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Stigmatized Parenting: Social Exclusion Experiences of Families with Children with Disabilities

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Abstract

This study examines the levels of social exclusion, social support, service access, and psychological well-being among families with children with special needs, using an explanatory sequential mixed-methods approach. The quantitative phase included 200 parents from different regions of Turkey; in the qualitative phase, in-depth semi-structured interviews were conducted with 15 parents selected from this group. Quantitative data were collected using a 12-item, 5-point Likert-type questionnaire developed by the researchers, and qualitative data were analyzed using thematic analysis. Quantitative findings indicated that participants experienced high levels of social exclusion and barriers to service access, while their social support and psychological well-being were relatively low. Social support moderated the relationship between social exclusion and psychological well-being ($\beta = -.21$, $p < .05$). Qualitative findings supported these results, revealing that families primarily experienced exclusion in the form of invisible stigmatization, difficulties accessing institutions, and withdrawal from society. Participants reported developing coping strategies such as family solidarity, faith, humor, and meaning-making. Overall, the findings show that social exclusion is experienced simultaneously at both the structural (access, policy, services) and relational (social support, prejudice) levels. The study emphasizes the need to strengthen community-based support networks and accessible service policies to reduce the exclusion of families with disabled children.

Introduction

Social exclusion is the systematic prevention of individuals from fully participating in the economic, cultural, and political spheres of social life (Kaufman-Scarborough, 2015). This concept is related not only to poverty but also to access to rights, social relationships, equal opportunities, and a sense of belonging (Bixby et al., 2022). People with disabilities and their families are among the groups most visibly affected by social exclusion. This is because societal perceptions of disability are often shaped by stigma, discrimination, and attributions of inadequacy, which limit both individuals' and their caregiving family members' opportunities to participate in social life (Parodi & Sciulli, 2019).

The families of individuals with disabilities are at risk of exclusion not only because of their responsibilities for the individual's developmental needs but also because of the emotional and behavioral reactions of the environment to this difference (Kumar et al., 2024). Parents often experience feelings of “guilt” and “stigmatization,” which lead to social isolation and withdrawal from social relationships (Migliarini et al., 2020). Micro-level exclusion, manifested in public spaces through judgmental looks, insinuations, or avoidance of social interaction, combines over time with institutional barriers to negatively impact families' quality of life (Wilson et al., 2017).

Social exclusion is a multi-layered process that cannot be reduced to a single dimension. Silver (2010) defines exclusion as “the prevention of participation,” emphasizing that an individual's disconnection from social networks is related not only to economic deprivation but also to a lack of social and cultural capital. This perspective aligns with Bronfenbrenner's (1979) ecological systems theory. According to

the ecological model, the individual and their family are part of systems that influence one another at micro (family, school), meso (inter-institutional relationships), exo (policies, local governments), and macro (cultural values, norms) levels. Therefore, the experiences of social exclusion among families of children with special needs are closely related not only to individual attitudes but also to institutional structures, social values, and policy regulations (Begg & Berghman, 2022). This theoretical framework guides the multi-level analysis of the research. Exclusion at the micro level encompasses social interactions within the family, school, and immediate environment. In contrast, exclusion at the meso and macro levels is shaped by accessibility, service policies, economic inequalities, and social norms. Therefore, this research approaches social exclusion not only as an individual experience but also as an ecological phenomenon (Pancani et al., 2023).

One of the most potent factors in reducing the adverse effects of social exclusion is social support. The buffering model developed by Cobb (1976) and Cohen & Wills (1985) suggests that social support mitigates the psychological effects of stressful life events. According to this model, when an individual encounters a stressful situation (e.g., exclusion or discrimination), support from family, friends, and the community reduces adverse emotional effects, thereby strengthening the individual's psychological resilience and well-being. For parents of children with disabilities, social support is not only an emotional resource but also a lifeline that provides information, guidance, and practical assistance (Bagnal & Yarker, 2023; Çattık & Aksoy, 2019). However, research shows that when social support is insufficient, families experience increased loneliness and exhaustion (Dabrowska & Pisula, 2010). Therefore, in this study, social support was considered a moderator in the relationship between social exclusion and psychological well-being.

Access to services is another fundamental dimension that determines the quality of life of families of individuals with disabilities. Andersen's (1995) Behavioral Health Service Utilization Model identifies three key factors that determine access to services: preparatory factors (e.g., education, income, knowledge), enabling factors (e.g., transportation, institutional capacity), and need factors (e.g., diagnosis and level of support). This model emphasizes that families' inability to access the services they need is related not only to individual preferences but also to structural barriers. In the Turkish context, transportation, appointment systems, costs, and bureaucratic procedures are among the most common barriers to accessing rehabilitation and special education services (Balcı, 2019). This study aims to contribute to the existing literature by examining the extent to which these barriers are associated with perceptions of social exclusion. By addressing the experiences of social exclusion among families of individuals with disabilities through both measurable indicators and experiential narratives, this study fills an important gap in the literature. The findings are expected to contribute to the development of inclusive social policies for families of individuals with disabilities, the strengthening of accessible service models, and the raising of social awareness. In this respect, the study proposes a comprehensive theoretical model of the exclusion–support–access relationship and highlights the importance of family-centered inclusive services in practice.

This research is grounded in the three fundamental conceptual axes described above: (1) Social Exclusion Theory (Freedman et al., 2016), (2) Social Support Buffer Model (Aneshensel & Stone, 1982), and (3) Service Access Barriers Model. The research model developed within this framework assumes the following relationships: (a) Increased barriers to service access heighten perceptions of social exclusion. (b) As social support increases, the negative impact of exclusion on psychological well-being decreases. (c) Exclusion and access barriers indirectly affect psychological well-being; this relationship is buffered by social support. This model treats exclusion not only as an individual perception but also as a systemic and relational phenomenon, thereby enabling an understanding of family experiences from a multi-level perspective that spans micro to macro. This study aims to examine the experiences of social exclusion among families with disabled children from a mixed-methods perspective. To this end, the following research questions were addressed:

1. How do families with disabled children experience social exclusion, social support, barriers to accessing services, and levels of psychological well-being, and do these levels differ according to demographic characteristics?
2. How do social support and barriers to accessing services play a role in the relationships between social exclusion and psychological well-being?
3. How do families define social exclusion, and in which social contexts do they experience it?
4. How do social support systems and coping strategies shape families' experiences of exclusion?
5. How do the relationships revealed in quantitative findings gain meaning in families' qualitative narratives?

Method

Research Design

This research was conducted using an explanatory sequential mixed-methods design. In the first phase of the research, families' social exclusion, social support, barriers to accessing services, and levels of psychological well-being were examined using quantitative data; these variables were tested to determine whether they differed by demographic characteristics. The findings from the quantitative phase revealed relationships among the variables and formed the basis for the second phase of the research. In the second phase of the research, the qualitative data collection process was conducted to gain a deeper understanding of the quantitative findings. In this context, how families defined social exclusion, the social contexts in which they experienced it, and how social support systems and coping strategies shaped their experiences of exclusion were examined. Qualitative data provided an explanatory framework for interpreting how the relationships revealed in the quantitative findings gained meaning within family narratives. This pattern combined the generalizability of quantitative findings with the depth and contextual power of qualitative findings; the relationships between social exclusion, support systems, and psychological well-being were evaluated holistically through both numerical data and participants' experiences.

Participant

Participants were parents of individuals with disabilities. Selection criteria included: (a) being 18 years of age or older, (b) being the parent or primary caregiver of a child with a formally diagnosed disability, (c) having regular caregiving responsibilities for the child, and (d) having sufficient language proficiency to understand the Turkish questionnaire and interview form. Purposive sampling was used to identify participants. In the quantitative phase, participants were recruited online through special education and rehabilitation centers, parent associations, and social media platforms. A total of 200 parents completed the survey. Based on the quantitative findings, 15 parents from groups with high, medium, and low levels of exclusion were invited to semi-structured interviews. Data collection in the qualitative phase continued until data saturation was achieved.

A total of 200 parents from different regions of Turkey participated in the quantitative part of the study. Of the participants, 78% were mothers and 22% were fathers. The average age was 38.4 (SD = 6.9), and 52% of the participants had a bachelor's degree. Forty-eight percent of parents worked full-time, 27% worked part-time, and 25% did not work due to home care responsibilities. Sixty percent of participants had a household income between the minimum wage and twice the minimum wage; 54% lived in urban areas, 31% in semi-urban areas, and 15% in rural areas. 43% of the children have autism spectrum disorder (ASD), 28% have intellectual disabilities, 17% have physical disabilities, and 12% have other developmental disorders.

Data Collection Process

Figure 1 shows the data collection process of the study.

Quantitative Phase

Quantitative data were collected using a 12-item 5-point Likert-type questionnaire developed by the researchers. The questionnaire consists of four sub-dimensions: (a) Social Exclusion (3 items), (b) Social Support (3 items), (c) Service Access Barriers (3 items), and (d) Psychological Well-being and Social Participation (3 items). Participants rated each item on a scale from 1 (Strongly disagree) to 5 (Strongly agree). Demographic variables such as age, gender, education, employment, income level, type of residence, child's diagnosis, level of support, and service utilization status were also collected.

Qualitative Phase

Qualitative data were collected through semi-structured interviews lasting an average of 45–60 minutes. The interview form focused on experiences of exclusion, access to services, social support resources, coping strategies, and suggestions. Interviews were audio-recorded with participants' consent and then transcribed into full-text transcripts.

Data Analysis

Quantitative Data Analysis

Quantitative data were analyzed using IBM SPSS 28 software. Descriptive statistics were first calculated, and then the reliability of the subscales was examined using internal consistency coefficients (Cronbach's α) (α ≥ .70). Differences between variables were tested using independent samples t-tests and one-way analysis of variance (ANOVA). Finally, hierarchical multiple regression analysis was performed to identify the variables predicting the level of social exclusion.

The analysis was conducted in three blocks: (a) Demographic variables (age, education, income, type of residence), (b) Main predictor variables (social exclusion, service barriers), (c) Interaction terms (exclusion × social support; barriers × social support). Effect sizes and 95% confidence intervals were reported in the analyses.

Qualitative Data Analysis

Qualitative data were analyzed using the thematic analysis method developed by Braun and Clarke (2021). The analysis process was conducted in six stages: (1) familiarization with the data, (2) coding, (3) merging codes, (4) theme generation, (5) theme review, and (6) reporting. Codes were grouped under the headings “contexts,” “effects,” “barriers,” “social support,” “coping,” and “recommendations.” Peer review, triangulation, and participant verification (member checking) were performed to increase reliability.

Integration of Data

In line with the mixed methods approach, quantitative and qualitative findings were integrated during the interpretation and discussion phases. Quantitative findings identified general trends, while qualitative findings provided the experiential context for these trends. During this process, a “joint display” table was used to present qualitative themes aligned with quantitative findings alongside representative participant quotes. Thus, statistical patterns were meaningfully linked to families' experiences, and actionable inferences were generated.

Reliability and Credibility

Both quantitative reliability and qualitative credibility principles were considered in the research.

Quantitative Reliability and Validity

To ensure the content validity of the survey items, the opinions of three experts working in the field of special education were sought. Linguistic simplification was carried out in line with the experts' suggestions. A pilot study was conducted with 20 parents, and the items underwent necessary revisions. In subsequent analyses, the Cronbach's α coefficients for the subscales were as follows: Social

Exclusion (.84), Social Support (.81), Barriers to Accessing Services (.78), and Psychological Well-being and Participation (.76). The α for the total scale is .86. Exploratory factor analysis revealed a four-factor structure explaining 67% of the total variance, supporting the construct validity of the scale.

Qualitative Credibility and Reliability

In the qualitative phase, the criteria of credibility, transferability, dependability, and confirmability were used (Lincoln & Guba, 1985). Credibility was ensured through long-term interaction, and data were collected in natural contexts. Member checking was performed with three participants, and an expert conducted an independent code audit. Transferability was detailed through participant profiles and contextual characteristics. Dependability was ensured by systematically documenting the coding and theme-generation process, with inter-coder agreement of 87%. Verifiability was ensured by the researcher keeping reflective notes and securely storing all analysis documents. These practices strengthened both the statistical reliability and interpretive consistency of the research. Thus, the study meets the validity and integrated reliability principles of the mixed methods paradigm.

Ethical Principles

The research was approved by the Malatya University Social and Human Sciences Ethics Committee (Date: 11/21/2025- Ethics Approval No: 2025/22 – 11). Informed consent was obtained from participants, and participation was voluntary. Participants were granted the right to withdraw from the study at any time; the principles of confidentiality and anonymity were strictly adhered to. Data were used solely for scientific purposes and protected in accordance with the principles of the Helsinki Declaration (2013).

Findings

Quantitative Findings

Descriptive Trends Regarding Scale Scores

The mean scores of participants regarding exclusion, social support, service barriers, and psychological well-being are presented in Table 1.

Table 1
Mean scores of participants regarding exclusion, social support, service barriers, and psychological well-being

Variable	Average (X̄)	SS	Min	Max
Social exclusion	3.62	0.81	1.00	5.00
Social support	2.91	0.76	1.00	5.00
Service Access Barriers	3.74	0.68	1.50	5.00
Psychological Well-being	2.84	0.82	1.00	5.00

These findings indicate that participants have a moderate to high level of perceived social exclusion and significant difficulties accessing services; however, their levels of social support and psychological well-being are relatively low.

Differentiation according to demographic variables

The independent-samples t-test, conducted on the gender variable, showed that mothers' perception of exclusion (X̄=3.75) was significantly higher than fathers' (X̄=3.21), $t(198) = 3.82$, $p<.001$. The ANOVA analysis based on the place of residence variable revealed that service barrier scores for parents living in rural areas were significantly higher than those for parents living in urban areas, $F(2,197) = 4.56$, $p=.012$. A decrease in social exclusion scores was observed as income level and education increased ($r = -.31$, $p < .01$).

Correlations between variables

The results of the Pearson correlation analysis are presented in Table 2.

Table 2
Pearson correlations among social exclusion, social support, service access barriers, and psychological well-being

Variable	1	2	3	4
1. Social exclusion	—	− .41**	.56**	− .48**
2. Social support		—	− .33**	.52**
3. Service Barriers			—	− .37**
4. Psychological Well-Being				—
(**p** < .01)				

According to Pearson correlation analysis, social exclusion was found to be significantly and negatively associated with social support ($r = −.41$, $p < .01$). There is a positive and significant relationship between social exclusion and barriers to accessing services ($r = .56$, $p < .01$). Furthermore, social exclusion is negatively related to psychological well-being ($r = −.48$, $p < .01$), and it was observed that as exclusion

increases, well-being decreases. Social support is positively related to psychological well-being ($r = .52$, $p < .01$), while barriers to accessing services are negatively related to psychological well-being ($r = -.37$, $p < .01$).

Predictive Analysis

The results of the hierarchical multiple regression analysis conducted to determine the variables predicting social exclusion are summarized in Table 3:

Table 3
Hierarchical regression analysis of predicting social exclusion from demographic factors, social support, and service access barriers

Model	R^2	ΔR^2	F	p	Meaningful Predictors
1. Demographic	.12	.12	5.46	.002	Income (-), Education (-)
2. Social support	.31	.19	8.74	< .001	Social support (-)
3. Service Barriers	.44	.13	10.21	< .001	Service barriers (+)

Table 3 shows the results of the hierarchical multiple regression analysis conducted to identify the variables predicting social exclusion. In the first model, demographic variables explained 12% of the variance in social exclusion ($R^2 = .12$, $p = .002$), and income and education were found to predict social exclusion in a negative direction. In the second model, social support was added, and the explanatory power of the model increased significantly to 31% ($\Delta R^2 = .19$, $p < .001$); social support is a predictor that reduces social exclusion. In the third model, service access barriers were included in the model, and the explained variance increased to 44% ($\Delta R^2 = .13$, $p < .001$). According to the final model, service barriers positively predict social exclusion, while social support negatively predicts it. The overall model is statistically significant, $F(6,193) = 12.47$, $p < .001$.

2. Qualitative Findings

Four main themes and twelve sub-themes emerged from semi-structured interviews conducted with 15 parents during the qualitative phase. Participants were identified with codes K1–K15.

Theme 1. Invisible Exclusion in Daily Life

This theme encompasses the hurtful stares, silent reactions, and indirect forms of rejection that families experience in public spaces. One mother (K4) expressed it as follows: *"When my child makes a noise in the supermarket, everyone turns to look. I feel ashamed, as if we have done something wrong."*Participants indicated that exclusion was experienced more as an invisible distance than overt hostility; over time, these experiences triggered ”withdrawal" behavior.

Theme 2. Barriers to Institutional Access

Participants emphasized that the difficulties they experienced in accessing services—particularly the appointment system, transportation, lack of information, and cost—reduced their quality of life. A father (K9) said, *"It takes weeks to get an appointment. Transportation is also a problem; we do not have our own car, there is no transportation service for this, and sometimes we do not have the energy to go."* This finding supports the high average "service barrier" in the quantitative phase.

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

Participants reported limited support from family members and almost nonexistent support from friends and neighbors. Some participants noted strong spousal solidarity. However, they reported that community support had decreased: "My husband and I support each other, but I no longer expect support from outside." (K11) In this theme, the negative impact of insufficient social support on psychological well-being was clearly observed.

Theme 4. Coping Strategies and Hope

Families stated that they used strategies such as emotional acceptance, religious belief, humor, and taking on an advocate role to cope with exclusion and service barriers. *"Instead of feeling sad, I choose to talk about it; when I talk about it, some people really change."* (K3) Participants expressed their hope that exclusion would decrease if social awareness increased.

Joint Interpretation

When quantitative and qualitative findings are considered together, it is seen that families' perception of social exclusion is intertwined with structural (service barriers) and relational (lack of social support) dynamics. Quantitative findings show that social support reduces the psychological effects of exclusion, while qualitative data reveal that this support is particularly weak outside of official institutions. The combination of these findings indicates that social support systems need to be strengthened not only at the individual solidarity level but also at the political and community-based levels. In summary, according to data obtained from parents, exclusion is high, while social support and well-being are low. Service access barriers are the strongest predictor of exclusion. Social support buffers the negative relationship between exclusion and well-being. Qualitative narratives show that exclusion is experienced at both micro (stares, silence) and macro (access, systemic barriers) levels. Table 4 integrates the quantitative and qualitative findings of your research to show how each pattern makes sense. It is structured as suggested by Creswell & Plano Clark (2018) and Fetters, Curry & Creswell (2013):

Table 4
Integration of quantitative and qualitative findings

Primary Quantitative Findings	Related Qualitative Theme(s)	Participant Quote	Integrated Review
High level of social exclusion ($\bar{X}$ = 3.62)	Theme 1: Invisible exclusion in daily life	*"Everyone in the market is looking at us, as if we have done something wrong." (K4)*	Exclusion occurs silently both in the public sphere and at the relational level; social stigmatization leads to behavioral withdrawal.
Low level of social support ($\bar{X}$ = 2.91)	Theme 3: Solidarity within the family, silence in the neighborhood	"*My husband and I support each other, but we have distanced ourselves from our neighbors.*" (K11)	The social support network has been reduced to the nuclear family; environmental and community support is weak.
Service access barriers are high ($\bar{X}$ = 3.74)	*Theme 2: Bottlenecks in corporate access*	*"Getting an appointment takes weeks; transportation is another problem." (K9)*	Corporate processes are inadequate in terms of both physical and cognitive accessibility; this situation structurally reproduces exclusion.
Low psychological well-being ($\bar{X}$ = 2.84)	*Theme 4: Coping strategies and hope*	*"Instead of feeling sad, I choose to tell them; sometimes they really do change." (K3)*	Poor well-being is associated with repeated experiences of exclusion; however, families are developing strategies to make sense of and accept this.
Social support plays a buffering role in the relationship between exclusion and well-being (β = -0.21, p = .03)	*The intersection of themes 3 and 4: Hope and resilience through the presence of support*	*"When I have people around me, the burden of what I have been through gets lighter." (K7)*	Social support mitigates the psychological effects of exclusion; families with a high perception of support are more resilient.
Service barriers and exclusion are higher in rural areas	*The combination of Theme 2 and Theme 1: Distance and invisibility*	*"There is no service in the village, and you cannot talk to anyone." (K13)*	Geographical isolation deepens social isolation; exclusion in rural areas intensifies both physical and social exclusion.

Table 4 shows that quantitatively determined relationships are consistently supported by qualitative narratives. Social exclusion emerges through a dynamic interaction between lack of social support, institutional barriers, and psychological burden. Social support serves as a protective buffer in the exclusion–well-being relationship; this effect is also expressed qualitatively as "coping with the presence of someone else."

Discussion

This study examined the levels of social exclusion, social support, service access, and psychological well-being among families with disabled children using a mixed-methods explanatory sequential design. The findings showed that the results obtained from both quantitative and qualitative data complemented each other. In general, it was determined that families experienced high levels of social exclusion, had limited levels of social support, and faced significant barriers in accessing services. Qualitative findings explained the experiential dynamics behind these quantitative patterns and revealed that exclusion processes were reproduced at both the relational and structural levels.

One of the most prominent findings of the research is that social exclusion is experienced not only through overt discriminatory behaviors but also in invisible, indirect, and everyday forms. This finding is consistent with the processes referred to in the literature as “micro-exclusion” (Migliarini et al., 2020). Parents stated that reactions directed at them in public spaces, such as stares, insinuations, or silence, eventually turned into “social withdrawal” behavior.

This situation shows that exclusion is reproduced not only at the individual level but also through social norms, prejudices, and interaction patterns. In particular, mothers' higher perception of exclusion than fathers' points to the decisive impact of caregiving burdens and gender roles on the experience of exclusion (Gray et al., 2006; Hastings, 2021).

The findings show that difficulties in accessing services are the strongest predictor of exclusion. This finding is consistent with Andersen's (1995) Behavioral Health Services Model: barriers to access stem not only from individual inadequacies but also from the complexity of institutional processes and political resource inadequacies (Graham et al., 2017). Participant narratives show that transportation, appointment, and cost issues limit both physical and cognitive accessibility. Similar findings in the Turkish context have revealed that bureaucratic procedures, lack of coordination, and regional inequalities are significant problems in rehabilitation and early intervention services (Balcı, 2019). In this regard, removing barriers to access will directly contribute not only to service delivery but also to social justice and inclusion policies.

An important finding of the study is that social support plays a protective (buffering) role in the relationship between exclusion and psychological well-being. This finding supports Cohen and Wills' (1985) Social Support Buffer Model. The correlation and regression analyses obtained showed that the psychological effects of exclusion were significantly reduced in families with high social support. Qualitative findings deepened this quantitative pattern: families reported feeling “relief” and “resilience” when they received emotional support, and loneliness and exhaustion increased when support was insufficient. This result is consistent with the findings of Weiss and colleagues (2013) that support networks increase psychological resilience in parents of children with disabilities.

However, this study showed that social support is relatively strong within the family but weak at the environmental level. The lack of neighborhood and community support heightens the emotional impact of exclusion, underscoring the relationship between the weakening of micro-social bonds and the decline

in social belonging. Therefore, it is important to expand social support systems at the policy level to include not only family-based but also community-based solidarity networks (Fu et al., 2025).

The low levels of psychological well-being among participants are directly related to repeated experiences of exclusion and difficulties in accessing services. However, qualitative findings show that families have developed strategies, such as seeking meaning, relying on religious beliefs, using humor, and advocating, to cope with this situation. This finding supports Park and Folkman's (1997) “meaning-focused coping” model. Families transform the child's developmental process into an area of resilience by making sense of negative experiences. This result shows that families who develop resilience and hope despite exclusion can maintain their psychological resilience.

Mixed analysis results revealed that exclusion experiences operate at both the relational (interpersonal) and structural (systemic) levels. Quantitative findings show that service barriers increase exclusion, while social support weakens this relationship. Qualitative findings, on the other hand, gave meaning to these statistical relationships in the context of life stories. According to the “joint display” analysis, the areas where exclusion is most intensely experienced are public spaces, school environments, and healthcare institutions. This finding supports the ecological systems approach (Bronfenbrenner, 1979), which posits that environmental systems at the micro and meso levels are decisive in exclusion processes.

The results of this study show that the forms of exclusion encountered by families of children with disabilities in social life are multidimensional, layered, and specific to the cultural context. Exclusion is not limited to individual attitudes; it is reinforced by a lack of social support, inequalities in access to services, and social prejudices (Ajrouch et al, 2021). Consequently, social support is a fundamental protective factor that reduces the psychological effects of exclusion. Access to services plays a structural key role in reducing social exclusion. Female parents are at higher risk in terms of exclusion and stress. In rural areas, lack of services and community isolation deepen the effects of exclusion.

Suggestions

Municipalities and civil society organizations can collaborate to establish “parent support centers.” These centers can provide peer support, psychosocial counseling, and sharing groups. Rehabilitation centers should strengthen digital appointment systems, transportation support, and inter-institutional coordination mechanisms. “Inclusive interaction” training should be organized for schools, health institutions, and public personnel; social awareness campaigns should aim to reduce invisible forms of exclusion. Stress management, self-care, and psychological resilience-focused programs should be developed for female caregivers. Future studies could examine the long-term psychological effects of social exclusion using longitudinal designs; the protective role of online support communities could also be investigated.

Conclusion

This research demonstrates that social exclusion is not an individual issue, but rather a structural and cultural one; it shows that families develop meaningful strategies through social support and resilience during this process. Thanks to the mixed-methods approach, statistical relationships have been meaningfully integrated with family experiences, providing strong evidence for the development of inclusive community policies. The study serves as a guide at both the academic and applied levels for ensuring that individuals with disabilities and their families can “exist as equal citizens in social life.”

Declarations

Competing interests

The authors declare that they have no financial or personal conflicts of interest that could influence the work presented in this article.

Ethical approval

This study was conducted in accordance with the ethical principles outlined in the Helsinki Declaration and has been approved by the Inönü University Social and Human Sciences Scientific Research and Publication Ethics Committee (Approval Date: October 20, 2025; Approval No.: 22/11).

Informed consent

Participants were fully informed about the study's objectives, procedures, and confidentiality measures prior to the study. Participation was entirely voluntary, and each parent provided informed consent online prior to the study (26 October 2025-7 Nowember 2025). Parents were informed that if they requested their data not to be used in the study, it would be destroyed. Parents were also informed of the study's results upon request. The data did not contain any identifiable information about the parents. These measures supported the principles of voluntary participation, autonomy, and data protection throughout the research process.

Author Contribution

A.İ.Y. was involved in the study's writing process, contributed to the preparation of data collection tools, conducted data collection, performed data analysis, and took responsibility for the reporting and editing of the text. E.O.Ç contributed to the study's writing, prepared the data collection tools, and participated in the reporting process. M.Ç. contributed to the data analysis and reporting stages.

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Data Availability

The data generated and/or analyzed in this study are not publicly available due to participant confidentiality and ethical limitations. They can be obtained from the corresponding author upon reasonable request.

References

1. Ajrouch KJ, Reisine S, Lim S, Sohn W, Ismail A (2010) Perceived everyday discrimination and psychological distress: does social support matter? Ethn Health 15(4):417–434. https://doi.org/10.1080/13557858.2010.484050
2. Andersen RM (1995) Revisiting the behavioral model and access to medical care: does it matter? J Health Soc Behav 1–10. https://doi.org/10.2307/2137284
3. Aneshensel CS, Stone JD (1982) Stress and depression: A test of the buffering model of social support. Arch Gen Psychiatry 39(12):1392–1396 Accessed on: 27.12.2025. https://jamanetwork.com/journals/jamapsychiatry/article-abstract/492930
4. Balcı S (2019) Engellilerin sosyal dışlanma algılarının bazı sosyodemografik değişkenlere göre incelenmesi. Tıbbi Sosyal Hizmet Dergisi 14:59–79 Accessed on:. https://dergipark.org.tr/en/download/article-file/2520796
5. Bagnall K, Yarker S (2023) Resilience in later life: the impact of social exclusion on access to networks of support. Working Older People 27(4):313–322. https://doi.org/10.1108/WWOP-09-2022-0037
6. Begg I, Berghman J (2002) Introduction: EU social (exclusion) policy revisited? J Eur Social Policy 12(3):179–194. https://doi.org/10.1177/0952872002012003392
7. Bixby L, Bevan S, Boen C (2022) The Links Between Disability, Incarceration, and Social Exclusion: A Study examines the links between disability, incarceration, and social exclusion. Health Aff 41(10):1460–1469. https://doi.org/10.1377/hlthaff.2022.00495
8. Bronfenbrenner U (1979) The ecology of human development: Experiments by nature and design. Harvard University Press
9. Cobb S (1976) Social support as a moderator of life stress. Biopsychosoc Sci Med 38(5):300–314
10. Cohen S, Wills TA (1985) Stress, social support, and the buffering hypothesis. Psychol Bull 98(2):310–357. https://doi.org/10.1037/0033-2909.98.2.310
11. Çattık M, Aksoy V (2018) An examination of the relations among social support, self-efficacy, and life satisfaction in parents of children with developmental disabilities. Educ Sci 43(195):65–77. 10.15390/EB.2018.7246

12. Freedman G, Williams KD, Beer JS (2016) Softening the blow of social exclusion: The responsive theory of social exclusion. Front Psychol 7:1570. https://doi.org/10.3389/fpsyg.2016.01570
13. Fu Y, Ke X, Li Y (2025) Intergenerational Relationships and Depressive Symptoms among Older Adults: The Moderating Role of Unmet Home-and Community-based Care Needs. Appl Res Qual Life 20(4):1703–1730. https://doi.org/10.1007/s11482-025-10493-3
14. Graham A, Hasking P, Brooker J, Clarke D, Meadows G (2017) Mental health service use among those with depression: an exploration using Andersen's Behavioral Model of Health Service Use. J Affect Disord 208:170–176. https://doi.org/10.1016/j.jad.2016.08.074
15. Gray D, Shaw J, Farrington J (2006) Community transport, social capital, and social exclusion in rural areas. Area 38(1):89–98. https://doi.org/10.1111/j.1475-4762.2006.00662.x
16. Hastings C (2021) Homelessness and critical realism: a search for richer explanations. Hous Stud 36(5):737–757. https://doi.org/10.1080/02673037.2020.1729960
17. Kaufman-Scarborough C (2015) Social exclusion: A perspective on consumers with disabilities. Routledge
18. Kumar S, Lata S, Verma S (2024) Psycho-social outcomes of disability-related stigma and social exclusion among people with physical disabilities: A systematic review. Hellenic J Psychol 21(3):281–301 Accessed on:. https://ejournals.lib.auth.gr/hjp/article/view/10123
19. Migliarini V, D'Alessio S, Bocci F (2020) SEN Policies and migrant children in Italian schools: micro-exclusions through discourses of equality. Discourse: Stud Cult politics Educ 41(6):887–900. https://doi.org/10.1080/01596306.2018.1558176
20. Pancani L, Waldeck D, Tyndall I, Riva P (2023) An ecological momentary assessment study to investigate individuals' reactions to perceived social exclusion. Pers Indiv Differ 200. https://doi.org/10.1016/j.paid.2022.111913
21. Park CL, Folkman S (1997) Meaning in the context of stress and coping. Rev Gen Psychol 1(2):115–144. https://doi.org/10.1037/1089-2680.1.2.115
22. Parodi G, Sciulli D (2019) Disability and social exclusion in Italian households. Soc Indic Res 144(2):767–784. https://doi.org/10.1007/s11205-019-02068-1
23. Weiss JA, Robinson S, Fung S, Tint A, Chalmers P, Lunsky Y (2013) Family hardiness, social support, and self-efficacy in mothers of individuals with autism spectrum disorders. Res Autism Spectr Disorders 7(11):1310–1317. https://doi.org/10.1016/j.rasd.2013.07.016
24. Wilson NJ, Jaques H, Johnson A, Brotherton ML (2017) From social exclusion to supported inclusion: Adults with intellectual disability discuss their lived experiences of a structured social group. J Appl Res Intellect Disabil 30(5):847–858. https://doi.org/10.1111/jar.12275

Figures

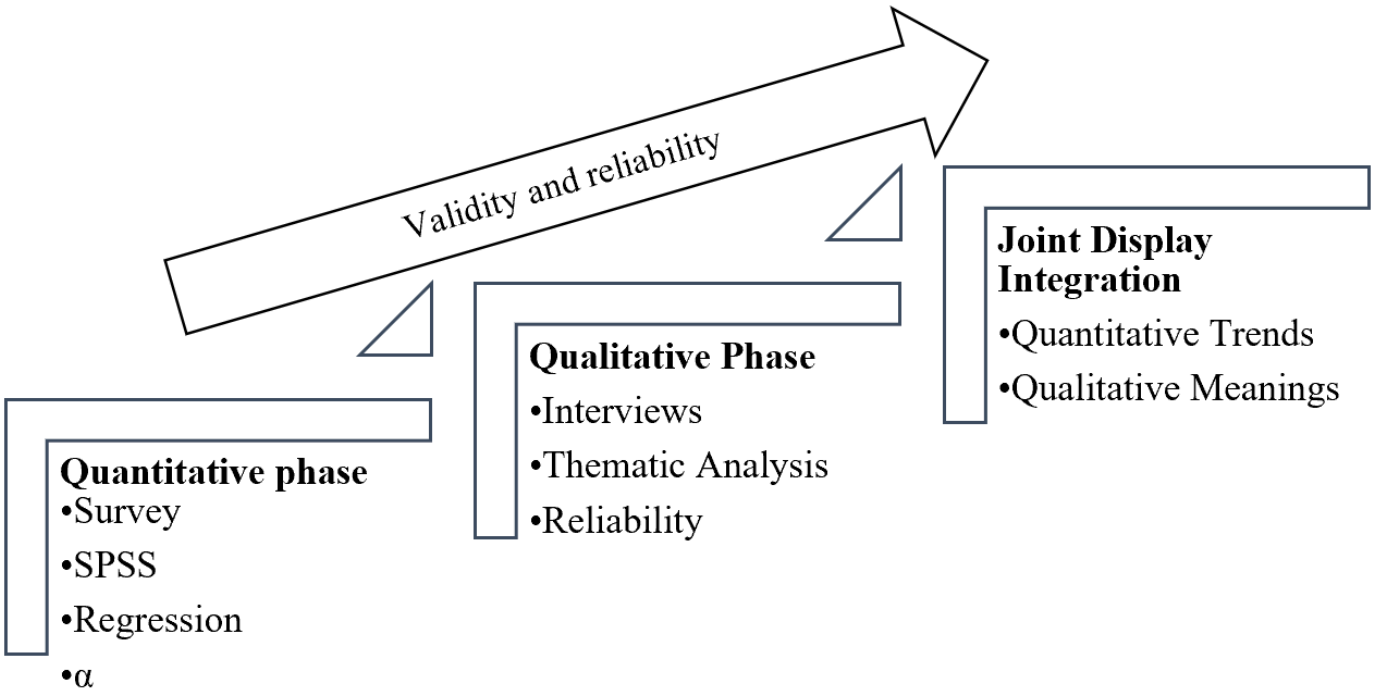


Figure 1

The data collection process

Supplementary Files

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- Qualitativedatas.pdf
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