procedures in general terms. Also, the GCR does not offer a anything to tackle disability-related barriers concerning opportunities for resettlement. Notwithstanding, the UNHCR is currently lobbying for these barriers to be considered more (UNHCR, 2019, 'Resettlement').

Third, the needs for assistance upon reception of asylum seekers have to be met. (Straimer, 2010: 10) The GCR mentions several points in this regard, including the access to food, medical care and work. Even though it can be regarded as a success that the barriers disabled refugees face might be tackled, the needed assistance is still based on the assumed general 'vulnerability' of disabled people and dependent on the benevolence of the hosting states. Still, disabled people are not granted a right to appropriate nutrition, medical care etc. Also, safe and accessible housing for disabled refugees is not included in the GCR. Nevertheless, a member of UNHCR staff had already explained in 2010 that there was a tendency to move away from general assumptions about vulnerability and special needs and that individual needs assessments are pursued instead. (Straimer, 2010: 8)

Fourth, disability can be a consequence of displacement. An impairment can be the result of persecution or torture, but can also stem from or be aggravated by stress in detention or prolonged waiting periods (Laban et al 2008). The GCR points to the need of disabled refugees' access to the medical care. In regards to children, the need to cater for psychological and psychosocial needs is highlighted. Consequently, and despite no explicit mentioning, the GCR might lead to certain improvements. Impairments resulting from the refugee determination process, however, are not acknowledged and stay unaddressed.

Fifth, cumulative barriers can be at work at the intersection of disability and asylum and other

forms of discrimination. Belonging to an ethnic minority (Harris, 2003: 393) or speaking in a foreign language (Vernon, 1996) can interact with exclusion due to disability. Asylum seekers face the additional barrier of being excluded from citizenship and respective rights (Straimer, 2010: 5). As has been explained above, the GCR partly addresses barriers that result from intersectional discrimination but has a focus on gender-based and age-based forms of discrimination. Nevertheless, certain improvements could be generated. The crucial aspect of being excluded from citizenship is an ever-present thread running through the GCR. It is reflected in the apparent tension between the repeated invocation of national sovereignty and the need for the protection of refugees -as non-citizens- that the agreement is based on. Further, the omnipresent view of refugees as subordinate 'others' in the GCR is curbing the growing demand for a rights-based approach.

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7. Conclusion

This article started out by asking how disabled refugees are viewed and represented in the UN Global Compact on Refugees that was adopted by the UN General Assembly at the end of 2018. Disabled refugees and disability as an issue are remarkably present in the agreement between UN member states. Furthermore, disabled people and DPOs are presented as viable partners and encouraged to participate in processes to design responses to refugee situation. In this way, the CRPD has clearly found its way into the UNs refugee policies.

On the other hand, disabled refugees are mostly presented as defined by special needs and vulnerability. The way in which the provision of resources for disabled refugees is legitimized is, in this way, rather based on a medical model than a social model of disability. However, this approach might be due to the general perspective on refugees in the compact. Refugees are viewed as a burden, if not as a problem to be solved, whose fulfillment of needs depends on benevolence by states, not rights.

Disabled refugees are set in a field of tension between being seen and treated as holders of rights and recipients of benevolent charity that reflects the tension between state sovereignty and human rights. The aspiration of human rights and the rights comprised in the CRPD to be universal is undermined by the fact that countries can exclude persons from having access to these rights on the base of their citizenship. In fact, the GCR represents a regress from the impetus of the 2016 New York declaration in this regard. An analysis of the political circumstances leading to this development could be of interest for further research.

The GCR gives disabled people and DPOs the possibility to actively engage in this field of tension. It is an arena where disabled people have become visible through the workings of disability studies scholars and activists, but also where the struggle for the implementation of human rights of disabled people is still ongoing. The analysis of the GCR shows that the struggle for human rights of disabled people cannot be separated from the struggle for human rights of refugees. It leads us back to the very core idea of human rights, to the idea of universal rights for all human beings.

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Labelling of Disabled Refugees

Jella Knauf *

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Abstract.

Labelling theory assumes that individuals are influenced in many ways by the labels that society attaches to them for categorisation. This can entail stigmatisation and impede access to society and certain services. Taking into consideration the concept of intersectionality, this article examines the impact of labelling on the lives of refugees with disabilities.

Resumen.

La teoría del etiquetado asume que los individuos están influenciados de muchas maneras por las etiquetas que la sociedad les asigna para la categorización. Esto puede implicar la estigmatización e impedir el acceso a la sociedad y a ciertos servicios. Teniendo en cuenta el concepto de interseccionalidad, este artículo examina el impacto del etiquetado en las vidas de los refugiados con discapacidades.

Palabras clave.

Labelling, Deviance, Refugee, Disability, Intersectionality

Key-words.

Etiquetado, desviación, refugiado, discapacidad, interseccionalidad

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1. Introduction

Yared has a visual impairment and spent nine years of his life in a Kenyian refugee camp. In an interview, he explains how much the term "refugee" frustrated him as it meant that he did not have power over his own life and decisions were made for him without any possibility for him to intervene. Yared's feeling of self-worth decreased the longer he lived in the camp. After undergoing medical treatment he does not remember consenting to, Yared experienced memory loss and depression as a result. He describes feeling deflated and not like a human being owing to his inability to self-determine is life (Elder, 2015).

Bilonjwa is from the Democratic Republic of Congo and has a physical impairment. He lived in a refugee camp in Ethiopia for ten years, a place that he compares it to a prison. Bilonjwa says that especially for him as a disabled person, the conditions in the camp were horrible. Not having access to a wheelchair, he relied on his brother to take him to school and when his brother moved away, he no longer had any access to education (Elder, 2015).

Cases like Yared's and Bilonjwa's are not uncommon. What would their lives be today, Brent Elder (the researcher who interviewed Yared and Bilonwa) is wondering, if they had had equal access to education as their peers without disability labels? (Elder, 2015).

Labelling is a sociological theory on deviant behaviour that builds on the ideas of symbolic interactionism. The basic assumption is that society attaches certain labels to people in order to categorise them (Bernburg, 2010). According to labelling theory, labels have the tendency to create self-fulfilling prophecies. The self-perception and, accordingly, also the behaviour of individuals depends on their societal label and therefore is likely to align with it, as the example of Yared shows. He felt worthless and unable to contribute to society in a meaningful way due to being labelled a "disabled refugee". Labelling can also entail stigmatisation and impede the access to society and to certain services for those who are affected, just like both of the above mentioned examplatory cases of Yared and Bilonjwa show (Scheff, 1974).

Various scholars have discussed the labelling theory in regard to disability and many have also applied the theory to refugees. However both branches mostly ignore the implications of being affected by not one, but several different labels. Taking into consideration the concept of intersectionality, the essay will examine the impact of the "double labelling" that disabled refugees are facing on their access to society and services.

2. Theoretical Framework

2.1. Labelling Theory

Labelling as a theory was developed by sociologists in the 1960s, however its origins can be found already in the end of the 19th century. Emile Durkheim was the first scholar to study deviance in the 1890s. His perspective was a positivist one that defined the term 'deviance' as norm-violating behaviour. It was not until nearly 70 years later that his ideas were addressed again and redirected towards labelling theory while still embedded in the study of deviance. Scholars such as Tannenbaum (1938), Lemert (1951, 1967), Becker (1963), Goffman (1961, 1963), and Scheff (1966) redefined deviance on the basis of ideas stemming from social interactionism that regards reality as socially constructed and norms as subjective and fluid. Sociologists no longer referred to deviance as a behaviour, but rather as a status that is attributed to an individual by a group. In other words, what

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makes someone deviant is not how somebody acts but how others react to this action. Accordingly, labelling theory also shifted the focus from the harmful effects that deviance has on society to the harmful effects on the individuals who are defined as deviant (Berk, 2015). As Berk (2015) summarises it:

"The 'meaning' as a deviant the person comes to have for others is constructed through social interaction by the treatment the individual receives, which is critical to creating deviants. The meaning is revealed in the process of social interaction where the individual is constructed out of the actions and reactions of others".

According to Zetter, labelling is a process of stereotyping that involves disaggregation and standardisation as well as the formulation of clear cut categories. In this process, professional, bureaucratic and political values of those who create the labels are replicated. Thereby, a stereotyped identity with a categorical prescription of assumed needs is forced upon an individual. Zetter also claims that labelling can never be neutral nor precise as it involves judgements and distinctions and is always non-participatory (Zetter, 1991).

Labelling theory posits that deviance is defined by means of interpretations of social responses to behaviour by formal agents, institutions or individuals in positions of power within their communities. Due to their potential to create self-fulfilling prophecies, labels increase the probability of becoming a career deviant. (Petrunik, 1980) Criticisms of the theory were, and remain, plentiful. Petrunik stated that the theory was nothing more than an opening for social control establishments to be attacked (Petrunik, 1980); Gove argued that social perceptions of individuals with mental disabilities was due to behaviour rather than the label (Gove, 1975); and Burbach claimed that labelling is an inherent component of language. With regard to the

latter, Fitch further noted Burbach's argument to be one small step away from concluding labelling and its consequences as naturally occurring and therefore non-debatable (Fitch, 2002).

2.2. Intersectionality

The term intersectionality was coined by Kimberlé W. Crenshaw in 1991 with regard to women of color. She argued that feminist as well as antiracist discourses were not considering the intersections of patriarchy and racism. According to her, these intersecting patterns of racism and sexism shape the experiences of women of color which are represented neither in the discourse on feminism nor in the discourse on antiracism. The intersectional experience is something multidimensional that is greater than simply the sum of racism and sexism (Crenshaw, 1991).

However the concept of intersectionality is not limited to women of color but can be applied to various other contexts of discrimination such as class, sexuality or disability. It has become a key analytic framework for discussing structural identities of any kind (Cooper, 2016). Intersectionality can also be seen as an instrument that illustrates power dynamics in a multidimensional way where a single axis is not enough to explain the extent of the problem and to show the diverse ways how domination and subordination are constructed (Cooper, 2016).

3. Implications of Labelling

3.1. Labelling of disabled people

In the context of disability, labelling has positive as well as negative effects on both disabled people and those who deal with them, e.g. medical staff or caretakers. When used appropriately and within context, labels serve many a practical and often necessary function. Official diagnoses enable

efficient communication between professionals (i.e. doctor to teacher) and can provide the layperson with an explanation for some behaviours that could increase tolerance (i.e. a tantrum to be due to autism rather than parenting choices). Within an education setting, identifying and labelling a disability resulting deficit in a student is essential for additional and necessary resources to be allocated to meet their specialist learning needs (Fitch, 2002). Labels also provide advocates with a meaningful platform on which to campaign for and promote awareness of disability and mental health to the general public (Henley et al, 2010).

On the contrary, the drawbacks of labels can have significant and permanent destructive effects on an individual's life trajectory, and it is these factors that labelling theory attempts to predict. The concept of stigma describes the damaging attitudes and treatment of individuals or groups possessing characteristics perceived as dangerous or adverse, and is often associated with deviance. Within the context of labelling theory, labels have been demonstrated to produce stigma through their ability to alter perceptions and legitimise stratification within social hierarchies (Shifrer, 2013).

Stigmas are formed by attitudes, with those of involved professionals likely to have the most impact on a person's development. From the perspective of attribution theory the attitudes held by professionals working with people with disabilities and challenging behaviours have a significant impact on the quality of service delivery, effective behaviour management and treatment outcomes (Rooney, 2010).

In addition to influencing professional attitudes and service quality, labelling has also been demonstrated to inhibit access to services. Persons with disabilities are more likely to be excluded from mainstream services, face further internal exclusions or be sent to other locations for treatment. When involved in

the justice system, persons with disabilities are more likely to have their judicial proceedings delayed and receive longer incarceration periods. The education system at all levels is an area in which exclusion of people with disabilities remains prominent and problematic (Rooney, 2010).

Identifying and understanding the factors that enable the stigmatisation of labels is key to any advocacy effort to enact progressive change in perceptions of disability. The notion that "separate is never equal" (Shifrer, 2013), the driving belief for the disbandment of racial segregation trends, remains problematic to inclusion efforts for people with disabilities. That some disability labelled students are refused integration into mainstream services despite evidence of their abilities being on parr with non-labelled others continues to enable stratification and perpetuate stigma.

Shifrer's longitudinal study juxtaposed the effects of stigma on the learning expectations of teachers for children who displayed challenging behaviour with labelled disabilities against children with challenging behaviour but without labelled disabilities. The results were strongly consistent with labelling theory in that despite challenging behaviour and historic academic records being consistent across the sample population, learning expectations were significantly lower for students labelled with disabilities than for those not labelled as such (Shifrer, 2013).

Another example of when stigma surrounding disability resulted in exclusion is demonstrated in Deuchert, Kauer, Liebert and Wupperman's study conducted in 2014. Emails sent from four fictitious students to the student counselling offices of various German universities requesting information on disability supports were examined for differences in responses. The fictitious profiles included a student with dyslexia, a chronic physical condition, depression and a student without a disability but

a carer for an ill family member. Responses to the students with depression and dyslexia included significantly less information about available assistance in comparison to the students with a chronic condition and carer responsibilities. Some responses to students with dyslexia and depression suggested considering alternative courses for study reasoning that the course work and occupation types would be inappropriate for someone with their conditions. The respondents inferred that the student would not be suitable to the course and resulting future occupations, an unobservable factor, based on preconceived beliefs of the conditions. These findings reinforce the notion that stigma of a disability label influences perceptions on the persons abilities within the context of access to services (Deuchert et al, 2014).

Both Shifrer and Deuchert et al findings support labelling theory and demonstrate that the stigma attached to disability labels causes assumptions about a persons ability to inhibit access to services. Shifrer argued that institutions rather than individuals are the primary advocates for disability labels as they allow capitalisation of the label (i.e. increased funding and increased staffing capacities). Additionally, labelled disabilities can also have the power to reduce the responsibility on professionals for a person's performance with poor outcomes able to be easily attributed to the disability rather than practice methods. Moreover, label associated stigma can also extend to the families of persons with disabilities, suggesting choices in parenting or during gestation were causal factors for a disability as a means for explaining the cause of impairment (Rooney, 2010).

3.2. Labelling of refugees

According to Roger Zetter, 'refugee' constitutes one of the most powerful labels due to its high degree of institutionalisation. Refugees have an internationally recognised legal status and an international agency specifically working to safeguard their interests, namely the United Nations High Commissioner on Refugees (UNHCR). The debate about refugees is highly politicised which means that labels bestowed on refugees shift with differing or changing political interests. On top of that, refugees' conception of their identity is mostly not in line with the label that is imposed on them (Zetter, 1991).

Eva Soltesz adds that refugees are often labelled as a natural, homogenous group that constitutes itself only by "being refugee" whereas other attributes are seen as irrelevant. This label sees refugees as passive and incapable of acting or making decisions based on their status of having left their country of origin involuntarily (Soltesz, 2013).

Ju-Sung Lee and Adina Nerghes study the use of labels concerning those who have fled the Middle East towards Europe since 2015. They claim that labels steer public opinion and therefore influence the way the situation is understood and reacted to. This can alter perceptions and even behaviours towards refugees which could have a serious impact on the lives and safety of those concerned. Similarly to Soltesz' description of the label "refugee", Lee and Nerghes also believe that being labelled as refugee entails being passive and deprived of agency. Opposed to this category is the label "migrant" which entails having left the country of origin voluntarily to seek the economic benefits of another country (Lee/Nerghes, 2018).

How dangerous this simple categorisation by attaching the label "refugee" or "migrant" to someone can be, shows a study conducted by De Waal. He studied the situation in Western Sudan in 1984-85 where 120,000 people fleeing Chad were mistaken for "economic migrants" and therefore withheld humanitarian assistance which resulted in a famine disaster that could have been easily prevented. (Zetter, 1991)

Roger Zetter studied the impact of the label "refugee" on the identity and the access to services of the approximately 180,000 Greek-Cypriots who fled from the north to the south of Cyprus after the invasion by Turkey in 1974. Zetter describes the stigmatising and alienating effect that came with the label "refugee" in this case. A new identity was imposed on the Greek-Cypriots by the government in order to determine their housing needs. Income, birthplace, marital status and family size, generation and age of children played into the forming of this identity.

This identity, however, did not match at all with the self-perception of respective persons who identified over their community, village, extended family, and dowry house provision for daughter upon marriage. This new bureaucatically imposed identity meant that village communities who had fled as entities and wished to remain together were seperated which resulted in fragmentation and social trauma. Their label, initially intended as a simple means to define the materialistic eligibility for housing, became an imposition dominating the behaviour of the refugee society (Zetter, 1991).

Moreover, it also became a politial identity that was based on crisis and an assumed prescription of needs. This also shows the power struggle between those who define an identity and those whom the identity is imposed on. Refugees, taking into consideration the extreme scarcity that occurs in situations of forced displacement, are especially vulnerable to forced identity change by labelling. Zetter believes that these crisis-imposed identities have a high potential to destroy what they actually wished to support and to undermine what they wanted to sustain (Zetter, 1991).

3.3. Labelling of disabled refugees

Disabled refugees, as Smith-Khan et al put it, "often fall into the cracks of human rights protection". (Smith-Khan et al, 2013) In situations of emergency, conflict and forced displacement, those with a disability face double disadvantages (Smith-Khan et al, 2013).

Problematic about the academic discourse about both disability and refugees is, as Pisani and Grech put it, that "migration theory grows without the disabled person, disability studies without the migrant, and practice without the disabled migrant." (Pisani/Grech, 2015) The percentage of disabled people is significantly higher among refugee populations than among the average population and the number of unrecorded cases is estimated to be even higher. (Elder, 2015) Despite this linkage of disability and forced migration, both topics are put together neither in policy or research, nor practice (Pisani/Grech, 2015).

Brent Elder believes that clinical checklists, protocols, and emergency refugee toolkits obscure the identity of disabled refugees and hinder their self-determination (Elder, 2015).

The UNHCR has acknowledged the need for an improvement of their services with regard to disabled people. Being a UN agency, the UNHCR has to comply with the Convention on the Rights of People with Disabilities (CRPD). Accordingly, it has to ensure wellbeing and dignity of disabled people by emphasising inclusion and accessibility. The Conclusion on refugees with disabilities published by the UNHRC Executive Committee in 2010 recommends that identification and registration of refugees and other persons with disabilities should happen swiftly and systematically while particular attention should be paid to those who cannot communicate their own needs (Smith-Khan et al, 2013).

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Despite this valuable inclusion of an intersectional approach concerning disability and forced migration into international bodies, the reality for displaced people with a disability continues to be a fight against structural discrimination and disadvantages.

Being labelled a disabled person, as the section above demonstrated, entails being stigmatised and significantly hinders the access to services. Being labelled a refugee means being perceived as passive and deprived of agency. When both factors come together, someone to whom both labels have been attached loses his capability and therefore his right to self-determination in the public eye. He or she is seen as helpless, pitiful incapable of making decisions even concerning the most private matters.

This is confirmed by the two examples mentioned at the beginning of the essay. As a refugee with a visual impairment, Yared is "double labelled" and his own perception of his situation confirms both of the labelling impacts described above. The refugee label means for him that he is seen as unable to make his own decisions which is fortified by the stigma that comes with the additional disability label. Decisions are made for him without his knowledge and consent, even when it comes to his own medical treatment, seriously affecting his mental and physical health in a negative way (Elder, 2015).

The same can be said about Bilonjwa who was also labelled a disabled refugee by the management of the camp he lived in. This label meant for him he was categorised as useless and unable to contribute to the economy of the country he fled to. As a result, he was denied even the basic human right to education (Elder, 2015).

4. Conclusion

The above arguments support labelling theory when applied to the context of disability and forced migration. The stigma associated with disability, despite all the combined historical deinstitutionalisation efforts, remains prolific and continues to have harmful effects on people with disability. Stigmatisation of a disability or behaviour label has been shown to corrupt the attitudes towards individuals of professionals working with this population. Label causing stigma also appears to act as evidence for the layperson of a persons abilities and result in reduced access to services.

The consequences of experiencing these factors can be disastrous for the individual's life trajectory. Overall, people who have been labelled with a with disabilities or as displaying challenging behaviours experience stigma associated with their label and are therefore treated differently to non-labelled others as a direct result. Historical efforts in deinstitutionalisation, advocacy and educating the layperson has enabled some gains in achieving equality for people with disabilities. Despite this significant evidence continue to be produced that suggests labels can have life altering and negative impacts on individuals.

Similarly, being labelled a refugee can also have a far-reaching negative impact on somebody's live and his or her access to services. The studies by Zetter and De Waal show that imposing an identity on someone by labelling him or her a refugee can have tragic consequences, in one of the studied examples by De Waal even the denial of humanitarian assistance which led to mass starvings.

The main topic of this essay was to find out how the intersection of both labels, being disabled and being a refugee, influences a person's live. It became clear that people on whom both of these labels have been attached are facing significantly higher barriers in their professional as well as social lives. The findings clearly confirm the notion of intersectionality that the discriminatory experience of disabled refugees is much greater than the sum of disableism and xenophobia. They also support labelling theory, showing being labelled a disabled refugee has a harmful effect on the people in question and impedes their access to society and services.

To sum it up once more, the essay has shown not only the powerful impact of labels on the lives of individuals but also their powerlessness and inability to participate in the process of labelling.

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