

A Scoping Review of the Literature on Societal Barriers Faced by People with Impairments and Intersectional Minority Identities in North America

By: Deanna Booton, Rebecca Girling, Cal Hager, Hope Mclay, Kevin Nicolas, Jesse Romphf, Jackson White, and Andrew Youngson

Introduction

This scoping literature review was conducted according to the following research question: What are the physical and social barriers faced by people with impairments and intersectional minority sexual orientation, gender, religion, age, or race/ethnicity in North American societies? We were summoned to conduct this literature review by Ashfaq Husain: Chair of the Community Diversity and Inclusion Strategy (CDIS) Priority 4 Working Group for the City of London in Ontario. Priority 4 of the CDIS is a documented plan for the City of London to “remove accessibility barriers to services, information and spaces” (Hussain & Matty, 2017) in order to “build a diverse, inclusive and welcoming community” (Hussain & Matty, 2017). Ashfaq expressed his team’s need to learn more about intersectional disability experiences in order to better inform their diversity and inclusion strategies of increasing accessibility in the City of London. Ashfaq guided us to review five minority identities that may cause intersectional discrimination alongside disability: (1) sexual orientation, (2) gender, (3) religion, (4) age, and (5) race/ethnicity. Using an intersectional lens is important in Ashfaq’s work to increase accessibility because these measures must account for the diverse range of disability experiences that can vary, and be exacerbated by, intersecting minority identities. A holistic perspective on intersectional encounters with societal barriers to equal participation in community life is therefore crucial to guide inclusive measures that account for the vast range of disability experience (Guerrero-Arias et al., 2020). The goal for this scoping literature review is to explore the existing literature on societal barriers encountered by people in North America at the intersection of living with an impairment and one of the five minority identities described above. This report will outline a reflexive summary about our individual positionalities in relation to the research, an explanation of how the research question was identified, a search strategy summary, and a report on findings.

Background, Experience, and Assumptions

We are a group entirely composed of students at King's University in London, Ontario enrolled in the Disability Studies (DS) program, mostly as Majors and Minors. Therefore, we all have interest, and have had past curricular experience, in the field of DS. This experience accounts for the reason why we were called on to conduct this research by Ashfaq. Our group also contains a Women's Studies Major, who has background knowledge on sexual orientation and gender, as well as a Religious Studies Minor, with fundamental understandings of dominant and minority world religions. These personal connections drove these two team members to research the intersectional minority identities they were respectively connected to. Most of the members of our group do not identify as disabled and have not had any personal experiences encountering barriers on the basis of minority identity. However, we do have one member that has an intersectional disabled identity with a minority sexual orientation and could stand to gain from the outcome of the research if inclusive action is taken in the future. The decision to conduct this scoping review was driven from the assumption that intersectional barriers are presently faced by disabled people in London, Ontario and are therefore a pressing issue requiring attention by the CDIS.

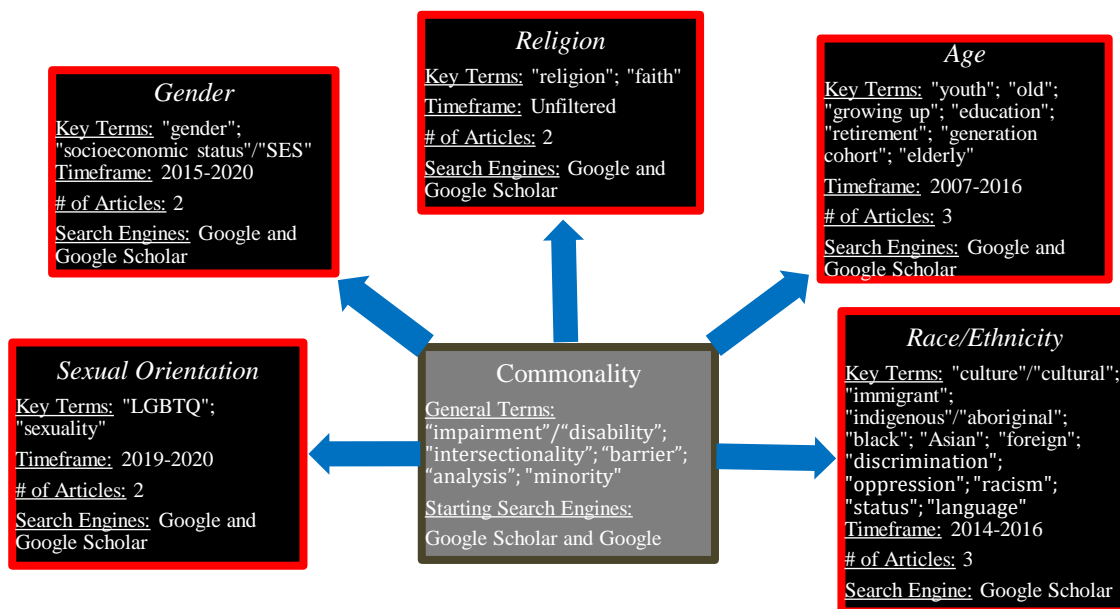
Research Question Identification

The two influences that guided our identification of the research question were Ashfaq Husain's video calling us to action and a preliminary review of the literature. First, Ashfaq described in his video that our role with the literature review is to "look at specific minority groups, focus on the discrimination faced by such persons with disabilities." He also discussed how the greater purpose of this literature review is to guide the CDIS Priority 4 Working Group in "ensuring that we do not create any barriers to any persons within the diversity wheel," which he described as persons of different sexual orientations, genders, religions, ages, and races/ethnicities. These points guided our research question to be centered around exploring societal barriers, both social and physical, faced by people living with impairments and minority identity. Finally, a preliminary review of the literature identified that the research scope had to be widened to North American societies in order to ascertain sufficient findings to deliver on Ashfaq's request.

Search Strategy

The search strategy employed in this scoping literature review differed according to the five varying minority identities that may coincide with one's status of impairment to cause intersectional oppression. Each of these search strategies were employed to collect a sample of at least two search results per intersectional identity that were (1) localized to North America, (2) offered information about the experience of encountering societal barriers for the specific intersectional identity, and (3) were as recent as possible. In order to generate this result, key terms, timeframe search filters, and search engines of use were iteratively specified according to the specific intersectional identity of interest (Fig. 1). This process of refinement allowed us to go from thousands of search results to a select study-specific few, showing that the decreasing order of available information was race/ethnicity, age, gender, sexual orientation, and religion. The commonality between each of these five search strategies was that we used a set of four general terms related to the research question in all searches and we designated two starting search engines for research (Fig. 1).

Figure 1 – Search Strategy Graphic



Findings

The results of research, discussing the impacts that each intersectional minority identity has on disabled people's encounters with societal barriers, have been divided and written under the headings for each respective identity.

Sexual Orientation

Individuals living with impairment and intersectional minority sexual orientation experience discrimination through encounters with societal barriers due to existing heteronormative social attitudes. The risk of suicide and suicidal ideation is 3.5-4 times more likely for this community, LGBTQIA2+ youth have a 14 times greater risk of suicide than heterosexual youth, and 30% of bisexual youth have regular thoughts of suicide (Casey, 2019). Furthermore, the LGBTQIA2+ community experiences chronic diseases at a higher rate due to drug and alcohol use. According to the Canadian Mental Health Association (2020), lesbian and bisexual women are 1.64 times more likely to use alcohol, while 24-45% of the LGBTQIA2+ community smoke, compared to 16% of the heterosexual community (Rainbow Health Ontario & CMHA Ontario, 2020). Of the 400 thousand homeless youth in Canada, 25-40% of them are part of the LGBTQIA2+ community (Casey, 2019). Additionally, the community faces a higher risk of mood and anxiety disorders, in addition to an increased risk of chronic diseases due to substance abuse (Rainbow Health Ontario & CMHA Ontario, 2020). Accessing health care without discrimination is difficult as practitioners may refuse to treat and/or not know the community's risk factors. Present social structures result in the discrimination and ostracization of these individuals and impacts their ability to access housing, employment, health care, social services and community support (Rainbow Health Ontario & CMHA Ontario, 2020).

Gender

The intersection of disability and gender for cisgender women and trans people deeply impacts the ways they can navigate space within a disabling society. Odette et al. (2003) determined that cis women experienced significant impacts to their ability to engage in their wellness. This included managing their nutrition, participating in exercise/activity programs, and maintaining their dental health. Canada's disabling socioeconomic structure has resulted in nutritious food being inaccessible due to the heightened food cost, placement of food at inaccessible locations, and the physical energy required to bring food home from the grocery store. Furthermore, the structural barriers in attempting to access fitness spaces requires these women to hire attendants: an additional cost. Financially, women with physical disabilities must navigate service cutbacks that have resulted in decreased home care worker availability. Accessing dental care can be exhausting and difficult for women with disabilities as dental offices, and practitioners' expectations, are based within able-normative perspectives and result in communication barriers for deaf women, inaccessibility for women in wheelchairs, and generally discriminatory experiences.

For trans individuals, the intersection of disability and gender is often debilitating. Society's cisnormative ideals impact the mental health of trans individuals and reinforce harmful marginalization that perpetuates social societal barriers. In one study, 77% of trans individuals reported suicidal ideation, with 60% experiencing depression (Rainbow Health Ontario & CMHA Ontario, 2020). When accessing health care, 52% of trans individuals have negative experiences, resulting in delegitimization of their minority gender and disability intersectional identities (Casey, 2019). This discrimination results in 20-30% of the trans community not accessing emergency services when needed (Casey, 2019). The stigmatization of mental health greatly impacts the way health care workers, families, and society understand trans identities, and is often used to delegitimize them. Trans folk with disabilities therefore experience a loss of agency, as their disability is used to control their identities and creates "roadblocks" in their life journeys (Baril et al., 2020). Furthermore, 34% of trans individuals experience verbal harassment in the form of threats and 20% experience physical and sexual assault (Rainbow Health Ontario & CMHA Ontario, 2020). Trans individuals

experience discrimination at a higher rate than others, which is exacerbated when disability intersects with their gender identity (Rainbow Health Ontario & CMHA Ontario, 2020). This intersectional oppression has resulted in limited access to spaces, disenfranchisement within their own community, harmful health care settings, and a constant cycle of harm stemming from the social barrier of the cisgender ideal.

Religion

While religion sees all individuals as an extension of faith, religion and disability are not experienced harmoniously. Religion itself is often used as a path to accept one's disability, which can be a journey that ends one's religious beliefs or strengthens them (Treloar, 2002). The barriers experienced by religious individuals with disabilities often occur while accessing religious spaces. Within mosques and Sikh temples, shoes are to be removed, which has resulted in the barring of wheelchair access (Goren, 2016). Many churches and religious temples lack ramps and accessible signage, making navigation and participation difficult, if not impossible (Goren, 2016; Treloar, 2002). Furthermore, children with disabilities are discouraged within religious ceremonies and spaces as they are assumed to be disruptive (Treloar, 2002). For many families, the lack of support from the church has been the hardest. The discomfort of others results in those with disabilities being excluded, and families left with caregiver stress and a lack of support from the religious community (Treloar, 2002). A lack of theological understanding of disability results in churchgoers being fearful of disabilities. The church utilizes this discomfort and fear to create a space of exclusion so as not to lose their "able-bodied" members (Treloar, 2002). Churches are often unprepared, financially, theologically and socially, to support disabled members of their congregation, resulting in a lack of accessibility and support (Goren, 2016; Treloar, 2002).

Age

Individuals aging with a disability face many challenges in their day to day lives, including employment, eating, shopping, mobility, and choice. In regard to teens and young adults with disabilities who are employed or looking for employment, there is a constant worry of isolation from other workers, discrimination, losing income supports; and having inadequate training, especially in communication disabilities (Lindsay, 2011). Youth with disabilities also encounter barriers at work through rejection of interviews, promotion refusal, denied job accommodation, fewer responsibilities, and getting paid less than a temporarily non-disabled person who is doing the same job as them (Lindsay, 2011). As people with disabilities grow older, they want to choose the way they live their lives; however, their options are limited. An individual's financial position directly impacts their experiences of disability and aging, where people living in poverty find it very difficult to age with dignity as a person with a disability, having the constant concern about their future lives and expenses (Mathieson et al., 2015). Furthermore, seniors with vision impairment experience environmental disablement during acts of eating and mobility. While going out to eat, seniors with vision impairment find it difficult to read menus because of fine print, causing some to avoid going out to eat in fear of embarrassment (Mathieson et al., 2015). Additionally, people aging with a disability and seniors with vision impairment face many environmentally produced challenges regarding mobility. They have trouble seeing crosswalk signals and crossing the road due to time constraints while also living in chronic fear of falling because of the poorly maintained infrastructure in their community (McGrath et al., 2017).

Race/Ethnicity

The intersection of race/ethnicity and disability creates many barriers and challenges for the individual, including limited access to special education and community services, poor health, and harassment. People of colour with developmental disabilities experience access issues regarding proper care provision that are commonly related to racism, economic position, and lack of culturally relevant services (Blanchett et al., 2009).. Families of colour are less likely to receive family support systems and supported employment due to their difficulties in the usage of social services (Blanchett et al., 2009). Also, people of colour with disabilities are excessively impacted by health disparities, causing preventable decline in their health that situates them with inferior health status at higher frequencies than Caucasians (Blanchett et al., 2009). In regards to healthcare professionals, the double oppression of race and disability creates a dilemma about the proper health needs of the clients, occasionally leading to mistreatment (Onyeabor, 2016). Furthermore, being disabled with a minority race/ethnicity has been shown to cause an increased chance of harassment. For example, one study found that Hispanic and Indian women with behavioral disabilities were two times as likely to allege harassment (Shaw et al., 2012). This study also found that the presence of additional intersectional minority identities, such as elderly age, increased the frequency of harassment allegations even more (Shaw et al., 2012).

Conclusion

It is apparent that the intersection of this study's five minority identities makes disabled people more vulnerable to encounters with oppressive physical and social societal barriers. Gender plays a role in impacting how women access wellness spaces and navigate their nutritional needs. Trans identities are subject to harsh discrimination, and ostracization by the medical community that undermines their identities and disabilities. Sexual orientation and disability signals to higher rates of addiction, mental health illnesses, and chronic diseases. Individuals with disabilities who are religious experience barriers to accessing places of worship, a lack of support, and little positive representation of themselves within religious texts. Individuals with disabilities and different race/ethnicities are doubly oppressed by society impacting their lives through issues regarding community services, health disparities compared to the average Caucasian, and vulnerability to harassment, often as a result of racism. Furthermore, aging with a disability is frequently a barrier to gaining and maintaining employment, where youth and young adults experience discrimination and are often refused opportunities for employment. Older people aging with disabilities desire the need for choice for their future and find it difficult to do common everyday activities due to the environmental disablement of society limiting mobility and freedom. This study's exploration into the minority identities of gender, sexual orientation, religion, age, and race/ethnicity has showcased the various ways North American societies perpetuate intersectional barriers that bar equal access for people with impairments in multidimensional ways.

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