# Qualitative Findings

**NOTE: The original raw data was in Turkish, but for the reviewers' understanding, we translated it into English.**

## 1. Qualitative Codebook

Analysis approach: Reflexive thematic analysis (Braun & Clarke, 2021)

Data source: Semi-structured interviews (N = 15; K1–K15)

Unit of analysis: Unit of meaning (a sentence/paragraph conveying a single thought)

### Theme 1. Invisible Exclusion in Daily Life

#### Subtheme 1.1: Judgmental looks and silent reactions in public spaces

Definition: The parent's feeling of being “watched/judged” at the market, grocery store, park, or on public transportation.

Inclusion criteria: Expressions such as “They are looking, whispering, keeping their distance, feeling uncomfortable.”

Exclusion criteria: Direct physical access issues (transportation, etc.) — Addressed under Theme 2.

Sample quote: “When my child makes noise in the supermarket, everyone turns to look. I feel embarrassed, as if we've done something wrong.” (K4)

#### Sub-theme 1.2: Indirect rejection and social distancing

Definition: Exclusion through distancing, cutting off communication, or not inviting someone, without explicit insults.

Inclusion criteria: Narratives such as “They stopped calling, they don't invite us, we withdrew from the environment.”

Exclusion criteria: Statements related to institutional processes (appointments, costs) — Theme 2.

Sample quote: “Over time, we distanced ourselves from people...” (K11)

**Sub-theme 1.3: Questioning parenthood and guilt**

Definition: Questioning the role of parenthood and internalized guilt, such as “discipline” and “parenting mistakes.”

Inclusion criteria: Themes of self-judgment and shame, such as “Am I doing it wrong, am I to blame?”

Exclusion criteria: Only narratives of emotion regulation/coping (acceptance, humor) — Theme 4.

Note: Theoretically consistent with affiliate stigma/courtesy stigma.

**Theme 2. Barriers to Institutional Access (Bottlenecks in Service Access)**

**Sub-theme 2.1: Bottlenecks in appointments and bureaucratic processes**

Definition: The burden on families caused by delays in making appointments, waiting in line, procedures, and systemic delays.

Inclusion criteria: Process-focused difficulties such as “It takes weeks, it keeps getting postponed.”

Exclusion criteria: Social interaction/distance narratives in public spaces — Theme 1.

Sample quote: “Getting an appointment takes weeks...” (K9)

Sub-theme 2.2: Transportation and geographical limitations

Definition: Difficulty in physically accessing services due to distance/lack of transportation.

Inclusion criteria: Statements such as “No car, no service, going is very tiring.”

Exclusion criteria: Support from the immediate environment/relationships with friends and neighbors — Theme 3.

Sample quote: “Transportation is also a problem; sometimes we don't have the energy to go.” (K9)

**Sub-theme 2.3: Lack of information and inadequate guidance**

Definition: Uncertainty about rights, processes, and how to access services.

Inclusion criteria: Problems accessing information, such as “No one explains anything, we don't know what to do.”

Exclusion criteria: Coping strategies (advocacy) — Theme 4.

**Sub-theme 2.4: Cost and economic burden**

Definition: Indirect/direct costs (transportation, extra sessions, care) limiting service use.

Inclusion criteria: Economic constraints such as “It's straining our budget, we're giving up.”

Exclusion criteria: Withdrawal narratives due to social stigma — Theme 1.

**Theme 3. Social Support: Solidarity Within the Family, Silence in the Community**

**Subtheme 3.1: Spousal support and nuclear family solidarity**

Definition: The strongest support is experienced within the spouse/nuclear family.

Inclusion criteria: Expressions of solidarity such as “We keep each other going.”

Exclusion criteria: Narratives of institutional barriers — Theme 2.

Sample quote: “My husband and I support each other...” (K11)

**Subtheme 3.2: Limited support from extended family and relatives**

Definition: Relatives not providing support, distancing themselves, or offering conditional support.

Inclusion criteria: Narratives such as “Relatives seem to understand but are absent.”

Exclusion criteria: Narratives of entirely individual emotional regulation — Theme 4.

**Sub-theme 3.3: Disconnection from neighbors and friends**

Definition: Withdrawal accompanied by weakened social ties and experiences of exclusion.

Inclusion criteria: Narratives such as “Neighbors/friends distanced themselves.”

Exclusion criteria: Expressions focused on appointments/costs/transportation — Theme 2.

Sample quote: “We drifted apart from our neighbors...” (K11)

Sub-theme 3.4: Distrust or inadequacy of institutional/professional support

Definition: Perceived inadequacy of support from institutions such as schools/health/rehabilitation.

Inclusion criteria: Narrations such as “No one is helping” or “We are not understood.”

Exclusion criteria: Narratives of stigmatization in the public sphere — Theme 1.

**Theme 4. Coping Strategies and Hope**

**Subtheme 4.1: Emotional acceptance and meaning-making**

Definition: Coping through acceptance, reframing, and finding meaning.

Inclusion criteria: Meaning-making statements such as “I've gotten used to it/accepted it.”

Exclusion criteria: Only technical problems related to service access — Theme 2.

**Subtheme 4.2: Religious belief and spiritual resilience**

Definition: Strengthening through prayer, fate/faith framework.

Inclusion criteria: Spirituality-based resilience narratives.

Exclusion criteria: Identification of social support resources — Theme 3.

**Subtheme 4.3: Humor and Emotional Regulation**

Definition: Lightening the load and self-protection through humor.

Inclusion criteria: Emotional strategies such as “I laugh it off.”

Exclusion criteria: Details related to institutional processes — Theme 2.

**Subtheme 4.4: Advocacy and speaking out**

Definition: Behaviors of informing, creating visibility, and negotiating with the system.

Inclusion criteria: Active strategies such as “I prefer to explain, I speak up.”

Exclusion criteria: Narratives of pure social withdrawal — Theme 1.

Sample quote: “Instead of feeling sad, I prefer to talk about it; sometimes they really change.” (K3)

**Subtheme 4.5: Hope and expectation of change**

Definition: The expectation that exclusion will decrease with increased social awareness.

Inclusion criteria: The “it will get better” theme.

Exclusion criteria: Description of daily exclusion — Theme 1.

**Theme Cross-cutting Codes (Cross-cutting / Integrative Codes)**

C1: Withdrawal behavior / social withdrawal (Theme 1 ↔ Theme 3)

C2: Structural exclusion (Theme 2 ↔ Theme 1)

C3: Burden is reduced if there is support (Theme 3 ↔ Theme 4)

C4: Rurality = two-way isolation (Theme 2 ↔ Theme 1)

**2. Audit Trail**

| Date | Step | What was done | Rationale | Output/Artifact |
|---|---|---|---|---|
| 2025-12-01 | Familiarization | All interviews were read twice; initial memos were written. | To gain an overall sense of recurrent patterns and emotional tone. | Memo notes + preliminary code list |
| 2025-12-05 | Initial coding | Meaning units were coded inductively; codes were kept close to participants' language. | To preserve participant perspective and reduce over-interpretation. | First-cycle codes |
| 2025-12-10 | Theme construction | Codes were clustered into candidate themes and sub-themes. | To move from descriptive codes to interpretive patterns. | Candidate theme map |
| 2025-12-12 | Theme review | Themes were checked against raw data and refined. | To ensure internal homogeneity and external heterogeneity. | Revised themes (4 main themes, 12 sub-themes) |
| 2025-12-15 | Defining themes | Theme definitions and inclusion/exclusion | To increase transparency | Final codebook |

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| | | criteria were written. | and analytic clarity. | |
| 2025-12-20 | Reporting | Themes were integrated with quantitative results using a joint display. | To generate meta-inferences consistent with an explanatory sequential design. | Table 4 + narrative integration |

**3. Supplementary Qualitative Protocol**

Semi-structured interviews were conducted with parents of children with formal disability diagnoses. Interviews lasted approximately 45–60 minutes and followed a standardized guide focusing on: (a) meanings and contexts of social exclusion; (b) service access experiences (transportation, cost, appointment procedures, and information barriers); (c) perceived social support sources; (d) coping strategies; and (e) suggestions for policy and practice. Prior to each interview, confidentiality, audio-recording permission, and the right to pause/withdraw were explained. Participants were assigned pseudonymous codes (K1–K15) to protect anonymity.

**5. Table 4: Joint Display**

The following joint display table integrates quantitative findings with qualitative themes in accordance with the explanatory sequential mixed-methods design.

| Primary quantitative finding | Related qualitative theme(s) | Illustrative participant quote | Integrated meta-inference (interpretation) | Actionable implication |
|---|---|---|---|---|
| High social exclusion (M = 3.62) | Theme 1: Invisible | “When my child makes noise in the | Exclusion is experienced as subtle but | Community awareness actions should |

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| | exclusion in daily life | supermarket, everyone turns to look. I feel embarrassed, as if we've done something wrong." (K4) | persistent social distancing; repeated micro-level encounters accumulate and reinforce withdrawal. | target everyday stigma cues and promote inclusive norms in public spaces. |
| Low social support (M = 2.91) | Theme 3: Solidarity within the family, silence in the community | "My husband and I support each other, but I no longer expect support from outside." (K11) | Support is largely restricted to the nuclear family; weakened community support increases vulnerability to exclusion-related stress. | Develop structured peer-support networks and school-based parent collaboration mechanisms. |
| High service access barriers (M = 3.74) | Theme 2: Bottlenecks in service access | "Getting an appointment takes weeks... Transportation is also an issue; sometimes we don't have the | Structural barriers operate as system-level exclusion mechanisms that restrict participation and increase | Improve accessibility via integrated scheduling, transport support, and navigational |

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| | | energy to go." (K9) | caregiver burden. | guidance (case management). |
| Low psychological well-being & participation (M = 2.84) | Theme 4: Coping strategies and hope | "Instead of feeling sad, I prefer to talk about it; sometimes they really do change." (K3) | Lower well-being co-occurs with exclusion and service difficulties; families develop meaning-making and advocacy-based coping. | Provide psychosocial interventions integrating stress management, empowerment counseling, and advocacy skills. |
| Social support buffers the exclusion–well-being link (β = −.21, p = .03) | Themes 3 & 4: Support as resilience | "When people are around me, the burden of what I've been through gets lighter." (K7) | Support enables resilience and protects well-being, functioning as a psychological buffer against exclusion. | Strengthen perceived/actual support through peer groups and community mentoring. |
| Higher barriers/exclusion in rural areas | Theme 2 + Theme 1: Distance and invisibility | "There are no services in the village and you can't talk | Rurality compounds exclusion via limited infrastructure | Implement rural-focused models (mobile teams, tele-support, |

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| to anyone." (K13) | and reduced social networks, producing sustained isolation. | transport assistance) and community outreach. |

**Appendix S1. Semi-Structured Interview Guide**

1. Have you experienced exclusion in your social circle or public spaces due to your child's disability? Can you give an example?

2. What does social exclusion mean to you? In which environments do you experience this the most?

3. What emotions arise in you when you experience exclusion? (e.g., sadness, anger, shame, anxiety)

4. How do people's attitudes towards you/your child affect your daily routine?

5. What kind of difficulties do you experience in accessing special education/rehabilitation and health services? (appointments, transportation, cost, information)

6. How do the difficulties you experience in accessing services affect your child's education and your life?

7. What kind of support do you receive from your family (spouse, relatives) or close circle (friends, neighbors)?

8. What are the most valuable/functional sources of support for you? Why?

9. What methods do you use to cope with exclusion and barriers to services? (e.g., acceptance, religious beliefs, humor, advocacy)

10. What would you like to see change for families in your situation? What are your suggestions for the community, schools, and institutions?

11. When you think about your experiences, what are your hopes or concerns for the future?

12. Is there any other experience or opinion you would like to add?

**Appendix S2. Thematic Map (Text-Based)**

**Theme 1. Invisible Exclusion in Daily Life**

- 1.1 Judging looks & silent reactions
- 1.2 Indirect rejection & social distance
- 1.3 Questioning parenting & guilt
- Cross-link: Withdrawal / social retreat → reduces participation

**Theme 2. Bottlenecks in Service Access**

- 2.1 Appointment delays & bureaucracy
- 2.2 Transportation & geographic constraints
- 2.3 Information gaps & weak navigation
- 2.4 Cost burden & economic strain
- Cross-link: Structural barriers → intensify exclusion and stress

**Theme 3. Social Support: Family Solidarity, Community Silence**

- 3.1 Spousal/nuclear family solidarity
- 3.2 Limited extended family support
- 3.3 Disconnection from friends/neighbors
- 3.4 Inadequate institutional/professional support
- Cross-link: Support shrinkage → increases vulnerability

**Theme 4. Coping and Hope**

- 4.1 Emotional acceptance & meaning-making
- 4.2 Spiritual coping
- 4.3 Humor & emotion regulation
- 4.4 Advocacy / speaking up
- 4.5 Hope for social change
- Cross-link: Coping + support → resilience

**Appendix S3. Reflexivity Statement**

In line with qualitative research quality standards, the research team engaged in reflexive practice throughout data collection and analysis. Given the topic's sensitivity (stigma, exclusion, and caregiver burden), the researchers acknowledged the possibility of empathic alignment with participants' experiences, which may influence interpretive decisions. To mitigate undue bias and enhance analytic credibility, we maintained reflective memos after interviews, documented key analytic decisions in an audit trail, and revisited theme definitions iteratively.

Peer debriefing was used to challenge premature interpretations and to ensure that themes remained grounded in participants' accounts rather than researchers' assumptions. The final reporting aimed to balance interpretive depth with transparency, emphasizing both the structural nature of exclusion (service barriers) and the relational dimensions (community silence and support erosion).

**Appendix S4. Trustworthiness Checklist (Lincoln & Guba, 1985)**

| Criterion | Evidence in this study | How it was documented / reported |
|---|---|---|
| Credibility | Prolonged engagement, peer debriefing, member checking, triangulation, negative case reflection. | Describe immersion in data; document peer review sessions; report member checking with at least three participants; integrate quantitative–qualitative convergence as triangulation evidence. |
| Transferability | Thick description of participants, context, and service ecology; purposive sampling logic. | Provide detailed participant profile and setting characteristics; clarify inclusion criteria and recruitment pathways (centers, associations, social media). |
| Dependability | Audit trail, systematic coding procedures, and documentation of theme revisions. | Attach audit trail log; specify analysis steps (Braun & Clarke, 2021) and keep dated versions of codebook/theme maps. |
| Confirmability | Reflexive journaling, codebook transparency, and decision tracking to reduce researcher bias. | Include reflexivity statement; store analytic memos; demonstrate how interpretations are |

grounded in quotes and convergence with quantitative results.

**Appendix S5. COREQ-Oriented Reporting Snapshot (32-item checklist summary)**

**Note:** This is a brief compliance snapshot aligned with the Consolidated Criteria for Reporting Qualitative Research (COREQ). Authors may adapt section numbering to the journal template.

**Research team and reflexivity**

- Interviewer characteristics and training described.
- Relationship with participants addressed briefly; steps taken to minimize power dynamics noted.
- Reflexivity statement provided (Appendix S3).

**Study design**

- Theoretical framework: Reflexive thematic analysis.
- Sampling: purposive; criteria stated; recruitment channels stated.
- Setting: online/phone or face-to-face stated; interview duration 45–60 min.
- Interview guide attached (Appendix S1); audio-recorded with consent.

**Analysis and findings**

- Coding approach described; software/manual coding noted.
- Theme development steps reported (Braun & Clarke, 2021).
- Peer review/triangulation/member checking reported.
- Participant quotations presented with IDs (K1–K15).
- Integration with quantitative strand via joint display (Table 4).