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The social complexities of disability: Discrimination, belonging and life satisfaction among Canadian youth

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ABSTRACT

Although disability has been on the psychological agenda for some time, there is limited empirical evidence on the life satisfaction of youth with a disability, especially the effect of discrimination and factors that might mitigate it. We address this critical gap by examining the complex social experiences of youth with a disability and the culminating effect on life satisfaction. We ask three questions: (1) Is having a disability associated with lower life satisfaction? (2) Do youth with a disability experience discrimination and, if so, how does this affect life satisfaction? (3) Can a sense of belonging mitigate the negative effect of discrimination? We address these questions using microdata from the Canadian Community Health Survey, which is nationally representative. Our sample consists of 11,997 adolescents, of whom 2193 have a disability. We find that life satisfaction is lower among youth with a disability. Moreover, many experience disability-related discrimination, which has a negative effect on life satisfaction. However, this is mitigated by a sense of belonging to the community. Specifically, youth with a disability do not report lower life satisfaction when high belonging is present, even if they experience discrimination. This is true for boys and girls. We conclude that belonging, even if it is not disability-related, is protective of well-being. This has important implications for policy whereby organizations that cultivate a sense of belonging may alleviate the harm sustained by youth who experience discrimination as a result of their disability.

1. Introduction

The United Nations Convention on the Rights of the Child (1989) states that “a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community” (p. 7). Such international laws affirm the rights of people with a disability to full community participation.¹ Yet, people with a disability are often objectified and excluded from many aspects of life, as well as stereotyped as dependent and incompetent (Dunn, 2015; Nario-Redmond, 2010). Social exclusion and other forms of negative treatment directed toward people with a disability have been documented even among young children (Huckstadt & Shutts, 2014). A meta-analysis of children’s attitudes toward their disabled peers indicates that such negative biases are widespread (Nowicki & Sandieson, 2002). Such exclusion is often perceived to be inevitable based on a person’s medical condition or physical limitations (Dunn & Brody, 2008; Yaker, 1994).

Consequently, discrimination and ostracism toward people with a disability are frequently perceived as normal and justified, rather than intentional and harmful (Dovidio, Pagotto, & Hebl, 2011; Watermeyer & Gorgens, 2014).

Many studies have shown that discrimination negatively affects well-being among Blacks (Branscombe, Schmitt, & Harvey, 1999; Siddiqi, Shahidi, Ramraj, & Williams, 2017), Indigenous peoples (Siddiqi et al., 2017), women (Schmitt, Branscombe, Kobrynowicz, & Owen, 2002), international students (Schmitt, Spears, & Branscombe, 2003) and the elderly (Garstka, Schmitt, Branscombe, & Hummert, 2004). For example, Siddiqi et al. (2017) find that discrimination is a predictor of chronic conditions and their risk factors among Blacks and Indigenous peoples in Canada. In this paper, we focus on discrimination experienced by Canadian youth with a disability. Like other forms of discrimination based on group membership, we anticipate negative consequences for well-being.

In conceptualizing disability, it is possible to focus on diagnosis and

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¹ There is also national legislation, such as the Americans with Disabilities Act of 1990, that protects against disability-related discrimination. In Canada, people with a disability are protected by the Canadian Charter of Rights and Freedoms, as well as the Canadian Human Rights Act.

treatment of different medical conditions. This approach defines people based on their prognosis and does not allow for inclusive group membership across disability types (Smart, 2009). “Considering disability as a medical pathology creates the foundation for prejudice and discrimination ... because disability is then difficult to disentangle from the individuals who live with them” (Dirth & Branscombe, 2017, p. 415). An alternative approach is to consider people with a disability as a vulnerable group with shared challenges that could be addressed by policy (Dirth & Branscombe, 2017; Scotch, 1988). For example, Foley et al. (2012) use focus groups to examine narratives about obstacles and coping among children with a disability. One of the most important themes to emerge is that they want to feel *belonged*. Indeed, many children reported that social exclusion is more troublesome than the physical restrictions associated with their disability. Perhaps this is not surprising given that psychologists have long postulated the need to belong as a fundamental social motive with negative consequences when it is threatened (Baumeister & Leary, 1995).

There is a large literature on the importance of social relationships to well-being among adults, although it is not specific to those with a disability (Helliwell, Barrington-Leigh, Harris, & Huang, 2010; Jetten, Haslam, Haslam, & Branscombe, 2009). The literature on child well-being is smaller (Casas et al., 2007; Huebner, 2004), but again suggests that social relationships, especially within families, are important for well-being (Burton & Phipps, 2008; Holder & Coleman, 2009; Nickerson & Nagle, 2004; Nickerson & Nagle, 2005). Little is known about the life satisfaction of youth with a disability, but some studies have found lower levels of well-being as measured by emotional health and quality of life (Boyce et al., 2009; Edwards, Donald, & Topolski, 2003; Snowdon, 2012). There is also evidence that children with a disability face stigma (Cooney, Jahoda, Gumley, & Knott, 2006), social exclusion (Lindsay & McPherson, 2012) and are more likely to be the target of bullying (Zhang, Osberg, & Phipps, 2014).

In this paper, we focus on the social complexities of disability. Specifically, we examine the importance of belonging for life satisfaction among Canadian youth with a disability, many of whom face discrimination. In doing so, we address three questions:

- (1) Is having a disability associated with lower life satisfaction?
- (2) Do youth with a disability experience discrimination? How does this affect life satisfaction?
- (3) Can a sense of belonging mitigate the negative effect of discrimination on life satisfaction? That is, are the consequences of discrimination smaller if youth with a disability feel as if they belong to their community?

We expect that youth with a disability will have lower life satisfaction. And, to the extent they experience discrimination, the negative effect on life satisfaction may exceed that related to the disability itself. Moreover, we expect that a sense of belonging will help alleviate the negative effect of discrimination on life satisfaction for this vulnerable group.

2. Data

We address the above-questions using cross-sectional microdata from the Canadian Community Health Survey (CCHS), which is administered by Statistics Canada. We use Cycles 2.1 (2003) and 3.1 (2005).² Both are representative of the population aged 12 and older.

² These are the only cycles in which our key variables are available and consistently defined (i.e. life satisfaction, discrimination and belonging). For example, questions about disability-related discrimination are not asked in later cycles, although they contain information about discrimination due to gender, race, age or appearance. Moreover, other than a recent issue of the General Social Survey, which excludes adolescents younger than 15, no other Canadian survey contains the requisite variables. Thus, despite being from the 2000s, our data are unique and appropriate for our research questions. People with a

The CCHS excludes those in the military, institutions and very remote areas, as well as First Nations peoples living on reserve. However, these exclusions represent less than three percent of the Canadian population.

In each cycle, a sample of Canadian households was selected from an area frame (49 percent), list frame (50 percent) and random digit dialing (one percent). Almost three-quarters of those selected from the area frame were interviewed in person. All others were interviewed via telephone. First, a household representative provided basic demographic and socio-economic information. Then, one household member was chosen for a more in-depth interview wherein adolescents were oversampled (i.e. they had a larger selection probability). For those aged 12 to 15, parental consent was obtained prior to the interview. However, the interview was not carried out if privacy could not be guaranteed. For example, if a parent wanted to be present, the interviewer would read the question and the youth would respond directly on a computer.

Proxy interviews were used when respondents were unable to participate due to poor physical or mental health, however personal questions were not asked. We dropped 452 observations for this reason. This is relevant insofar that youth with the most severe disabilities were excluded from the sample. Nevertheless, our sample consists of 11,997 adolescents aged 12 to 17, of whom 2193 have a disability.

3. Key variables

3.1. Life satisfaction

In the CCHS, life satisfaction is based on the question: “How satisfied are you with your life in general: very satisfied; satisfied; neither satisfied nor dissatisfied; dissatisfied; or very dissatisfied?” The scale, which ranges from one (*very dissatisfied*) to five (*very satisfied*), is the dependent variable in our regression analysis. This question is asked early in the survey and not in the section on disability.

3.2. Belonging

Belonging is based on the question: “How would you describe your sense of belonging to your local community? Is it: very strong; somewhat strong; somewhat weak; or very weak?” This question is also asked early in the survey, just after the one about life satisfaction. It is not in the section on disability, and so does not necessarily relate to the community of others with the same disability (e.g. the Deaf community). It is left to the adolescent to define his/her community.

3.3. Disability

In the CCHS, we use questions about activity limitations to infer whether an individual has a disability.³ Specifically, respondents are asked whether they have: “difficulty hearing, seeing, communicating, walking, using stairs, bending or learning due to a long-term physical or mental health condition” where long-term is defined as six months or more. Individuals are first asked if they have difficulty with activities, and then whether they experience a reduction in the kind or amount of activities they can do: at home; at school; or elsewhere. They may answer *often*, *sometimes* or *never* to each of the four questions. We categorize an individual as *often limited* if he/she answers *often* to any of the

(footnote continued)

disability continue to experience widespread discrimination. The Canadian Human Rights Commission (2015) reports that nearly half of all discrimination claims filed between 2009 and 2013 were disability-related. Moreover, 27 percent of people with a disability aged 15 and older reported being bullied between 2007 and 2012, while 35 percent felt avoided or excluded at school (Canadian Human Rights Commission, 2017). Thus, we argue that the process we are interested in is not time-dependent (i.e. factors that mitigate the negative effect of discrimination for youth with a disability).

³ Thus, we use *activity limitations* and *disability* interchangeably.

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