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Article

Putting on Intersectional Glasses: Listening to the Voice of the Vulnerable

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Abstract

Many share the concern that the Covid-19 pandemic has had devastating impacts on the vulnerable who are already disproportionately at risk of social exclusion. The health-related risks that the pandemic entailed and the challenges that resulted from the associated measures have led to new vulnerabilities for specific groups such as persons with disabilities, persons from a (forced) migrant background, and women/girls. This article will discuss the complexity of the multiple vulnerabilities during the Covid-19 pandemic by relying on data collected from immigrant women with disabilities. To this end, data from two women with disabilities who are members of the historically marginalized Turkish immigrant group in Austria were analyzed with regard to their experiences during the pandemic. Their accounts are analyzed from an intersectional perspective in order to document the effects of peri-post-pandemic measures on the lives of people with multiple disadvantages. The interviews and audio diaries by two immigrant women with disabilities recorded over seven months are used to delve into latent oppression structures and overlapping mechanisms of difficulties embedded in their experiences. The findings show how the multiple identities and struggles of the two women were affected during the pandemic by building upon each other.

Keywords

disability; gender; immigrant; intersectionality; pandemic; vulnerabilities

Issue

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1. Introduction

The Covid-19 pandemic has created global stress and changed the social landscape remarkably. Mitigation measures such as staying home, reducing social contact, school closures, or home office regulations have altered the lives of people all over the world (Kickbusch et al., 2020). On the one hand, these mitigation efforts achieved the deceleration of the spread of the virus; on the other hand, they entailed social, economic, psychological, and health-related consequences (Altig et al., 2020; Gostin & Wiley, 2020; Senjam, 2020). Although the pandemic did not leave anyone unaffected, when compared to the people without disabilities, the pandemic generated greater vulnerabilities and challenges for people with disabilities (Ciciurkaite et al., 2021; Kickbusch et al., 2020; Landes et al., 2020). Depending on their employment, personal relationships, economic situation, gender, or disability status, people with disabilities experienced the pandemic-related limitations in differently disadvantaged ways. However, it is safe to say that the Covid-19 pandemic has affected people with disabilities more negatively than people without disabilities (Armitage & Nellums, 2020; Pineda & Corburn, 2020; Senjam, 2020). In this article, the data retrieved from immigrant women with disabilities show how the pandemic has affected their lives in relation to their disability, immigrant status, and gender separately as well as in an interconnected way.

1.1. Disability and Pandemic

Similar challenges to those that people with disabilities faced during past crises such as natural disasters, outbreaks, and earthquakes (Andrews et al., 2019; Godfrey, 2020) were observed during the Covid-19 pandemic.

Measures and regulations during the Covid-19 pandemic mainly targeted the general public and failed to consider the specifics of people with disabilities. The challenges that people with disabilities faced were due to their disability, but also due to intersecting vulnerabilities experienced during the pandemic. The pandemic showed how different demographic and identity categories (e.g., gender, poverty, and race) magnified the jeopardy for people with disabilities. The intersection of racial trauma (Comas-Díaz et al., 2019), systemic social inequalities (Lund, 2020), material hardships, and poverty (She & Livermore, 2009) was aggravated by the pandemic's harsh consequences.

There were several abrupt structural changes that people had to adapt to in their daily lives, such as wearing masks, isolation, and strict health protocols that were challenging for people with disabilities. In the early stages of the pandemic, concerns centered on ableist health care and the needs of the disabled were neglected during preventative decision-making (Lund & Ayers, 2020). People with disabilities were concerned with the ableist perspectives of health care providers when making clinical judgments. In addition, the infection risk was another stressor for people with disabilities. Several global institutions (e.g., Center for Disease Control and Prevention, United States Office for Civil Rights, United Nations) also mentioned the higher likelihood of contracting the virus and falling sick due to pre-existing health issues as well as the precariousness of their living conditions. Similarly, the mortality rates of people with disabilities were higher than those of people without disabilities (Abedi et al., 2020; Landes et al., 2020; Turk et al., 2020), which may result from a lack of timely and high-quality care or chronic stress.

As Rajkumar (2020) explains, the consequences of the pandemic created a shared trauma that had mental impacts on many. Similarly, several studies (Ettman et al., 2020; Zhang et al., 2020) documented increased anxiety, insomnia, and eating disorders among the general public. Among other shared traumas such as the September 11 attack, the Ebola outbreak, the Tsunami, and the Great Recession, Ciciurkaite et al. (2021) consider the Covid-19 pandemic as the most recent large-scale shared trauma, which makes the pandemic a macro-level stressor for all. As Shakespeare (2006) suggests, people with disabilities experience such shared trauma in a disproportionally drastic way. When the effect of Covid-19 on the whole population is considered, the pandemic is framed as a stressor that can result in long-term health issues and disabilities (Ciciurkaite et al., 2021), which makes it a greater stress factor for people with pre-pandemic disabilities.

The disruption of access to health care services or treatments was another pandemic-related consequence for people with disabilities. Access to hospitals and health care facilities is vital for people with disabilities and chronic diseases. However, the pandemic put a hold on several domains of the healthcare system. At times, hospital visits were canceled and medication could not be prescribed. The sudden discontinuation of required therapies, personal assistance, or support from others left many people with disabilities in a difficult situation emotionally and health-wise. Assistance for body care, but also the care of assistive devices, ceased, leaving several people with disabilities without the equipment required for daily life. Hospital visits were categorized as a high risk of infection, which created fear and a psychological burden on people who could not cancel their hospital visits (Leocani et al., 2020). Both situations disrupted the routine of people with disabilities.

When compared to people without disabilities, people with disabilities more often suffer from loneliness and experience a lower level of social bonds (Emerson et al., 2021; Olsen, 2018). Prolonged social distancing during the Covid-19 pandemic, on the other hand, increased the stress level for all (Lee, 2020; Rajkumar, 2020), but to a larger degree for marginalized groups, who are less likely to have supportive social networks (Goldmann & Galea, 2014). People with disabilities had to go through a long time of isolation and loneliness due to a lack of social interactions. Besides entailing loneliness, social distancing also disrupted the assistance that people with disabilities had relied on. The social distancing guidelines affected the support from either professional workers, volunteers, or family members in a negative way (O'Connell et al., 2020). While some people were left with no support or very limited support, others had to continue relying on professional support knowing that this could put them as well as those supporting them at a greater risk. In both ways, social distancing posed additional challenges and resulted in health-related, psychological, and emotional challenges for people with disabilities.

The financially precarious situation of people with disabilities was another dimension that was severely impacted by the Covid-19 pandemic. As She and Livermore (2009) discuss, people with disabilities suffer from long-term poverty and experience material hardships more than individuals without disabilities. People with disabilities are mainly associated with poor socioeconomic status and several other underlying health problems due to a lack of sources and medical care (Jaggernath et al., 2014). Similarly, disability is associated with exposure to harsher life situations, lack of resources, and more vulnerability to health problems. A lower likelihood of being employed, dependence on expensive assistive technology and medication, and employment in low-paying jobs are some of the factors that put people with disabilities at a greater disadvantage. This economic insecurity of people with disabilities was aggravated by the Covid-19 pandemic due to business closures, shrinking economies, and increasing prices for equipment and medication.

Another factor that put people with disabilities at a disadvantage was access to information. The sudden changes, measures, and stress factors were accompanied by a limited amount of knowledge, most of which could not be relied on, which increased the level of fear and concern among the public. The lack of accessible information about the virus, protective measures, or prevention techniques was an issue for people with disabilities reported from several contexts such as India (Senjam, 2020), Italy (Leocani et al., 2020), and the USA (Landes et al., 2020). The lack of barrier-free information and the excessive focus on the general public rather than specific groups resulted in lacking access to the necessary information regarding regulations, procedures, exceptions, or measures. Furthermore, the situation of immigrants with disabilities was marked with language and cultural barriers. Accessing the required information and remote support through phone or e-mail communication could lead to additional hurdles for immigrants with disabilities who had language difficulties. A lack of language skills or knowledge about the health care system and support services put immigrant communities in a challenging situation and immigrants with disabilities suffered from cultural and linguistic barriers during the pandemic (Geuijen et al., 2021; Piérart et al., 2020).

Gender was another remarkable disadvantage during the pandemic. The OECD's 2020 Risks That Matter Survey showed that the Covid-19 pandemic could be characterized as a "shecession" due to the disproportionately negative effects of the pandemic on women. Several studies (Couch et al., 2022; Nishimura, 2022; Siddiqa, 2020) reported the severity of the pandemic's consequences for women including increased sexual abuse, domestic violence, labor market exclusion, and forced marriage. This longstanding marker of difference and dimension of oppression—gender—intersects mainly with race and poverty, but also disability. The intersection of having a disability and being a woman, as Hancock and Daigle (2021) call it, is a "double jeopardy" for the risk of victimization. Having a disability, therefore, increases discrimination against women, which was aggravated by the risks created by the pandemic.

2. This Study

This article reports on a research project in Austria by employing a longitudinal and participatory research design. The research project, Cov_enable, funded by the Austrian Science Fund (FWF) documents the effects of peri- and post-Covid-19 policies and regulations on the lives of people with disabilities. Cov_enable (P 34641-G) tries to understand how the conceptions of vulnerability are experienced and reshaped and how these impact people with disabilities.

Similar to other countries, the Austrian Government implemented the first lockdown in mid-March 2020 to mitigate the spread of severe acute respiratory syndrome. With the first lockdown, harsh measures and rules were introduced, which increased the challenges for persons with disabilities. Globally observed consequences for people with disabilities (e.g., the disruption of therapy and treatment, financial problems, increased stress) have been reported in Austria as well. However, in the Austrian context, some other challenges aggravated the situation for people with disabilities from a migrant background. Although later on, some steps were taken to provide information on rules, regulations, and measures in the languages of the main immigrant groups (in Turkish, Arabic, Serbian/Bosnian/Croatian), the information provided in these languages was very limited. To understand how the Covid-19 pandemic affected the lives of immigrant women with disabilities, the following research questions were recruited:

- How is the Covid-19 pandemic experienced, documented, and shared by immigrant women with disabilities?
- What changes in the lives of immigrant women with disabilities occurred and are expected during the Covid-19 pandemic?

3. Methods

Addressing these questions demanded a creative, flexible, but still ethically sound and rigorous research approach. The research strategy in Cov_enable is framed as a grounded theory approach (Charmaz, 2014) that uses an intersectional lens (Bowleg, 2008). Throughout the research process, basic principles of grounded theory methodology such as iterative and constant comparative procedure, theoretical sampling, coding, and memo-writing were applied (Charmaz, 2014).

The participants were reached through an association that supports immigrant people with disabilities in Vienna. After reading the information flyer of the project, they contacted the researcher and shared their willingness to learn more about the project. All steps of the data collection and other details about the project were provided; confidentiality and anonymity of the data as well as of participants were assured by informed consent. One participant was in her mid-20s (henceforth pseudonymized as Elmas), and the other was in her mid-40s (henceforth pseudonymized as Semra). Both arrived in Austria from Turkey as teenagers. While Elmas graduated from a vocational school in Austria and now works part-time (however, not during the lockdowns) at an organization where she counsels other immigrants with disabilities, Semra never attended school in Austria and is unemployed. However, competency in German is still an issue for both of them and both do not feel comfortable speaking German. Both are in wheelchairs and live with their parents.

Intensive interviews wherein a retrospective perspective was adopted to hear their experiences of the first year of the pandemic were the first data collection tool adopted. Later, digital video/audio/written diaries (Bates, 2020) were produced. Participants submitted 4–5-minute audio/video diaries in Turkish twice a month and recounted how their week was over seven months. Participants reported their week by answering questions such as: What does my life look like at the moment? Where did I go? Whom did I see? What made me excited this week? What made me sad? When and where did I feel vulnerable? The data retrieved are presented in Table 1.

As first-order constructs, these diaries offered rich data in the form of highly self-representational narratives of individuals (Bates, 2020). To this end, the data were transcribed verbatim, and the text material was analyzed using grounded theory (Charmaz, 2014) and Bowleg's (2008) intersectionality approach. With an intersectional lens, the patterns and themes were made explicit by exploring how mutual identities intersect and how they relate to social inequality.

The data were coded to interpret the meaning of the values and perspectives that both participants attach to their experiences (Charmaz, 2014), hence assuring that the analytic ideas developed during the analysis were based on the data was the target. The data analysis included a variety of tools such as a preliminary examination of the data to locate the relevance, line-by-line coding, building categories for refinement purposes, and comparing the findings and the accounts. In addition, several writing tools and activities such as mind-maps, notes, diagrams, or clustering were used. During the data analysis, no digital tools or software were used. However, the codes and categories were all kept track of electronically. The lines were coded by asking questions to make sense of what is meant and suggested in a line and what it is about.

In grounded theory, the aim is to define what is happening, as well as to make meaning of what is happening (Charmaz, 2014). Initial coding started with the preliminary data collection. Initial codes are mainly comparative and provisional, and especially grounded in the data. During this process, as Glaser (1978) suggests, the codes were active and alive, which made it possible to go back and forth in the data for constant comparison. Focused coding followed the initial coding to locate the most significant initial codes. Focused coding did not reduce the codes in a statistically significant way, but the codes were handled in a way that asks "what they tell about the world they are embedded in" (Buroway, 1991, p. 281). In the next step, categories were created by looking for similarities and differences among the data, clustering the codes, and using visual drawings. As Kelle (2005) suggests, the categories were developed from the data itself and were not forced. Through categorizing, grounded theory analysis led to an inherent pattern very closely related to the main concern or issue (Halton & Walsh, 2017). However, due to the intersectional perspective, there were several interconnected concerns, and the process of reaching the core categories resulted in more than one category. As the aim was to reach a social phenomenon, it was expected that the data analysis would lead to the development of a central point that explains a bigger part of the data. As Charmaz (2014) suggests, revealing the social process that is studied was the target, and core domains were looked for. As the last step, theoretical coding was performed to raise these core domains to theoretical concepts, which helped to theorize the findings and identify their relationship to the literature.

4. Findings

Three major themes emerged at the end of the analysis. The first theme was related to the consistency of being vulnerable as an immigrant woman with a disability. This theme showed how existing oppression was aggravated through the newly introduced measures during the pandemic. The fluctuation of the severity of the measures affected the severity of the patterns of oppression. The second theme was related to the cultural perspective of the Turkish community, which is more protective of/interfering with women/girls and especially women/girls with disabilities. The third theme emphasized the individual struggles during the pandemic as an immigrant woman with disabilities as (self)advocates of the disabled community fell short and did not reach out to the marginalized groups within the marginalized groups. The themes will be accompanied by quotes from the interviews as well as from the video/audio diaries.

4.1. Accompanying Vulnerability

The first theme showed how being vulnerable is a part of the life of people with disabilities, which is a situation that changes over time but never ceases. The concept of vulnerability has different levels experienced by people with disabilities, and especially those who experience an intersection of markers of difference (disability, gender, migrant background). Being vulnerable can be characterized as a fluid (or liquid) that was more visible or invisible, depending on the complexity of the accompanying social situations such as measures during the pandemic. The right or need to be accompanied by

Table 1. Summary of the data retrieved.

	Semra	Elmas
Period	October 2021–April 2022	September 2021–March 2022
Photos	No photos	3 photos
Audio diaries	13 audio diaries	11 audio diaries
Written data	No written data	3 written diaries
Videos	No video diary	1 video diary

someone during hospital or doctor visits was differently affected by the measures several times in a short period. The information about the rules of accompanying someone to the hospital was difficult to access. As the updates were published in German, participants' family members or friends had to call beforehand to ask about the current rules. Elmas, who required her mother's help during her regular therapy, explained this situation the following way:

> It was difficult to follow what they allowed. One day yes, next day no. Anyways, I never understood when they talk on the phone [she means their German is hard to understand]. They talk in a way that you do not understand. But you know what, they do it on purpose. So you stop calling. All the time the same thing.

Not having an accompanying person during hospital/doctor visits removed the physical support required in buildings that are not fully accessible for people in a wheelchair. Due to the increased social distancing at the hospitals, there was also no support while getting (un)dressed. Additionally, this regulation also removed the emotional support required during treatment in a medical facility. The routine of going there with their mothers was disrupted and the feeling of loneliness and being unprotected was observed. Elmas has had always difficulties in the hospital she goes to regularly and the presence of her mother next to her had always provided emotional support:

> Everyone was scared of the other people. Especially when they see a woman in a hijab, they do not like it anyways. There was a man who created issues for me all the time. But my mother would shout back at him in Turkish. It does not matter if he understands. But I could not. I am a shy person. My last visit to the hospital was a very bad one. I was all alone.

The persistence of vulnerability in the lives of people with disabilities intersected with several other factors, such as wearing a hijab, not being able to understand German, or having a migrant background. The findings showed that the feeling of being vulnerable or disadvantaged was already well-known to the participants before the pandemic. The difficulties in accessing information, the lack of feeling welcome, and the lack of cooperation by the medical professionals had been experienced before the pandemic. The pandemic had an impact on the severity of these issues and made the situation more unbearable. Similarly, Elmas was explaining her experiences by referring to the comparison of before and during the pandemic:

> Today I was at the tram station and an old tram (not barrier-free) came and I could not get in. No one wants to come closer to you. They avoided helping me all the time, especially men (referring to her wearing a hijab). Now with Corona, everyone is staying away.

4.2. Interference of the Family

The second theme revealed how family dynamics changed during the pandemic. As both women live with their families, the perceptions of the family members were very relevant in terms of how these women experienced the measures, rules, or regulations during the pandemic. Decisions on going out, staying indoors, going shopping, or avoiding social contact were made by the family collectively. This interference, however, was preexisting. Yet, it became more visible during the pandemic as it was justified as a "protective measure" by the family:

> My father was telling me that even the healthy people are falling sick and dying. This virus is very dangerous for me. I know. If I catch it, hmmm not good. Yet, I want to go out to get some air. (Semra)

The increase in interference also reflected the families' ableist perspective and how disability is considered a vulnerability to falling sick. The justification made by the families relied on the assumption that disability increases the risk of falling sick and also the resulting mortality. The participants seemed to agree with this assumption and preferred staying indoors:

> This week, I was home all day. In my situation, it is better to stay home. My brother lives nearby; he buys the things we need for us. I would not be able to carry this stuff anyway. (Semra)

> I am keeping myself busy with my hobbies. My parents want me to stay indoors and safe. I would not like to fall sick. In my case, that would be difficult for my parents. (Elmas)

The families of both women compared people with and without disabilities in terms of what the consequences would be if they caught the virus and got hospitalized. Fear of not being taken care of well at the hospital, being discriminated against due to their immigrant background, and having to eat food that may not be halal at the hospital were some of the concerns shared by the families. Although some of these concerns were also shared by the participants, both women were not fully convinced. Semra explained it the following way:

> I told my father: Why are you going out? You are not healthier than me. You are 70 [laughs].

Semra recounted:

> I even got Corona. The fact that I stayed home did not help. My father brought it to us. When you are vaccinated, you have mild symptoms. And I am young.

The extended time spent at home was not fancied by both participants and it strengthened the feeling of emptiness or highlighted the lack of purpose. With the changes in everyday life during the pandemic, the participants had to go through radical changes such as lockdowns where the whole family was at home. Yet, sometimes they were able to have a seemingly "normal" day, just like before the pandemic. However, here "before the pandemic" does not mean "no vulnerability or oppression." Staying home while other family members went out reminded them of the lack of goals in their lives:

> Today was like any other day. I spent the day at home. Yeah, just another day. (Elmas)

> There have been times like this before in my life. I am depressed and I stay home. I do not find any joy. Just stay home and wait for the night. (Elmas)

Their everyday life was monotonous but very structured. It was mainly considered a task that must be completed as soon as possible. The day is marked by errands that follow one another systematically, with most of the day spent without any activity inside the home. Having a disability is viewed as a limitation on the activities one can engage in. This situation creates a feeling of emptiness. The lack of social networks and connections to the outside world other than family is seen as a consequence of a disability. The decisions are made and errands are run by family members and were considered a protective behavior even prior to the pandemic:

> I am anyways used to doing nothing. I do not need to. I am grateful that I live with the family. They do everything. It is always the same. I just sit. It is boring though. (Semra)

> My father told me not to bother about a driving license. He said he will drive me everywhere I want. But he is old. (Elmas)

The pandemic also reduced the number of attempts to change this situation. Attempts to go out and engage in various activities no longer take place as often as before. Reasons include the fear of getting sick or lack of family support and encouragement. In any case, the feeling of aimlessness or having nothing to do is reinforced by the family. Taking responsibility for a person with a disability can have many reasons, but it has a strong impact on the individual. The battle between gratitude and motivation to get involved is challenging. As explained by Elmas, this ends by giving: "Well, what to do? In my case, I think it is the best it can get."

4.3. Lack of Community Support

The third theme that emerged over the seven months is related to the social network and support systems for immigrants with disabilities. As discussed earlier, the rules and regulations were difficult to follow for the participants and the support through telephone was not inclusive and understandable either for them or their families. In such a case, they tried to refer to other community members to access information. However, the specific information on the exceptions for people with disabilities was barely known:

> There is this lady who helps disabled Turks, but she kind of disappeared. I guess, she did not want to take responsibility. What if she says something that is wrong? (Semra)

> We, disabled people, needed help and proper information. I wanted to apply for a job. I did not know how to. My Austrian friend knew. He is working now with no problem. I did not know and there was no help. (Elmas)

Although the Turkish community is connected through several platforms (social media, print media, or the support line of the Turkish embassy), the situation of people with disabilities was not an area where information was provided. The participants tried several times to reach these support services; however, that did not help. It is important to mention that this surprised the participants as well:

> As if we are not Turkish. They help all the time, normally. They did not know anything this time. (Elmas)

> I called the embassy again, they are saying something, but then also saying maybe it is not updated. Check yourself. How can I? (Semra)

Based on the data, it can be concluded that the participants refer to these information channels in their community for other questions including unemployment benefits, family support, health service, and the education system. The lack of attention paid to the disabled community by the Turkish community was mentioned several times by both participants:

> My parents call them for everything and they help all the time. When it comes to us [referring to the disabled community], they are silent. (Semra)

Another important finding related to prioritizing the information channels of the Turkish community and avoiding or not trying to access information provided by the Austrian ministries, municipalities, or Covid-19 hotlines:

> Our embassy [Turkish embassy] knows everything. They help better than Austrians. They understand us. (Elmas)

> I follow the Facebook groups. There are many from our community. People would help and they know everything. Austrians won't help. (Semra)

5. Discussion

The findings showed how various dynamics of inequality interact with each other and that they require more attention. As several scholars (Choo & Ferree, 2010; Crenshaw, 1991) discussed, single-axis analyses cannot account for the disadvantages and challenges these participants go through. The lived experiences of these people showed how they are systemically discriminated against and oppressed. Hence, the socially constructed axes of social stratification, such as race, gender, disability, and class, should be examined together to delve into the structured discrimination in society (Bowleg, 2008; Frederick & Shifrer, 2019).

As discussed so far, people with disabilities are often victims of negligence and ignorance in society (Presler-Marshall et al., 2020) and experience intersecting vulnerabilities (Lund, 2020; Piérart et al., 2020), as demonstrated by the findings of Cov_enable. The focus laid mainly on the interaction of gender, poverty, and race should not neglect disability as an intersectional category of inequality (Frederick & Shifrer, 2019; Garland-Thomson, 2005; Gerschick & Stevens, 2016). Indeed, disability is also one of the dimensions of the interlocking inequality system. People with disabilities experience the interplay among different forms of oppression such as poverty, racism, ableism, and classism.

People with disabilities are routinely excluded from the decision-making process. This exclusion sometimes takes place in terms of social policy on people with disabilities (Andrews et al., 2019). They are mainly spoken for and not actively included in the conversation. As seen, being spoken for also takes place at the micro-level, in the family. As the voices of people who are identified as vulnerable are prone to neglect while taking decisions and establishing crisis management, people without disabilities take over the conversation and overshadow the lived experiences of people with disabilities (Lund & Ayers, 2020), such as their families. Advocating for the disabled community, a sign of allyship, should not push marginalized perspectives to the side. This would perpetuate the longstanding devaluation of people with disabilities (Petersilia, 2001). The repetition of this overshadowing process could be observed during the current Covid-19 pandemic, as ableist social norms and policy were the focus of the regulations and measures (Lund & Ayers, 2020).

6. Conclusion

The pandemic has increased vulnerabilities, and the life situation of people from historically marginalized groups (immigrant women with disabilities) was exacerbated. The findings showed that the existing vulnerabilities and disadvantages were more visible due to the measures introduced and the intersection of various markers of difference such as gender, migration background, and disability. As Barnartt (2010) discusses, disability and the disadvantages that it entails can be considered a non-stable fluid. They fluctuate over time and they can be more visible or invisible depending on their interactions with the complexity of other social categories and social environments. In this study, the ableist perspective (Shakespeare, 2006) of the families, the protectiveness towards women/girls in the Turkish community, and lived experiences of racism led to new vulnerabilities. The women being spoken to and decided for were justified as support, which turned out to be a sign of passivation for the participants. As Forber-Pratt et al. (2019) explain, not listening to the disabled community and speaking for them does not challenge ableist policies as much as required.

The lack of preparation of the system to provide information in languages other than German was another challenging factor for the immigrant community. However, this seems to be accepted among the Turkish community, as they came up with alternative information channels. Nonetheless, the negligence towards the disabled immigrant community was recognizable. Other areas where vulnerabilities were aggravated included health care and access to disability-specific information. As Ingravallo (2020) points out, banishing visitors from hospitals harmed the people who needed support during their hospital visits, which is mainly the case for people with disabilities. Previously experienced discriminatory practices and lacking physical and emotional support turned hospital or doctor visits into a traumatic experience for the participants, who sometimes ended up postponing the visits.

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Conflict of Interests

The author declares no conflict of interests.

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