç perspektifinden yaklaşmıştır. Ancak bu çalışma, kriz ve afet deneyiminin her iki yönünü de göz önüne alarak, tek bir özelliğin (engelli olma) yalnızca olumlu veya olumsuz öğeleri

sergileyemediğini göstermiştir. Katılımcılar, birçok açıdan hem kırılgan hem de güçlüdür. Her iki grup da birçok etkili baş etme becerisi geliştirebilmiştir.

Her iki grup da olayla psikolojik olarak başa çıkmak için bilgi edinme, başkalarına fayda sağlama, sosyal destek arama, hatırlatıcılardan kaçınma, durumun daha kötü olabileceğini düşünme ve dirençli bir kişiliğe sahip olma gibi stratejileri benimsemiştir. Bu ortak baş etme mekanizmalarının yanı sıra görme engelliler; meslekten yararlanma, günlük rutinlere geri dönme, başka şeylere odaklanma, zamana bırakma, inançtan yararlanma gibi farklı baş etme mekanizmaları da ortaya koymuşlardır.

Burada engelli olmanın başa çıkma stratejilerine katkısını vurgulamak istiyorum. Bunlardan biri, görme engelli katılımcıların, olayın dehşetine şahit olmadıkları için daha az etkilendiklerini düşünmeleridir. Bu çerçeveleme, olayla daha etkili bir şekilde başa çıkmalarına yardımcı olmuştur. Diğer bir nokta ise her iki grup için de dirençli kişiliklerinin, pes etmemelerinin, zorlukları hayatın bir parçası olarak görmelerinin başa çıkma süreçlerine katkı sağlamasıdır ve bunlar hayattaki zorluklara alışkın olmalarıyla ilişkilendirilebilir. Ayrıca tüm bahsedilen baş etme becerileri katılımcılar tarafından yararlı ve destekleyici görülmüştür.

Olay anında her iki grubu da güçlü hissettiren unsurlar bulunmaktadır. Görme engelli bireyler, olayın tanıdık bir ortamda gerçekleşmesi, bağımsız hareket edebilmeleri ve benzer deneyimlere sahip olmaları durumunda kendilerini güçlü hissetmişlerdir. Sakin kalmak, birinin varlığı ve dua etmek onlara yardımcı olmuştur. Olay karanlık bir ortamda gerçekleşirse, işitme duyusuna güvenmek onlar için daha avantajlı hale getirmiştir. Böylelikle, başkalarını yönlendirip yardım etmek, onları güçlü hissettirmiştir. Fiziksel engeli olanlar için benzer yönler kolaylaştırıcı faktörlerdir. Bunlara ek olarak, zorlu yaşam koşullarına alışkın olmak da kolaylaştırıcı bir faktör gibi görünmektedir.

> ‘’Kolay olduğunu söylerim çünkü birçok olayı görsel olarak görmedim. Görseydim, çünkü ben duygusal bir insan olduğum için daha fazla etkileneceğimi düşünüyorum. Hani inlemeleri gördüm ama yaralı insanları görmedim. İnlemeleri duydum.’’ Patlama - Katılımcı C

> ‘’Şu an yani, deprem olayı, yani nasıl anlatayım? Yaşam olduğu kadar ölüm de olduğunu düşünüyorum. Yani, artık her şeyi normal karşılıyorum. Tesellisi olmayan bir kayıp tabii ki ama yaşam da bir taraftan devam ediyor. Kendi çabalarımla üstesinden geldim çünkü üstesinden gelmem gerekiyordu.’’ Deprem - Katılımcı B

Acil Durum Plan Önerileri

Bu çalışmada ayrıca katılımcılardan kendi acil durum plan önerilerini oluşturmaları istendi. Katılımcılar Görüşme boyunca önceki bölümlerde de belirtilen ihtiyaçların tüm acil durum planlarına eklenmesini vurguladılar. Bunların yanı sıra gelen önerileri şu şekilde sıralayabiliriz: uluslararası afet yönetimi modellerinin kabul edilmesi, engellilere özgü risklerin tanımlanması, farklı engellilik gruplarının temel ihtiyaçlarının anlaşılması, çeşitli engellilik türleri için uyarlanmış eğitim, engellilere uygun malzemelerin geliştirilmesi, halkın farkındalık kampanyaları (kamu spotları), kişiye özel aile eğitimleri, engelli bireylerin kurtarılmasına öncelik verilmesi, engelli bireylerin konutlarının haritalanması, işitilebilir erken uyarı sistemlerinin uygulanması, dokunabilir yüzeyler ve işitilebilir kılavuz noktaların oluşturulması, müdahale ekiplerinin sessiz operasyonları. Son olarak katılımcıların büyük bir çoğunluğu kriz ve afet durumlarına hem fiziksel hem de psikolojik olarak hazır olmanın önemini vurgulamıştır.

Tartışma

Bu çalışma, Türkiye'deki görme ve fiziksel engelli bireylerin zayıflıklarını ve güçlü yönlerini ortaya çıkarmış ve kriz ve afetlerlerdeki psikososyal ihtiyaçlarını belirlemiştir. Fiziksel ve görme engelli bireylerin kriz ve afet deneyimlerinin karmaşıklığını ve yaşadıkları zorlukları anlamaya çalışmış, engelli oluşlarının bu yaşadıkları olayların etkisini kötüleştirebileceği veya hafifletebileceği konusunda ışık tutmuştur. Bu çalışma, ruh sağlığı profesyonellerinin görme ve fiziksel engelli bireylere kriz ve afet sonrası psikolojik destek sağlamalarının, görme ve fiziksel engelli bireylerin kriz ve afet deneyimlerini farklılaştıran yönleri konusunda bilinçli olmalarının önemini vurgular. Bu farklılıklar şu şekilde örneklendirilebilir: yardıma ihtiyaç duyma, başkalarına yardım ederken onları tehlikeye atma korkusu, sürekli

mücadele etme zorunluluğu hissetme, yanlış anlaşılmışlık hissi, hayati tehlike stresini yoğun bir şekilde yaşama ve istismara maruz kalma endişesi. Daha önce detaylı bir şekilde sunulduğu gibi engelli oluşlarının doğasından kaynaklanan nedenlerle, kriz ve afet deneyimleri birçok açıdan farklılık gösterir. Örneğin, görme engelli bireylerin yaşamlarını kendi görmeden yönlendirmeleri, depremler veya gece trafik kazaları gibi durumlarda diğerlerini yönlendirerek dirençli kalmalarına yardımcı olmuş ve bu şekilde diğer insanlara rehberlik ederek psikolojik olarak kriz ve afetle başa çıkmalarına yardımcı olmuştur. Ayrıca, olayın dehşetini görmedikleri için daha az etkilendiklerini düşünmüşler ve bu çerçeveleme onların olayla daha etkili baş etmelerine yardımcı olmuştur. Ayrıca, kriz durumlarında başa çıkma mekanizmalarını inceleyen bu çalışma, engellilerin çeşitli stratejileri kullanarak krizlerle ve afetlerle başa çıkma konusundaki çeşitli yönlerini ortaya koymuştur. Bu çalışma, engelli bireylerin direnç gösterme konusundaki çeşitli yönlerini, krizlerle başa çıkma konusundaki dirençlerini ortaya koymuştur. Görme ve fiziksel engelli bireylerin kriz ve afetlerle başa çıkma konusunda etkili olan birçok stratejiyi kullanabileceği gözlemlenmiştir.

Bu çalışmanın bulguları, engelli bireyleri kriz ve afet hazırlığı ve psikososyal destek süreçlerinin tüm aşamalarına dahil etmenin, mevcut tezde belirtilen özel ihtiyaçlarına odaklanmanın ve çeşitli engel türlerini ve ilişkili gereksinimleri kapsayan bir kapsamlılığı vurgulamanın önemini vurgular. Örneğin, görme engelliler, herhangi bir müdahalede bulunulmadan önce uygulanacak müdahalenin tarif edilmesini ve kendilerinden izin alındıktan sonra uygulanmasını istediklerini belirtmişlerdir. Bu bilgilerin önceden müdahale ekiplerine sağlanması, psikososyal desteğin etkisini önemli ölçüde artırabilir. Tanımlanan bu ihtiyaçları bilmek ve bunlara uyum sağlamak, engelli bireyler için psikososyal destek müdahaleleri tasarlarken esastır. Böylece kriz ve afet durumlarında daha etkili bir yaklaşım sağlanabilir. Her bir engel türünün kriz bağlamında benzersiz ihtiyaçlarını gözetmek önemlidir. Ayrıca, bu çalışma zorlukları sıralamanın ötesine geçerek, kriz olayının öncesinde, sırasında ve sonrasında ortaya çıkan belirli ihtiyaçları belirleyerek ilerlemiştir. Bu kapsamlı analiz, duygusal, fiziksel ve lojistik düşünceleri içeren özel destek yapılarının gerekliliğini vurgulamıştır. Bu tür bir bütünsel yaklaşım, krizlerin sadece anlık etkilerini değil, aynı zamanda kısa ve uzun vadeli sonuçlarını da ele alan hazırlık

planlarının önemini vurgular. Ayrıca, çalışma, krizler sırasında engelli bireylerin direncini artırmada toplumsal farkındalık ve destek rolünü vurgulayarak, bu topluluğun karşılaştığı zorluklar hakkında farkındalık yaratmanın ve empati ve dahil edicilik ortamını teşvik etmenin önemini vurgulamıştır. Bu tür bir farkındalık, daha duyarlı ve anlayışlı bir toplum yetiştirebilir ve engelli bireylerin krizler ve afetler tarafından ortaya çıkan engellerle başa çıkmalarını destekleyebilir. Genel olarak, bu çalışma, engelli topluluğunun psikolojik boyutlarını derinlemesine anlama konusunda katkıda bulunur ve engelli bireyler için kriz yönetimi ve destek açısından daha kapsamlı, anlayışlı ve kapsayıcı bir yaklaşım çağrısında bulunur. Bu, kriz ve afet durumlarıyla karşılaşan engelli bireylerin psikolojik ihtiyaçlarını tanımanın ve ele almanın önemini vurgular.

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