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Educational Support for Autistic Children and their Families in Iraq and the Kurdistan Region: Challenges, Gaps, and the Need for Inclusive Policies

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Abstract

Autism diagnoses are increasing globally, yet many regions-including Iraq and the Kurdistan Region-remain under-prepared to support autistic children and their families. In these contexts, limited awareness, cultural stigma, and lack of qualified training continue to delay early intervention, placing autistic children at risk of educational and developmental obstacles (World Health Organization, 2023; Alkhateeb et al., 2022).This research seeks to investigate the resources available to Iraqi and Kurdish Region autistic children and their families. It answers five main study questions: the average age of diagnosis; the availability of educational help; educator confidence; training access; and the consequences of inadequate support. A qualitative case study approach was used, involving semi-structured interviews with ten educators from government-run autism centres in Baghdad and Erbil, alongside a bilingual survey with 22 educators. Findings revealed that autism is commonly diagnosed after the age of five, with many educators reporting a lack of early screening, specialist training, and structured intervention. Cultural stigma was generally recognised as a barrier for both families and institutions. Educators reported feeling underprepared and emotionally burdened. A notable growing concern was the near-complete lack of services for autistic people above the age of 12 (Rudaw, 2025).This study demonstrates that, while educators are dedicated, the system does not educate them to provide necessary support. It advocates for national investment in autism-specific training, early screening, and inclusive educational planning to address critical gaps and enhance long-term results for autistic students.

Keywords: Autism, Iraq, Kurdistan Region, special educational needs, diagnosis delay, inclusive education, cultural stigma, educator training

1. Introduction

As a supporter of inclusive education, I have long been interested in how institutions assist autistic children. In Iraq and the Kurdistan Region, structural inequalities, cultural stigma, and lack of institutional support often led to school dropout. My personal and professional experiences with autistic families have shaped this advocacy, showing the challenges families face when support is absent. Globally and locally, autism is viewed as a barrier to educational equality, despite international commitments such as the UN Convention on the Rights of Persons with Disabilities (WHO, 2023) and the Salamanca Statement (UNESCO, 1994). In low- and middle-income nations, conflict and underinvestment have weakened healthcare and education, leaving schools unable to support autistic children effectively (Education International, 2024).

Iraq's education system is characterised by high pupil-teacher ratios, overcrowded classrooms, and few professional resources. While autism is recognised as a developmental disorder, service provision remains inconsistent, particularly in the Kurdistan Region. Families often turn to private centres offering ABA therapy or early interventions, but these cost $300-$1,200 per month and are unaffordable for most. As a result, inequalities are deepened, teachers are largely inexperienced, and punitive responses to behaviour persist, reinforcing stigma and emotional harm (National Autistic Society, 2025).

This research investigates the educational support available to autistic children in Iraq and the Kurdistan Region, with particular attention to teacher training, confidence, and resources. Teachers may be unaware of the long-term effects of failing to provide timely help, even though schools are central to early intervention (Vivanti et al., 2022). The study is guided by five questions:

1. At what age are autistic children in Iraq and the Kurdistan Region typically diagnosed?
2. What support is available for autistic children and their families?
3. Do teachers and teaching assistants feel confident in supporting autistic students?
4. How much autism awareness have educators developed through training?
5. Do educators recognise the consequences of insufficient support?

These questions highlight the impact of systemic neglect and limited preparation in post-conflict, resource-constrained settings. While most autism research has focused on high-resource countries, this study contributes new perspectives from Iraq and the Kurdistan Region. I bring both academic and personal understanding to this research, as I am part of an autistic community. This dual perspective strengthens empathy and trust but also requires reflexivity to manage bias. The study draws on two government-run autism centres in Baghdad and Erbil. Ten educators participated in semi-structured interviews, and 22 educators completed a multilingual survey. This mixed approach confirmed earlier findings and provided richer insights. Educational support is crucial for neurodiverse children to thrive in inclusive classrooms. Yet without autism-specific training, coordinated programmes, and national policy, teachers must rely on trial-and-error, creating moral strain (Chezan et al., 2022). A particular concern is the absence of services for children over twelve. Participants worried about what happens once children leave early intervention. Rudaw (2025) reports that only 12% of autistic children in Kurdistan receive government care and 11% financial support, showing the absence of lon-term planning. This dissertation is organised into three chapters: Chapter 1 reviews inclusive education, teacher preparation, diagnosis, and institutional barriers; Chapter 2 covers qualitative methodology, ethics, and analysis; and Chapter 3 presents findings from educators. The study argues for investment in training, support systems, and policy reforms to ensure that inclusive education becomes a right, not a privilege.

2. Literature Review

This chapter reviews what we know about autism in Iraq and the Kurdistan Region of Iraq (KRI). It pulls together the main themes that keep coming up across studies: when and how children are diagnosed, what stops families from getting help, how stigma still shapes choices, what parents are going through, what schools and teachers can realistically provide, and what the state is (and isn't) doing. The aim is to show the big picture without losing the detail that matters for practice and policy.

2.1. Prevalence and Diagnosis

Early identification changes outcomes yet diagnoses in Iraq and KRI are often late. In the KRI, more than half of children receive a diagnosis before age four, but a sizeable minority are identified much later; but no peer-reviewed source reports a KRI-wide median age at diagnosis (Samadi et al., 2022). In Baghdad, the mean reported age is around five (Hassan et al., 2017). A hospital-based study of 292 children found most cases were mild on CARS, speech delay was the most common concern, and-crucially-over four in five referrals came from families rather than professionals (Saleem et al., 2024). That last point signals a gap: frontline health and education services are not catching needs early.

Awareness is growing, and recorded case numbers are up. Reports suggest more than 6,000 identified cases in the KRI, alongside a rapid expansion of centres (Kurdistan24, 2025; peregraf, 2025). But growth is uneven. Only about ten centres are government funded; most are private and expensive- often $300-$1,200 per month-putting them out of reach for many (Mohammed, G. (2024). Families talk about long waiting lists, staff turnover, and variable quality. Public centres face funding and staffing shortages (Rudaw, 2023). Increased visibility helps, but without affordable services and trained people, late diagnosis and uneven support persist ((Shafaq News, 2024); Samadi et al., 2022).

2.2. Cultural Stigma and Societal Barriers

Stigma remains a major brake on progress. Autism is still, at times, framed in non-medical terms-spiritual, social, or moral-delaying help-seeking and fuelling misinformation (Salleh et al., 2020). Service systems are also fragmented. Health, education, and social care often work in parallel rather than together, leaving families to coordinate on their own (Hassan, 2017). Professional training is thin, particularly in developmental paediatrics and allied therapies (Samadi, 2022).

In Iraq, some families continue to hide a diagnosis or try unproven routes first. There are reports of inappropriate medication use (e.g., antipsychotics) to "manage" behaviour, and of recourse to faith healers when formal services disappoint or do not exist (Nazli Tarzi, 2021). None of this reflects a lack of care from families; it reflects limited options, high costs, and the pressure to "do something." The practical fix is not to lecture families but to reduce stigma, widen access to trusted information, and make integrated support the default.

2.3. Parental Experience and Mental Health

Parents' accounts are consistent: high stress, high anxiety, and low satisfaction with available support, with mothers carrying a particular load (Ghazali et al., 2024). Symptom severity matters, but so does the presence (or absence) of formal services. Interestingly, informal support in KRI did not show the protective mental-health effect seen in some other contexts, likely because it can't substitute for structured interventions or trained guidance. Stigma around both autism and mental health make open help-seeking harder.

These findings connect directly to education: when school systems cannot adapt, parental strain rises. Families do more at home, pull back from work, and burn through savings to cover private sessions. A humane, cost-effective policy response is to support families early-screening, coaching, and pathways that are simple to navigate.

2.4. Inclusive Education and Teacher Training

Schools want to include, but the basics are missing. Teachers report little pre-service exposure to autism, limited in-service training, and classes that are already overcrowded and under-resourced (Abas & Abbas, 2024). The national Childhood Development and Disability work highlights routine exclusion of disabled learners from mainstream spaces and the need for serious system reform-policy, funding, workforce, and attitudes (Alborz et al., 2010). Real stories show the human cost. Rudaw (2024) recounts a nine-year-old repeatedly refused school entry, admitted later only on a trial basis. Families can’t be blamed for giving up when processes are opaque and outcomes uncertain. The solution space is familiar and doable: mandatory autism-specific training (pre-and in-service), specialist teams that support mainstream staff, and simple guidance on reasonable adjustments. Without that, “inclusion” stays on policy paper rather than in classrooms.

2.5. Public Service Gaps and Community Advocacy

Provision still falls short of need. Parents in Sulaimani protested when a building planned for disability services was reassigned as a mainstream school-an emblem of how easily specialised provision can be sidelined (Kurdsat News, 2022). Earlier coverage noted the only public centre in Erbil serving just 32 children while thousands needed help (team, 2019). Public awareness events (e.g., World Autism Awareness Day) are positive, but families are asking for something more practical: seats in schools, trained staff, affordable therapy, and help close to where they live.

Advocacy has grown-local associations, parent groups, and professionals are pushing for change. That pressure matters. It keeps autism visible in public debate and creates political space for reform. But advocacy can’t replace service delivery; it should be matched by budget lines and workforce plans.

2.6. Government Support and Progress

On paper, things are moving. The Ministry of Health announced a national autism strategy in 2024, and KRI leaders have endorsed new centres (ReliefWeb, 2024; Kurdistan24, 2023). On the ground, change is patchy. Outside Baghdad and the largest KRI cities, services are scarce. Rural families face distance, cost, and limited specialist staff (UNICEF Iraq, 2023). Even in urban areas, parents report paying out of pocket or stopping therapy when money runs out (Handicap International, 2024).

International agencies (UNICEF, IOM) have run trainings and pilots, which help-but they are small-scale and not yet embedded in national systems. Recent figures cited in media suggest only around 12% of autistic children in the KRI access government centres and about 11% of families receive any financial support (Rudaw, 2025). That leaves most families navigating alone. Advocacy groups are calling for three fundamentals: expand services (including for adolescents), fund sustained educator training, and build a coordinated model across health, education, and social care.

2.7. Summary

Across the literature, the message is steady. Diagnoses are rising, but they are often late. Families carry the burden-financially and emotionally-because affordable, coordinated services are thin. Stigma still shapes choices and delays help-seeking. Teachers want to help but lack training, time, and tools. Government strategies exist, yet delivery is uneven and concentrated in a few places. The way forward is practical and well-known routine early screening; clear, funded pathways into evidence-based support; autism-specific teacher development; and integrated services that meet families where they are. With those in place, inclusion stops being a promise and becomes the everyday experience of autistic children in Iraq and the Kurdistan Region.

3. Methodology

This chapter explains how the study was designed and carried out to answer the central question: What support is there for autistic children and their families in Iraq and the Kurdistan Region? The research focused on the experiences of professional staff working in two government-operated autism centers, one in Baghdad and one in Erbil. It describes the philosophical stance, methods, data collection and analysis, and ethical safeguards, as well as the practical challenges faced during the process.

3.1. Methodology and Research Design

The study used a qualitative case study design within an interpretivist paradigm. This approach emphasizes people's lived experiences and is especially useful in education research where culture, beliefs, and daily practice shape how support is delivered (Creswell & Poth, 2018; Yin, 2018). The aim was not to produce generalizable findings, but to capture detailed, context-rich accounts from professionals in two very different centers.

My original plan involved parents, children, and classroom observations, but the University of Leeds Ethics Committee advised against this because of safeguarding risks (University of Leeds, 2024a). The design was therefore revised to focus solely on professional staff. This shift meant fewer voices were included, but it kept participants safe and still provided insight into institutional practices.

The final design combined two methods: semi-structured interviews and a short online survey. This mix allowed for both depth and breadth.

3.2. Semi-Structured Interviews

The interviews were central to the study. Ten professionals, five from each center, took part. Zoom was initially planned, but the centers did not have reliable access. Instead, interviews were conducted through WhatsApp audio calls, using the headteacher's office as a quiet and private space. This was an adjustment, but it worked well in practice, and the cooperation of center leaders was invaluable.

Interviews lasted 10–30 minutes and were carried out in Arabic or Kurdish. They were recorded with consent, then translated into English and checked using back-translation to ensure accuracy (Temple & Young, 2004). The guide included structured prompts such as questions about training, confidence, and institutional resources while also leaving room for participants to share personal reflections. Piloting the guide with peers helped refine language and cultural sensitivity. For example, "neurodivergent" was replaced with "autistic children," as this was more familiar in Iraq and the KRI.

3.3. The Survey

The online survey was designed to complement the interviews by capturing a wider range of perspectives. It was distributed through Microsoft Forms in both Arabic and English, making it more accessible to staff who were not confident in English. Although I had considered producing a Kurdish version, time and translation challenges made this unfeasible.

The survey included both closed and open-ended questions. Closed questions helped identify patterns, such as the proportion of staff who had received autism training, while open-ended questions gave participants space to explain challenges or suggest improvements. Surveys were shared on professional networks, including LinkedIn and X (formerly Twitter), and with contacts connected to the autism centers.

In the end, 22 surveys were completed. While this was fewer than hoped, the responses added useful detail to the interviews. For example, some survey participants described practical barriers such as limited teaching materials or overcrowded classrooms, while others emphasized the emotional strain of working without adequate training. The survey thus provided an additional layer of evidence and made the overall picture more balanced.

To ensure transparency and alignment with the study's objectives, the bilingual survey (Arabic-English) comprised nine items divided into two sections. Section A included multiple-choice and Likert-scale questions (1 = not confident at all to 5 = very confident) designed to assess educators' roles, years of experience, available institutional support, financial assistance for families, confidence levels, and prior training in supporting autistic children. These items provided quantifiable data on educators' professional backgrounds and perceptions of existing provision. Section B consisted of one open-ended question inviting participants to share additional comments or suggestions regarding institutional and family support for autistic children. This combination of structured and open responses offered both quantitative clarity and qualitative insight, maintaining linguistic and cultural equivalence across Arabic and English versions.

3.4. Research Questions

The study was guided by five key questions:

1. At what age are autistic children in Iraq and the Kurdistan Region typically diagnosed?
2. What support is available for autistic children and their families?
3. Do teachers and assistants feel confident in supporting autistic students?
4. How much autism awareness have educators gained through training?
5. Do educators recognise the consequences of insufficient support?

These questions were shaped by the literature review and refined through pilot testing with peers, which helped confirm their clarity and relevance (Teijlingen, 2002).

3.5. Context and Participants

The two centers chosen for the study Centre A in Baghdad and Centre B in Erbil were among the few government-run institutions serving autistic children aged 3-12 (UNICEF, 2023). They operate under different regional ministries and languages, making them useful for comparing provision in central Iraq and the Kurdish Region.

Participants were selected purposively to ensure they had relevant experience. All had at least one year of practice supporting autistic children. Recruitment was managed with the help of center directors, who acted as gatekeepers. Consent forms and information sheets were distributed through WhatsApp, since most staff did not use email regularly.

The ten interview participants included six females and four males, aged between 26 and 48 years. Their professional roles comprised classroom teachers (n = 4), teaching assistants (n = 3), social workers (n = 2), and one speech therapist. All had between one and fifteen years of experience working with autistic children. Five were based in Centre A (Baghdad) and five in Centre B (Erbil). The 22 survey respondents mirrored this balance: 15 female and 7 male participants, most holding undergraduate degrees in education or psychology. Only three had received prior autism-specific training. Most (82%) worked directly with children aged 3-12 years.

3.6. Data Analysis

Data from both interviews and surveys were analyzed using Braun and Clarke's (2006) thematic analysis. After transcribing interviews, I coded responses manually and then grouped them into themes such as training gaps, institutional barriers, and educator confidence. NVivo software helped manage the data. To strengthen credibility, I used member checking by sending summaries of findings to participants for confirmation (Lincoln & Guba, 1985).

Following Braun and Clarke's six-phase model, analysis proceeded through: (1) data familiarization; (2) initial line-by-line coding; (3) generating preliminary categories; (4) reviewing codes and merging overlaps; (5) defining and naming final themes; and (6) selecting illustrative quotations. Coding was inductive and iterative, and categories such as "late diagnosis," "training gap," and "emotional strain" were refined through supervisor consultation. Although intercoder reliability testing was not feasible, peer debriefing enhanced consistency and reduced bias.

3.7. Reflexivity

As a researcher with personal and professional ties to autism, I was aware of potential bias. I kept a reflexive journal throughout the project to record my reactions and decisions, and I regularly discussed interpretations with my supervisor (Barrett et al., 2020). The adjustments I had to make from changing platforms to narrowing participants also reinforced the importance of being flexible and transparent in the research process.

3.8. Ethical Considerations

Ethical approval was secured from the University of Leeds. Safeguards included:

- Informed Consent: Clear information sheets, voluntary participation, and the right to withdraw.
- Anonymity: Pseudonyms were used, and all identifying details removed.
- Confidentiality: Data stored securely on the University's M drive and password protected.
- Minimizing Harm: Interviews were conducted in private, and participants could skip questions.
- Data Protection: All data will be destroyed after project completion in line with GDPR.
- Redesign: The exclusion of parents and children was a deliberate choice to reduce risk and maintain cultural sensitivity (BERA, 2018).

3.9. Limitations

The revised design had limitations. The small sample size restricted diversity and focusing only on professionals excluded parental voices. Conducting interviews online reduced non-verbal cues, and translation may have lost some nuance. Survey participation was lower than hoped.

Despite these issues, combining interviews and surveys provided a valuable, context-specific picture of autism support in Iraq and KRI.

Because recruitment relied on center managers as gatekeepers, there is a risk of selection bias. Participants who were more motivated or confident might have been encouraged to take part, while others with critical views may have opted out. Similarly, survey responses were drawn from professionals active on digital networks, potentially excluding those less connected. These factors limit representativeness but remain appropriate for exploratory qualitative research.

3.10. Summary

This chapter has outlined how the study was designed to capture professional perspectives on autism support in Iraq and the Kurdistan Region. Semi-structured interviews gave depth, while the bilingual survey added breadth and confirmed recurring patterns. Ethical concerns shaped the project significantly, but they also strengthened its integrity. By combining two sources of data, analyzed thematically and interpreted reflexively, the study offers a grounded understanding of how autistic children and their families are supported in a complex and resource-limited environment.

4. Findings

4.1. Age of Autism Diagnosis in Iraq and the Kurdistan Region

RQ1: At what age are autistic children typically diagnosed between 3 and 12 years?

One of the clearest findings from both the interviews and surveys was that autism is usually diagnosed much later than it should be in Iraq and the Kurdistan Region. Teachers and teaching assistants in the two centres said that most children only received a diagnosis when they were five or older, even though the early signs were visible long before. As one participant explained,

> *"Most of the children came to us late. Some already had strong behavioural issues. The signs were there much earlier, but the parents didn't know what to do."*

Several teachers described children starting school at six or seven years old without any assessment, often being labelled as "naughty" or "slow" rather than autistic. This highlights the absence of a clear, national pathway for early identification. Families are often left to work things out themselves, and this usually means help only comes when the child's behaviour becomes too difficult to ignore.

The literature supports this pattern. Saleem et al. (2024) showed that in Baghdad, it is often parents rather than professionals who push for a referral, while he also noted that the average age of diagnosis is around ten years old. This is far later than international recommendations, which place the ideal age for diagnosis between 18 and 36 months. Stigma was often described as part of the problem. One interviewee said, *"Some families are scared. They don't want to believe something is wrong with their child. They wait, or they listen to relatives who say it's just a phase."* Tarzi (2021) describes similar attitudes in other Middle Eastern countries, where shame or spiritual explanations often delay professional help. The outcome is serious: children miss the chance for early intervention, which is known to improve learning and development. As the WHO (2023) reminds us, timely diagnosis is about more than medical accuracy it is also about dignity, equality, and inclusion for autistic children.

4.2. Available Support for Autistic Children and Families

RQ2: What support is available for autistic children and families in Iraq and the Kurdistan Region?

The second major theme was the lack of consistent support for autistic children and their families. Teachers spoke about centres being underfunded and under-equipped. Many said they had to create their own resources, often using their own money. One educator in Erbil admitted,

> *"We are here to help the children, but we don't have the equipment. Sometimes we make visuals or games ourselves. There's no sensory equipment, no therapy specialists. We just do what we can."*

The survey data supported this. Over half of respondents said that there was no formal support in their institutions. Very few had access to specialists such as speech or occupational therapists, and none reported structured behaviour programmes. One respondent even wrote,

> *"We rely on ourselves and YouTube for ideas. There is no one to guide us."*

This paints a picture of provision that is fragile and improvised. Peregraf (2025) noted that although Kurdistan has more than 50 autism centres, only 10 are public and fully operational, and Rudaw (2023) reported that some families consider emigrating just to access better services. Another issue raised was the lack of professional collaboration. Teachers said they often worked in isolation, with no psychologists or therapists to support them. Families were also described as largely uninvolved. Many parents dropped off their children each day but did not engage with staff. Sometimes this was due to stigma or shame, but often it was because families were simply exhausted. Ghazali et al. (2024) showed that caregivers in Kurdistan face high stress and poor wellbeing for exactly these reasons. Overall, support systems remain inconsistent, fragmented, and too dependent on individual teachers' commitment rather than national planning.

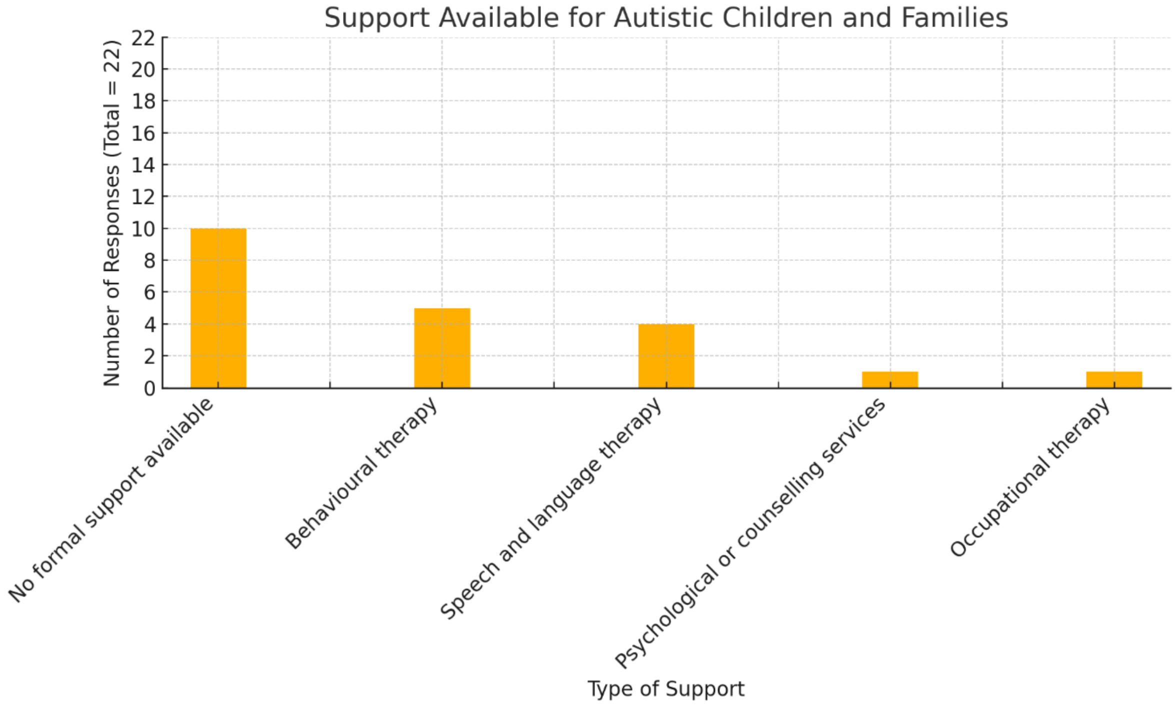

Figure 1. Support Available for Autistic Children and Families

4.3. Educators’ Confidence in Supporting Autistic Students

RQ3: Do teachers and teaching assistants feel confident in their capacity to support autistic students?

When it came to confidence, most teachers admitted that they started their jobs with no proper preparation. One educator explained,

> *“In the beginning, I was lost. Nobody told me how to support these children. I had to watch them and learn myself.”*

Survey results were similar. Out of 22 respondents, only one described themselves as “extremely confident.” Most said they were only “somewhat confident,” while others were neutral or even doubtful. Typical comments included:

> *“I do my best, but I’m not sure it’s enough.”*

This lack of preparation also had an emotional cost. Some teachers admitted to feeling guilty or even crying after work when they felt they had failed to help a child. One said,

> *“There are days when I go home and weep because I know I couldn’t assist one of the children. I want to do more, but I’m not sure how.”*

Research supports this picture. Abas and Abbas (2024) found that teachers in Kurdistan often feel unprepared for inclusive classrooms, while Samadi (2022) described widespread emotional exhaustion. Ravet (2018) argues that confidence in inclusive education only comes with proper training and teamwork, not just personal effort. In short, many educators care deeply and work hard, but without proper training and support, their confidence remains fragile.

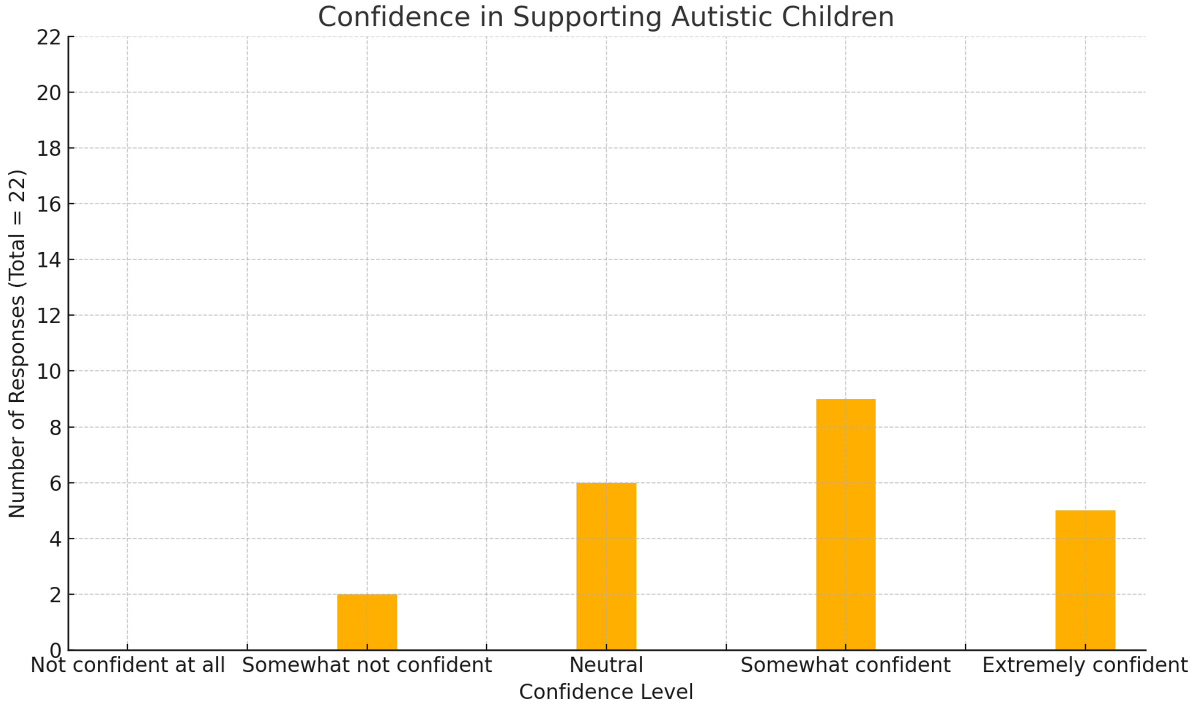

Figure 2. Confidence in supporting Autistic Children

4.4. Autism Awareness and Training

RQ4: How much autism awareness have teachers and teaching assistants developed via training?

Most participants said they had received little or no autism-specific training. One teacher in Baghdad said honestly, *"I only learned about autism from YouTube videos and what I see in the classroom. No one trained us.* "Survey responses confirmed this. Seven of the eight respondents said they had received "some training, but not enough," and one admitted to having none. Everyone agreed that more training and resources would be useful. The lack of proper training means that practices are inconsistent. Even within the same centre, teachers used different strategies, which can confuse children and increase stress. Some staff also said they felt embarrassed when they could not answer parents' questions. Samadi (2022) found that training in Kurdistan was often outdated or missing altogether. BERA (2024) has called for ongoing, structured training for inclusive education in low- and middle-income countries. Internationally, UNESCO (2017) and WHO (2023) show that proper training not only improves staff confidence but also children's progress. One final issue was a culture of silence. Some staff hesitated to criticise their centres openly, fearing repercussions. As one said, *"I can't answer this unless the manager gives permission."* This matches the report from Tarzi (2021), who describes institutional gatekeeping in Iraq around disability issues.

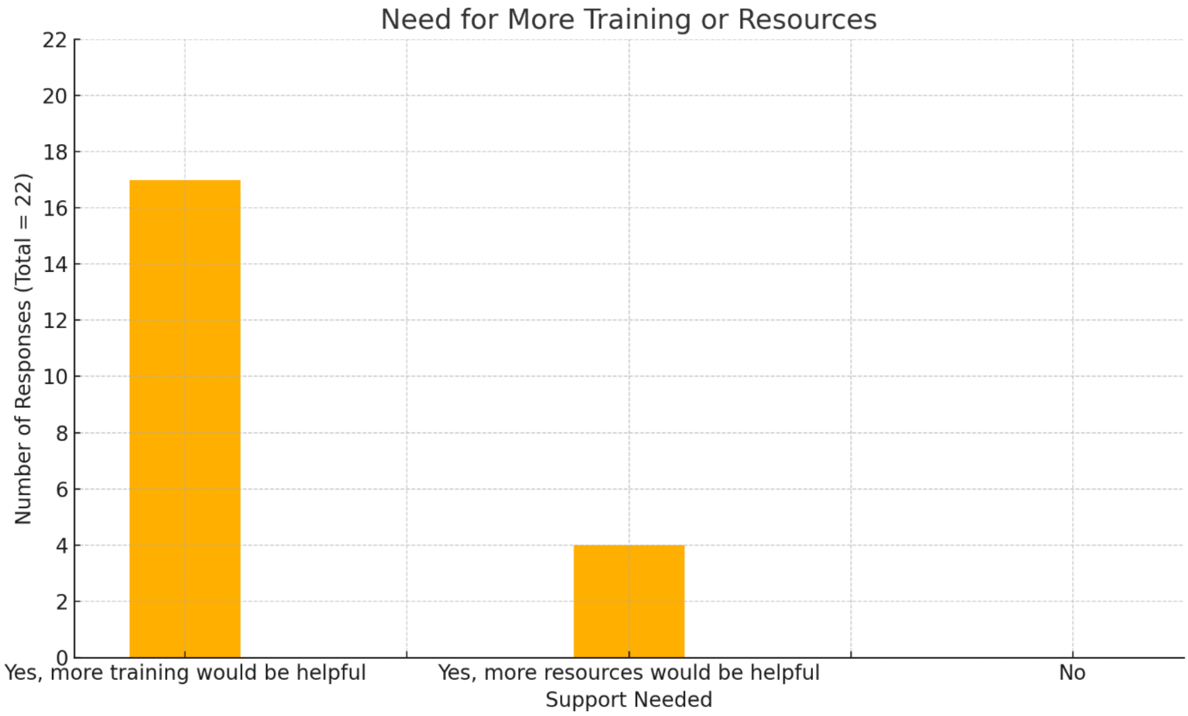

Figure 3. Need for more Trainng or Resources

4.5. Recognising the Impact of Insufficient Support

RQ5: Do teachers and teaching assistants recognise the impact of not providing enough help and identifying learning difficulties?

Teachers were very aware of how damaging the lack of support can be. One explained,

> *"When a child is left without a programme, or the teacher doesn't understand their needs, they shut down. They stop speaking, they stop playing, they even start hitting themselves."*

Survey comments supported this, with respondents writing things like, *"They lose their abilities,"* and *"They become isolated."* Ghazali et al. (2024) found similar consequences in Kurdistan, with children regressing and families facing high stress. Teachers also described children becoming socially withdrawn or emotionally distressed. Some were even punished for being "stubborn" when, in fact, they were overwhelmed. This reflects outdated cultural beliefs that Tarzi (2021) warns about. The emotional weight also fell on educators. One said, *"I feel I failed them. I can see what they need, but I can't give it to them."* Ravet (2018) points out that inclusive education without proper infrastructure causes harm to both children and staff. These experiences are not unique to Iraq. Adams (2024) found that in the UK, children with special needs also fall behind when there is a lack of trained staff and resources. Awareness of the problem is not enough- teachers need the right tools and support.

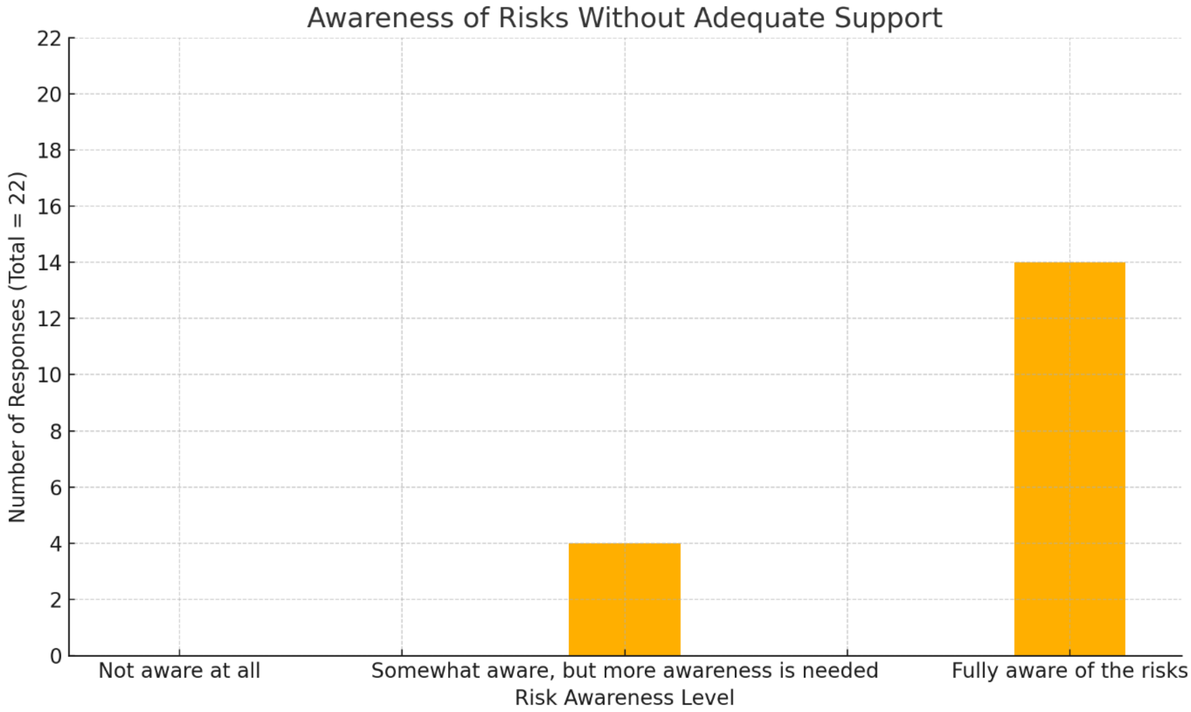

Figure 4. Awareness of Risks Without Adequate Support

5. Conclusion

This study has shown that autistic children and their families in Iraq and the Kurdistan Region face major gaps in diagnosis, support, and long-term provision. Children are often diagnosed after age five, largely due to stigma, a lack of early screening, and shortages of trained professionals. Support services, when they exist, are inconsistent and underfunded. Teachers and assistants start their jobs with little autism-specific training, leaving their confidence fragile. Services for teenagers are almost non-existent, which leaves families with very few options once their child grows older. These gaps highlight the urgent need for change. Early screening and intervention must be free and accessible nationwide. Autism-specific training for teachers should be mandatory and ongoing. Services should be properly funded and available in both cities and rural areas. Post-primary programmes must be developed so that autistic adolescents are not left behind. More research is also needed into long-term outcomes beyond childhood. Education is a basic human right, guaranteed by the UNCRC and ICESCR. Yet many autistic children in Iraq and Kurdistan are still excluded from this right. Without serious investment and inclusive policies, these children will remain invisible. With change, however, they can be recognised, supported, and included-receiving the education and dignity they deserve.

5.1. Recommendations and Policy Directions

This study highlights the urgent need for a structured yet affordable national response to autism support in Iraq and the Kurdistan Region. A phased policy plan is recommended: (1) in the short term, introduce low-cost teacher awareness and early-screening initiatives within existing education and health frameworks; (2) in the medium term, develop regional inclusion support teams and accredited autism-training programmes for educators and social workers; and (3) in the long term, extend services beyond early childhood by creating adolescent inclusion pathways within secondary schools, offering vocational skills, life coaching, and continued family support. These steps are realistic within current resources and align with international inclusion frameworks (UNESCO, 1994; WHO, 2023; UNICEF, 2023). Implementing them would transform autism provision from fragmented care into a sustainable, inclusive system that supports autistic learners beyond age twelve and throughout their educational journey.

References

Abas, N. Q., & Abbas, O. A. (2024). Teachers' perspective about applying inclusive education in Iraq and Kurdistan Region: Needs and challenges. *Journal of Garmian University, 10*(3), 2023. https://doi.org/10.24271/garmian.2023.10356

Adams, R. (2024, September 19). 'Incredibly disheartening' decline in special needs pupil attainment in England. *The Guardian*. https://www.theguardian.com/education/2024/sep/19/incredibly-disheartening-decline-in-special-needs-pupil-attainment-in-england

Alborz, A., Al-Obaidi, J., & Brooker, K. (2010). *A study of mainstream education opportunities for disabled children and youth and early childhood development in Iraq*. https://pure.manchester.ac.uk/ws/portalfiles/portal/36763409/FULL_TEXT.PDf

Barrett, A., Kajamaa, A., & Johnston, J. (2020). How to be reflexive when conducting qualitative research. *The Clinical Teacher, 17*(1), 9–12. https://doi.org/10.1111/tct.13133

British Educational Research Association. (2018). *Ethical guidelines for educational research* (4th ed.). BERA. https://www.bera.ac.uk/publication/ethical-guidelines-for-educational-research-2018

British Educational Research Association. (2024). *Ethical guidelines for educational research* (5th ed.). BERA. https://www.bera.ac.uk/publication/ethical-guidelines-for-educational-research-fifth-edition-2024

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101.

Chezan, L. C., McCammon, M. N., Wolfe, K., Drasgow, E., & Tabacu, L. M. (2022). Teachers' familiarity, confidence, training, and use of problem behavior interventions for learners with autism spectrum disorder in school settings. *Journal of Developmental and Physical Disabilities, 35*. https://doi.org/10.1007/s10882-022-09885-2

Chezan, L. C., Wolfe, K., & Drasgow, E. (2022). *Evidence-based practices for supporting individuals with autism spectrum disorder*. Rowman & Littlefield. https://www.google.co.uk/books/edition/Evidence_Based_Practices_for_Supporting/Xcx8EAAAQBAJ?hl=en

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications.

Education International. (2024). *The education crisis in Iraq: A call for urgent reforms*. https://www.ei-ie.org/en/item/28461:the-education-crisis-in-iraq-a-call-for-urgent-reforms

Ghazali, H., Asaro-Saddler, K., Seidi, P. A. M., Hamsho, N., & Mahmood, H. D. (2024). Unveiling the journey: Understanding the experience of parents of children with autism across the Kurdistan Region of Iraq. *Contemporary School Psychology*. https://doi.org/10.1007/s40688-024-00514-7

GOV.UK. (2018). *Data Protection Act 2018*. https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted

Guha, M. (2006). *The Sage handbook of qualitative research* (3rd ed.)… Book review. *Reference Reviews, 20*(3), 25–26. https://doi.org/10.1108/09504120610655394

Handicap International. (2024). *The recent disability legislation in Iraq: The first amendment of Law 38 (No. 11) of 2024*. https://www.hi.org/sn_uploads/document/The-Recent-Disability-Legislation-in-Iraq---The-first-amendment-of-law-38-No.11-of-2024.pdf

Hasan, A. A. (2017). A descriptive study among children suffering from autism in Baghdad, Iraq. *Research Journal of Pharmacy and Technology, 10*(6), 1919–1919. https://doi.org/10.5958/0974-360X.2017.00336.5

Kurdsat News. (2022). Sulaimani lacks public autism centre. https://news.kurdsat.tv/en/news/17/8350

Kurdistan24. (2024). KRG initiatives boost support for autism awareness and care. https://www.kurdistan24.net/en/story/394470

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE Publications. https://books.google.co.uk/books?id=2oA9aWlNeooc

Mohammed, G. (2024). Autism rehabilitation centres accommodate 10% of cases in Iraqi Kurdistan. *KirkukNow*. https://kirkuknow.com/en/news/70396

National Autistic Society. (2025). *Autism and communication*. https://www.autism.org.uk/advice-and-guidance/topics/about-autism/autism-and-communication

Tarzi, N. (2021). Iraq's autistic community perseveres despite neglect. *The New Arab*. https://www.newarab.com/features/iraqs-autistic-community-perseveres-despite-neglect

Peregraf. (2025). Rising autism cases in Kurdistan spark urgent calls for action. https://peregraf.com/en/news/8700

Ravet, J. (2018). 'But how do I teach them?': Autism & initial teacher education (ITE). *International Journal of Inclusive Education, 22*(7), 714–733. https://doi.org/10.1080/13603116.2017.1412505

ReliefWeb. (2004). Iraq: Autistic children need continued support. https://reliefweb.int/report/iraq/iraq-autistic-children-need-continued-support

Rudaw. (2023). Kurdistan Region schools reluctant to accept children with autism. https://www.rudaw.net/english/kurdistan/31102023

Rudaw. (2025). More government support needed as Kurdistan autism cases increase: Association. https://www.rudaw.net/english/kurdistan/02042025

Rudaw. (2023). Sulaimani autism centers decry lack of funding, support. https://www.rudaw.net/english/kurdistan/10082023

Saleem, Z., Ali, A., Meften, H., & Abd Ali, Z. (2024). Autism spectrum disorder in Baghdad: Preliminary study. *Iraqi Postgraduate Medical Journal, 23*(3), 326–330. https://doi.org/10.52573/ipmj.2024.138198

Salleh, N. S., Abdullah, K. L., Yoong, T. L., Jayanath, S., & Husain, M. (2020). Parents' experiences of affiliate stigma when caring for a child with autism spectrum disorder: A meta-synthesis of qualitative studies. *Journal of Pediatric Nursing, 55*, 174–183. https://doi.org/10.1016/j.pedn.2020.09.002

Samadi, S. A. (2022). The challenges of establishing healthcare services in low- and middle-income countries: The case of autism spectrum disorders in the Kurdistan Region of Iraq—Report from the field. *Brain Sciences, 12*(11), 1433. https://doi.org/10.3390/brainsci12111433

Shafaq News. (2024). Autism cases on the rise in Kurdistan Region. https://shafaq.com/en/Kurdistan/Autism-cases-on-the-rise-in-Kurdistan-Region

The Insight International. (2019). 2,800 children diagnosed with autism in Iraqi Kurdistan: Statistics. https://theinsightinternational.com/2800-children-diagnosed-autism-2019-04-03

Temple, B., & Young, A. (2004). Qualitative research and translation dilemmas. *Qualitative Research, 4*(2), 161–178. https://doi.org/10.1177/1468794104044430

Van Teijlingen, E. R. (2002). The importance of pilot studies. *Social Research Update, 35*. https://www.researchgate.net/publication/11173521_The_Importance_of_Pilot_Studies

UNESCO. (1994). *The Salamanca Statement and Framework for Action on Special Needs Education*. https://www.european-agency.org/sites/default/files/salamanca-statement-and-framework.pdf

UNESCO. (2017). *A guide for ensuring inclusion and equity in education*. UNESCO Publishing.

UNICEF. (2008). Education under pressure in Iraq. https://reliefweb.int/report/iraq/education-under-pressure-iraq

UNICEF. (2016). *Education*. https://www.unicef.org/iraq/what-we-do/education

UNICEF UK. (2022). *The right to education*. https://www.unicef.org.uk/rights-respecting-schools/the-rrsa/the-right-to-education

UNICEF Iraq. (2023). *Supporting inclusive education and early intervention for children with disabilities in Iraq*. https://www.unicef.org/iraq/stories/autism-awareness-supporting-inclusive-education

University of Leeds. (2023). *Research ethics and integrity: Research data management*. https://ris.leeds.ac.uk/research-ethics

University of Leeds. (2024a). *Shahang Jamil ethics panel reviewer feedback (920241018)*. Lifelong Learning Centre.

University of Leeds. (2024b). *Resubmission Shahang Jamil ethics panel reviewer feedback (920241018)*. Lifelong Learning Centre.

Vivanti, G., Bent, C., Capes, K., Upson, S., Hudry, K., Dissanayake, C., & The Victorian ASELCC Team. (2022). Characteristics of children on the autism spectrum who benefit the most from receiving intervention in inclusive versus specialised early childhood education settings. *Autism Research, 15*(11). https://doi.org/10.1002/aur.2815

World Health Organization. (2023). *Autism spectrum disorders*. https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders

Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.). SAGE Publications.