

Article

Experiences of Ableism and Racism Among Racially Minoritized Youth and Young Adults with Disabilities

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Abstract

Youth with disabilities face persistent disability-related discrimination (ableism) but research frequently overlooks the experiences of racially minoritized youth. The purpose of our study was to explore the experiences and perceived impact of discrimination among racially minoritized youth and young adults with disabilities. This qualitative study involved a sample of 15 youth and young adults with disabilities (mean age 22 years) identifying as racially minoritized. A descriptive inductive thematic analysis was applied to the interview data. Our findings highlighted the following themes: (1) types of discrimination (i.e., cultural and family-related ableism, racist ableism, and gendered/sexist ableism); (2) perceived impact of discrimination (i.e., social isolation, avoidance of unwelcoming and unsafe situations, impact on physical and mental health, decisions about identity disclosure, and a lack of access to resources and opportunities); and (3) positive coping strategies (i.e., inclusive and safe spaces, self-advocacy, and social and family supports).

Keywords: ableism; discrimination; diversity; racism; youth



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1. Introduction

Youth and young adults with disabilities often experience disability-related discrimination (i.e., ableism), which refers to unwanted, exploitative or abusive conduct against people with disabilities that violates their dignity and creates intimidating or offensive environments [1]. People with disabilities are often marginalized and judged by able-bodied standards due to certain beliefs and practices rooted in ableism [2,3]. Common examples of ableism include social exclusion, inaccessible physical environments, lack of accommodations, inadequate supports, and a lack of educational and employment opportunities [2,4]. Exploring youth's experiences of discrimination is salient because rates of ableism are often higher among younger than older individuals [1]. Research shows that ableism towards youth often negatively affects their mental health and life satisfaction more than living with

the actual disability itself [5]. Given the extent of discrimination that youth with disabilities encounter, it is critical to improve our understanding of their lived experiences and quality of life [6]. Youth with multiple minoritized identities, such as those who are disabled and racial minoritized, often face additional and more complex challenges and discrimination.

1.1. Experiences of Racism Among Youth with Disabilities

People with disabilities comprise approximately 22% of the global population [7]. Canadian youth with disabilities, where this study was conducted, comprise approximately 15.4% of those belonging to a racially minoritized group [8]. There is growing recognition that racism (i.e., discrimination based on racial identity) is a social determinant of health and research shows a consistent pattern of racially and ethnic minoritized groups experiencing multiple forms of discrimination (e.g., racist ableism) [9,10]. This trend highlights the stereotypes that people face when they belong to more than one minoritized group (e.g., disabled, racial/ethnic minority). These stereotypes can lead to additional or more extensive forms of stigma and discrimination [11–13]. Indeed, the intersection of disability and race is often complex, and such constructs are shaped by socially and individually defined ideologies and cultural beliefs [12,14]. Research shows that racially and ethnic minoritized group members face barriers when accessing resources, services, and opportunities, as they are more likely to encounter health inequities and negative attitudes from others than those in non-minoritized groups [4,15,16]. As a result, racially minoritized groups often experience worse educational, social and health outcomes than white youth [4,10,15,17,18]. For example, racially minoritized youth with disabilities have a lower likelihood of receiving employment supports and vocational rehabilitation services than white youth [4,15]. Research shows that youth with disabilities graduate from high school at lower rates than white youth and are less likely to attend college [19]. Although research on this topic is limited, studies show that racially minoritized children with disabilities often experience disability discrimination in distinct ways. For example, Black and Asian youth with disabilities also often face racism and unequal access to services, unlike white children with disabilities who do not encounter these same barriers [20].

1.2. Consequences of Discrimination

A recent scoping review found that racially and ethnically minoritized youth with disabilities have poorer educational and employment outcomes compared to white youth with disabilities [19]. Factors influencing school and work outcomes include discrimination, cultural differences in expectations, and inequitable access to services and resources [19]. This review highlighted how research has largely overlooked racially and ethnically minoritized youth with disabilities [19]. Additionally, a recent qualitative systematic review found that racially minoritized youth with disabilities often face challenges in accessing and navigating services, as well as systemic barriers, such as stigma and discrimination [21]. The review urged researchers to further investigate the complex ways disability intersects with race and ethnicity, especially within a Canadian perspective [21].

Addressing discrimination, such as racism and ableism, is important not only because discrimination can lead to negative health and social outcomes [19,22,23]. A recent meta-analysis demonstrated moderate to strong negative implicit attitudes towards people with disabilities [24]. Indeed, individuals without disabilities often react negatively towards people with disabilities, exhibiting avoidance and ambivalence [3,25]. Ableism often grants distinct social and psychological privileges for people without disabilities, which can lead to disadvantages for people with disabilities [26]. Discrimination towards people with disabilities can prevent them from competing on an equal basis [2]. For example, people with disabilities are half as likely to complete a post-secondary degree, are more likely to be

unemployed, and to have lower incomes compared to those without disabilities [27,28]. Although racial inequalities affect youth with disabilities, health and social service providers often fail to apply a culturally safe approach to service delivery, which can result in adverse health and social outcomes.

1.3. Coping Strategies

Although racially minoritized youth with disabilities often face multiple forms of racism and discrimination, research shows that they actively use coping strategies. For example, youth with acquired brain injuries reported asking for supports or accommodations and disclosing their condition to others as a means of coping [29]. Other studies show that youth with disabilities cope by seeking mentors, role models, social supports, and engaging in advocacy [21,30]. Meanwhile, studies focusing on minoritized adults with disabilities highlight the benefits of self-acceptance and positive re-framing as a coping strategy [31]. Having a strong sense of belonging is important for a youth's development and overall quality of life [5]. Our research aimed to address several gaps in the literature. First, experiences of discrimination, ableism and racism are often from the perspectives of adults with disabilities. When research focuses on youth, it is commonly from the perspectives of caregivers or service providers rather than youth themselves [32]. Second, most studies on youth with disabilities primarily include white participants with a lack of meaningful attention to the intersection of disability and racially minoritized groups [20,21,33]. Third, research focusing on disability and other minoritized identities is lacking, especially from a qualitative perspective [2]. There is a need for more in-depth exploration on the lived experiences of racially minoritized youth with disabilities, which can highlight their unique experiences and perspectives [2,21,34]. The purpose of our study was to understand the experiences and perceived impact of discrimination among racially minoritized youth and young adults with disabilities.

2. Materials and Methods

2.1. Design

We conducted in-depth interviews using a qualitative descriptive design [35,36]. This approach is appropriate because it focuses on the kinds or varieties of the phenomenon and their aspects. The team obtained institutional research ethics board approval (REB-0533) and secured informed written consent from all participants. Our research question was: what are the experiences and perceived impact of discrimination, racism, and ableism of racially minoritized youth and young adults with disabilities?

2.2. Sample

A purposive sampling strategy was used to recruit youth who met the following inclusion criteria: (1) aged 15 to 29 years, based on the United Nation's [37] definition of youth; (2) have a disability (based on World Health Organization's [7] definition: impairments in body function or structure, activity limitations and participation restrictions); (3) self-identify as belonging to an ethnic or racially minoritized group, as defined by the Ontario Human Rights Commission [38]; and (4) have cognitive capacity to participate, able to communicate in English, or with help from a caregiver, interpreter or communication device.

2.3. Recruitment

Participants were recruited through invitation letters (via an internal research participant database) and advertisements at a rehabilitation hospital, project partners, and other relevant community-based disability organizations. We recruited participants from within a large urban area, which was an optimal location because it is one of the most culturally

diverse cities in the world where 52% of the residents identify as a visible racial and ethnic minority [39]. The team screened potential participants for eligibility (through Zoom or phone). They were subsequently emailed an information letter and e-consent form (using REDCap software) to sign.

2.4. Data Collection

Data collection occurred from September 2022 to May 2024. Interviews lasted 38.2 min to 84.5 min (average 70.4 min). Our team has extensive experience with interviewing youth with disabilities. We followed best practices in sensitive interviewing techniques [40,41]. Three female researchers, with training in this topic and in qualitative methods, conducted the individual semi-structured interviews at a time, location, and format convenient to participants. Allowing choice can help to encourage conversational interaction [42], while enhancing the equity, diversity and inclusion of the participants [41]. Eighty-six percent (13/15) of participants turned on their cameras during the Zoom interview while one participant chose to turn off their camera, and one participant joined by phone. Two participants were nonverbal and typed their responses to the questions, and two participants had a parent sit next to them during the interview. The participants had no conflicts of interest with the interviewers.

The interview questions were informed by two systematic reviews focusing on the impact of race and ethnicity on school and work outcomes for youth with disabilities and the lived experiences of racially and ethnic minoritized youth with disabilities [19,21]. Questions were co-created and piloted with a racially minoritized youth with a disability. Questions asked about their experiences of discrimination, ableism and how their multiple identities (e.g., disability, race, ethnicity) shape their experiences; the causes and persistence of discrimination and ableism; their coping mechanisms and their recommendations for addressing ableism and enhancing social inclusion. We co-developed the questions in a youth-friendly manner. The team audio recorded all interviews and transcribed verbatim using the Zoom transcription feature. Each transcript was verified by listening to the original audio file and checking the transcript for accuracy and then anonymized it for analysis.

2.5. Data Analysis

An open-coding, inductive thematic analysis was used [35] to note codes around discrimination, ableism, racism, and multiple forms of oppression (i.e., racist ableism, gendered ableism) [43]. We followed the steps of thematic analysis by familiarizing ourselves with the data, reading through the transcripts, taking notes and reflecting on trends. Two authors verified the transcripts, which is an important part of data familiarization [35]. Our research question served as the starting point for the analysis.

Two authors independently developed codes with the research question in mind. They noted patterns around multiple identities and lived experiences of ableism, racism and/or sexism. We held team meetings to discuss and compare our codes and identified a coding framework to apply within NVivo (version 12). Two authors reviewed the codes, and an initial coding framework was created and piloted with two transcripts. Then we discussed and revised our codes by grouping them under higher-order headings to develop themes and sub-themes. We compared our codes and revised them until we agreed on the final coding framework. One author applied the codes to all the transcripts in NVivo, and the first author checked the codes for accuracy. Two coders and team discussions helped enhance the accuracy of codes to ensure their appropriateness to strengthen scientific rigour [44]. The team discussed discrepancies arising during the data analysis process until consensus was reached. We agreed that thematic and code saturation was reached [45].

We applied several approaches to enhance the rigour and trustworthiness (e.g., resonance, transferability, credibility, dependability, sincerity and meaningful coherence) of the findings including engaging with the data, peer debriefing within the research team and rich, descriptive participant accounts [44,46]. We followed the Consolidated Criteria for Reporting Qualitative Research Guidelines [47]. Additionally, the team reflected on their social positions and backgrounds (e.g., child-onset disability, rehabilitation, sociology) during the analysis. They considered their own lived experiences (i.e., disabled, racially minoritized) and potential biases. We took notes on the analytical decisions made during the development of our codes. We selected quotes that reflected each theme and sub-theme while considering the broader context of participants' interviews [44].

3. Results

3.1. Participant Characteristics

Our sample consisted of 15 racially minoritized youth and young adults with disabilities (8 women, 3 non-binary individuals, 3 men, 1 gender minority (unspecified) participant), aged 16–29 years (mean 22 years) (see Table 1). Types of disabilities in our sample included: physical disabilities, autism, attention deficit hyperactivity disorder, anxiety, depression, autoimmune condition, psychiatric disability, learning disability, cognitive disability, visual impairment, and brain injury. Six participants had multiple disabilities. The racial and ethnic identities of participants included East Asian, Chinese, South Asian, Black, African, Middle Eastern, Tamil, Hong Konger, Georgian, Pakistani, Indian, Asian, Vietnamese, Bangladeshi, Southeast Asian, and Filipino.

Table 1. Demographic Characteristics of Participants.

ID	Gender	Age	Disability	Race/Ethnicity	Key Themes
1	Woman, (queer)	22	Physical disability *** attention deficit hyperactivity disorder, mental health condition	Tamil	<ul style="list-style-type: none"> Types of discrimination - Racist ableism - Gendered ableism Impact of discrimination - Inaccessible and unsafe environments - Physical and mental health - Decisions about identity disclosure - Lack of access to resources and opportunities Positive coping strategies - Finding inclusive and safe spaces - Social and family supports - Self-advocacy
2	Woman	25	Learning disability	Chinese	<ul style="list-style-type: none"> Types of discrimination - Cultural and family-related ableism Impact of discrimination - Social isolation and exclusion - Physical and mental health - Decisions about identity disclosure - Lack of access to resources and opportunities Positive coping strategies - Finding inclusive and safe spaces - Social and family supports

Table 1. Cont.

ID	Gender	Age	Disability	Race/Ethnicity	Key Themes
3 **	Gender minority (not specified)	21	Autism	East Asian (Hong Kong)	<p>Types of discrimination</p> <ul style="list-style-type: none"> - Racist ableism <p>Impact of discrimination</p> <ul style="list-style-type: none"> - Social isolation and exclusion - Inaccessible and unsafe environments - Physical and mental health - Decisions about identity disclosure - Lack of access to resources and opportunities <p>Positive coping strategies</p> <ul style="list-style-type: none"> - Finding inclusive and safe spaces - Self-advocacy
4	Non-binary	25	Multiple disabilities *** Anxiety and depression	East Asian (Chinese)	<p>Types of discrimination</p> <ul style="list-style-type: none"> - Racist ableism <p>Impact of discrimination</p> <ul style="list-style-type: none"> - Social isolation and exclusion - Inaccessible and unsafe environments - Physical and mental health - Decisions about identity disclosure <p>Positive coping strategies</p> <ul style="list-style-type: none"> - Finding inclusive and safe spaces
5 *	Man	17	Autism	Black (African)	<p>Types of discrimination</p> <ul style="list-style-type: none"> - Racist ableism <p>Impact of discrimination</p> <ul style="list-style-type: none"> - Social isolation and exclusion <p>Positive coping strategies</p> <ul style="list-style-type: none"> - Finding inclusive and safe spaces
6	Woman	21	Physical and cognitive disability	Middle Eastern (Georgian)	<p>Types of discrimination</p> <ul style="list-style-type: none"> - Racist ableism <p>Impact of discrimination</p> <ul style="list-style-type: none"> - Social isolation and exclusion - Inaccessible and unsafe environments - Lack of access to resources and opportunities <p>Positive coping strategies</p> <ul style="list-style-type: none"> - Social and family supports - Self-advocacy
7	Woman	17	Intellectual and physical disability ***	Asian (Vietnamese)	<p>Types of discrimination</p> <ul style="list-style-type: none"> - Cultural and family-related ableism - Racist ableism <p>Impact of discrimination</p> <ul style="list-style-type: none"> - Inaccessible and unsafe environments - Physical and mental health <p>Positive coping strategies</p> <ul style="list-style-type: none"> - Social and family supports - Self-advocacy

Table 1. Cont.

ID	Gender	Age	Disability	Race/Ethnicity	Key Themes
8	Non-binary	24	Multiple disabilities *** Anxiety and depression	East Asian (Chinese)	<p>Types of discrimination</p> <ul style="list-style-type: none"> - Cultural and family-related ableism - Gendered/sexist ableism <p>Impact of discrimination</p> <ul style="list-style-type: none"> - Social isolation and exclusion - Inaccessible and unsafe environments - Physical and mental health - Decisions about identity disclosure - Lack of access to resources and opportunities <p>Positive coping strategies</p> <ul style="list-style-type: none"> - Finding inclusive and safe spaces - Social and family supports
9	Queer, non-binary	24	Autoimmune condition, autism, psychiatric disabilities	East Asian (Chinese)	<p>Types of discrimination</p> <ul style="list-style-type: none"> - Racist ableism - Gendered/sexist ableism <p>Impact of discrimination</p> <ul style="list-style-type: none"> - Inaccessible and unsafe environments - Decisions about identity disclosure - Lack of access to resources and opportunities <p>Positive coping strategies</p> <ul style="list-style-type: none"> - Finding inclusive and safe spaces
10 **	Woman	21	Physical disability	Middle Eastern	<p>Types of discrimination</p> <ul style="list-style-type: none"> - Racist ableism <p>Impact of discrimination</p> <ul style="list-style-type: none"> - Inaccessible and unsafe environments <p>Positive coping strategies</p> <ul style="list-style-type: none"> - Finding inclusive and safe spaces - Social and family supports - Self-advocacy
11 *	Man	19	Brain injury	Black (African)	<p>Types of discrimination</p> <ul style="list-style-type: none"> - Racist ableism <p>Impact of discrimination</p> <ul style="list-style-type: none"> - Inaccessible and unsafe environments <p>Positive coping strategies</p> <ul style="list-style-type: none"> - Finding inclusive and safe spaces - Social and family supports - Self-advocacy
12	Man	27	Physical disability	South Asian (Bangladeshi)	<p>Types of discrimination</p> <ul style="list-style-type: none"> - Cultural and family-related ableism - Racist ableism <p>Impact of discrimination</p> <ul style="list-style-type: none"> - Social isolation and exclusion. - Lack of access to resources and opportunities <p>Positive coping strategies</p> <ul style="list-style-type: none"> - Finding inclusive and safe spaces - Social and family supports - Self-advocacy

Table 1. Cont.

ID	Gender	Age	Disability	Race/Ethnicity	Key Themes
13	Woman, queer, questioning	22	Autism, Attention deficit hyperactivity disorder	East Asian and Southeast Asian (Chinese, Filipino)	Types of discrimination <ul style="list-style-type: none"> - Cultural and family-related ableism - Gendered/sexist ableism Impact of discrimination <ul style="list-style-type: none"> - Social isolation and exclusion - Inaccessible and unsafe environments - Decisions about identity disclosure - Lack of access to resources and opportunities Positive coping strategies <ul style="list-style-type: none"> - Finding inclusive and safe spaces - Social and family supports
14	Woman	16	Physical disability ***	South Asian (Pakistani)	Types of discrimination <ul style="list-style-type: none"> - Racist ableism - Gendered ableism Impact of discrimination <ul style="list-style-type: none"> - Social isolation - Inaccessible and unsafe environments Positive coping strategies <ul style="list-style-type: none"> - Self advocacy - Social supports
15	Woman	29	Physical disability ***	South Asian (Indian)	Types of discrimination <ul style="list-style-type: none"> - Cultural and family-related ableism - Racist ableism Impact of discrimination <ul style="list-style-type: none"> - Inaccessible and unsafe environments - Social exclusion - Decisions about identity disclosure Positive coping strategies <ul style="list-style-type: none"> - Inclusive spaces - Social supports

* Interviewed with a parent's help/interpretation. ** Participant was nonverbal and typed their interview responses. *** Disability type anonymized to protect participant confidentiality.

3.2. Overview of Themes

Our analysis identified the following themes: (1) types of discrimination (i.e., cultural and family-related ableism, racist ableism, gendered/sexist ableism); (2) perceived impacts of discrimination (i.e., social isolation, avoidance of unwelcoming and unsafe situations, impact on physical and mental health, decisions about identity disclosure, and a lack of access to resources and opportunities); and (3) positive coping strategies (i.e., inclusive and safe spaces, self-advocacy, and social and family supports).

Theme 1: Types of Discrimination

Most youth experienced various types of discrimination involving cultural and family-related ableism, racist ableism and gendered/sexist ableism that occurred at individual and systemic levels in school, healthcare, employment, and community settings.

Cultural and Family-Related Ableism. Youth discussed how family attitudes toward disabilities shaped their experiences with ableism. Some youth felt pressured because their culture often emphasized productivity and career success. However, they could not always meet such normative expectations. Some challenges associated with their disabilities led to stress. As an example, an East Asian youth explained: *“being Asian, being Chinese, traditional culture around that has created a lot of conflict to myself about shame, about guilt, about self-reliance, about work ethic . . . there are expectations for success that are very strong”* (#4). Moreover, a

South Asian youth observed that their physical disability led some people with the same cultural background to have lowered expectations:

“Growing up, becoming disabled, a lot of people (from my cultural background) didn’t have many expectations for me after I became disabled in terms of living life, getting a job, getting married, all those sort of things...Just because I had a certain disability, it really impacted people’s perceptions about what I could do.” (#12)

Youth often experienced stigma and discrimination from their own families. They explained that their culture often did not understand disability. They associated disabilities with stigma and shame and sometimes believed that an individual brought the disability on themselves. For example, a Middle Eastern youth with multiple disabilities shared: *“disability is a very taboo thing in my culture. It’s very rarely talked about. Even with my mom, it’s taken her a while to get used to me using the word disabled” (#6).*

Racist Ableism. Seven youth faced racist ableism, which involves ableism and racism interconnecting in various settings at the individual and systemic levels. Youth observed that people can impose additional stigma, discrimination, and bullying based on their multiply minoritized identities. To illustrate, an East Asian youth with multiple disabilities reported that discrimination came from other people’s stares: *“Part of my medical condition, I sometimes use a cane when I’m going out especially for long distances. And as a young Chinese person, I get a lot of weird looks, not so much from people of different ethnic groups, but mostly from other Chinese people” (#9).* Further, a Middle Eastern youth contended with unwanted attention in public due to their disability and racial identity while using a feeding tube and crutches. She remembered feeling distress at the airport:

“Always being pulled aside to be patted down. You’re always being told to go through the additional scanners, and it was even when I would disconnect my feeding tube, I would give them my crutches . . . What else could that be other than the fact that I’m from a visible minority?” (#6)

At school, youth described their peers bullying them because of their disability and racial identities: *“I was bullied a lot growing up because I was the weird disabled kid and on top of that, the weird non-white immigrant kid.” (#9)*

Within healthcare, a South Asian youth with a physical disability discussed how their racial identity and disability at the individual level was perceived by healthcare providers. He shared:

“I have a very South Asian diet and sometimes that doesn’t always resonate the same way with certain doctors, not talking about certain things. That’s a bit of a challenge for me a lot of times . . . with a lot of my doctors in the sense that some of them have not seen someone with my disability.” (#12)

Youth also discussed how their disability overlapped with their racial identity in the workplace. For instance, an East Asian youth with autism explained that when uncertainty arises at work, *“I can’t tell whether it’s a neurotypical thing . . . or a Western cultural thing . . . and having trouble adapting to cultural differences” (#3).* Similarly, a South Asian youth with a physical disability discovered that:

“The opportunities are similar, but maybe not as much to be in leadership roles. That’s where I’m looking to sort of advance in my career. . . . just because of my identity of being a racialized person, being someone with a disability, I’m not necessarily sure I’ll be looked at with all employees the same way when they come to taking on a leadership position.” (#12)

An East Asian youth with multiple disabilities faced systemic exclusion in the workplace: *“where I’ve been working in a lot of corporations, and I just don’t enjoy it just because it’s*

structured in a way that's not good for people . . . I just don't think it suits people who are queer and who are Asian and have disabilities" (#8).

Gendered/Sexist Ableism. Five youths experienced gendered ableism, which involved discrimination based on sex/gender and ableism. For example, an East Asian non-binary youth with multiple disabilities described how ableism and gender-based discrimination operate at work:

"You get turned down for jobs a lot because there are a lot of places where you just can't fit in at work . . . my coworkers made a lot of cruel jokes, and nobody ever respected the fact that I was transgender, and they would just refer to me as a woman the whole time . . . and then also with disability. Some days it's more visible than others. It depends on when I use my cane . . . I sometimes encounter issues from other people where they're like, what's wrong with that person?" (#9)

Youth mentioned how gender-based discrimination further complicates their experiences in healthcare. For example, a Middle Eastern woman with multiple disabilities shared:

"A lot of biases in healthcare stem from gender, like being a woman. The stereotype of my pain is because of my hormones, because I'm hysterical because I'm emotionally unstable, those things, are still very much perpetuated...I have to explain or to justify myself if I'm in pain; it's not because I'm a woman, not because of my hormones." (#6)

An East Asian non-binary youth reported that others do not understand their gender identity:

"When you live with immigrant parents . . . there's a generational gap between what I understand about the world versus what they understand about the world, and that can cause communication barriers between us. It can be hard to explain to them why I need to dress this way, or why I want to look like this, or why I have to be queer." (#8)

Furthermore, youth described how a lack of understanding of disability affects attitudes and behaviours. An East and Southeast Asian youth explained how certain disabilities, such as autism, tend to be associated with males. They clarified: *"autism, people think of it more as a men's disorder . . . but female autism is not as documented. I've had more pressure to conform to social etiquette compared to my male peers" (#13).* Further, a Tamil youth, who identifies as a queer woman, highlighted how discussions about disability often exclude people with multiple minoritized identities. They shared, *"what people think about disability is outside of that intersectional context, where people think of a white, cis, straight, disabled person, usually physically disabled. So, a lot of those other experiences get lost or are not acknowledged" (#1).*

Theme 2. Perceived Impact of Various Forms of Discrimination

All youth described how various forms of discrimination impacted their minoritized identities (i.e., disability, race) including social isolation; avoidance of unwelcoming and unsafe environments or situations; physical and mental health; decisions about identity disclosure; and a lack of access to resources and opportunities.

Social Isolation. Youth encountered social isolation and exclusion due to ableism and racism. Participants often avoided certain places or situations to reduce discrimination. To illustrate, an East and Southeast Asian woman with multiple disabilities recalled her experiences of bullying and exclusion at school. She explained: *"In high school I felt socially excluded because I just didn't have anyone . . . A lot of social gatherings I try to avoid because I feel really awkward around people and I get overwhelmed easily, and when I'm overwhelmed, I can come across as awkward or rude" (#13).*

Inadequate support from family or people of the same cultural background led youth to experience social isolation. An East Asian youth explained that their parents and others

within their culture do not view their depression and anxiety as legitimate disabilities. They believe that these conditions result from consequences of “*not working hard enough or not being strong-willed enough*” (#8). Another East Asian youth with multiple disabilities felt unaccepted by people within their culture because they did not fit the culturally acceptable image of an Asian. They explained: “*It becomes an issue when I’m interacting with other Chinese people because they think you’re very different. You’re not an Asian at all . . . They don’t know how to conceptualize me*” (#9).

Avoidance of Unwelcoming and Unsafe Situations. Youth avoided unwelcoming and unsafe situations that commonly arose in their local community or school. They reported that they found spaces physically inaccessible and recalled having difficulties navigating campus buildings and public transit. A Middle Eastern youth with a physical disability shared, “*Bus stops are also not really accessible, especially when there’s construction going on . . . I try to be as independent as I possibly can with a disability in my everyday life, but sometimes it’s just hard when everything’s so far away*” (#6). Further, an East Asian youth with multiple disabilities described they avoided going out due to safety concerns: “*I avoid mostly dark places in the city, alleyways, just because I don’t want to get assaulted or discriminated*” (#8). Some youth felt uncomfortable or unsafe in situations where they feared for their physical or psychological safety at school, their workplace, or within their communities because of their minoritized identities. A South Asian youth with a physical disability shared how their disability status and ethnic minority membership led them to avoiding certain activities: “*I avoid this type of activity that you may not feel like you’re physically able to do; or you may not feel you’re culturally inclined with this activity. It’s hard to see yourself fitting in sometimes. So, just avoid it instead of having a conversation about it*” (#12).

Impact on Physical and Mental Health. Youth described how various forms of discrimination affected their physical and mental health, including physical abuse or health complications. For instance, an Asian woman with a physical disability experienced physical assault from a peer at school because of her race: “*The boy who said he hates Asians, he punched me too*” (#7). Additionally, a Middle Eastern youth with multiple disabilities highlighted the impact of ableism: “*With regards to healthcare and disability . . . Honestly to explain to you the number of times I’ve been made sicker by the hospital, or I left the hospital in a state where I wasn’t better*” (#6).

Youth reported how discrimination influenced their mental health. Participants experienced anger, shame, guilt, depression, fear, anxiety, burnout, and loneliness due to ableism and racism. A woman with a physical disability shared: “*It makes me feel upset because discrimination is unfair, as others can judge other people based off of their race, gender, age, or sexual orientation*” (#10). Similarly, an East Asian youth explained how discrimination worsened their mental health: “*I have anxiety about my different identities and how people might respond to certain identities*” (#8).

Discrimination sometimes led to individuals internalizing ableism and feeling frustrated with their disabilities. As one Tamil youth with multiple disabilities noted, there is a “*voice in your head that’s reiterating the stereotypes or connotations that these marginalizations often hold*” (#1). Moreover, an East and Southeast Asian woman with multiple disabilities explained, “*I feel really frustrated with my disability. I feel it holds me back from certain things . . . not to mention the shame that comes with it, or the stigma; I did have a lot of negative emotions around it*” (#13).

Decisions about Identity Disclosure. Decisions to disclose or hide minoritized identities were shaped by discrimination. Youth reported that they hid one or more of their minoritized identities (i.e., disability, race) to avoid discrimination or stigma from others. For instance, an Asian youth with a physical disability chose not to disclose her racial identity and disability to others: “*People don’t really need to know about my disabilities, or*

that I'm Asian" (#7). Moreover, an East Asian youth with multiple disabilities shared their reasons for hiding their disability during job interviews: "If I'm going in for a job interview, I would not disclose that I have any disabilities . . . If you have issues that you can't hide, if your disability is very visible . . . then it opens you up to other forms of discrimination" (#9).

Youth with a non-apparent disability expressed similar concerns. One East Asian nonverbal youth with autism concealed their disability due to fear of judgement from others: "I avoid disclosing my disability most of the time. I always worry people will be unhappy with me for perceived impoliteness or rudeness" (#3). Further, two youth hid their disability from family members due to the cultural shame and stigma often associated with their condition. An East Asian youth with multiple disabilities explained, "I just can't talk about (my disability and gender identities) ever at home, and even when we want to go outside, I'm very careful of saying it to people; anyone who might know my parents" (#8).

Some youth disclosed their disabilities to others on certain occasions. They typically disclosed when they interacted with a trusted individual, in inclusive environments, or when they required accommodations at their school or workplace. For example, a Chinese youth with a learning disability said, "At school, with disclosing my disability, it was more of me calling the accessibility office to get accommodations, and that interaction was positive" (#2).

Participants' familiarity with the environment and the visibility of their disabilities affected identity disclosure. An East Asian youth with multiple disabilities explained:

"I have non-visible disabilities . . . it isn't obvious to people that don't know . . . but depending on the comfort and safety of the environment, some people might know about the direct causes of these things, and all the different ways my disability affects me in my own life." (#4)

A youth with multiple disabilities shared, "I find that I'm good at faking it, or mirroring the other people around me . . . but the best experiences are the ones I have with my very small friend groups" (#13). One youth disclosed their disabilities across all contexts believing that doing so would help others to better understand their condition. A Middle Eastern woman with multiple disabilities shared:

"I'm going to feel comfortable with disclosure because my disabilities are already very prominent. Even if I don't tell you, you're going to be making assumptions, and try to figure out what's wrong . . . I'd rather just tell you, instead of you trying to guess and make incorrect conclusions about what is happening and what I can and can't do." (#6)

A Lack of Access to Resources and Opportunities. Participants noted that discrimination limited their access to opportunities and resources. Educators and employers typically shaped their future career plans. For example, a youth with multiple disabilities explained, "I don't have the same opportunities in educational prospects. I feel I've had to work hard to establish myself, to be able to have those opportunities as other people my age" (#6). Some youth felt that they lacked their career development opportunities. An East Asian youth with multiple disabilities commented:

"If you do disclose your disability, at least in my experience, it makes you a very unattractive candidate because why would they want to hire somebody who has the history of being out of the workforce . . . when there's thousands of other people out there where they don't have to worry about any of that." (#9)

Theme 3. Positive Coping Strategies

Eleven youth described positive coping strategies to contend with multiple forms of discrimination. Strategies included finding inclusive and safe spaces, engaging in self-advocacy, and accessing social and family supports.

Inclusive and Safe Spaces. Participants actively sought inclusive and safe spaces. They engaged in groups with other minoritized individuals in school or community settings.

Extracurricular and volunteer activities served as coping strategies that mitigated the impacts of discrimination and exclusion. For example, a Tamil woman with multiple disabilities discovered a sense of belonging and inclusivity after participating in a poetry and art group, which she described as *“a space to talk about their own life experiences without the same sort of hierarchy that can exist in other artistic cases . . . you can create community with folks who share some or all of these identities”* (#1).

Similarly, a South Asian man with a physical disability discussed his motivation to organize programmes for other minoritized youth:

“It’s hard for youth growing up to find people that share their same interests or are similar to themselves. So, making yourself available and using games to know more youth gives them the avenue to find people that are related to them, that are like them, so they can share those types of experiences and find some guidance.” (#12)

Youth also reported that mentors with similar minoritized identities facilitated inclusion and belonging. An East Asian youth with autism shared, *“Having a mentor or autism coach has been helpful for me, particularly someone who is of the same culture, gender, and disability”* (#3).

Self-Advocacy. Youth engaged in self-advocacy as a coping strategy. Participants advocated for themselves and for others with minoritized identities. For instance, a South Asian youth with a physical disability emphasized the importance of setting boundaries in school settings: *“It’s more so being clear about who you are, and especially in a school setting, not being afraid to give you boundaries . . . declare these things. It gives people a way to be understanding”* (#12). Meanwhile, a youth with multiple disabilities took on various leadership roles. She advocated for herself and provided others with a platform to share their stories. She explained doing so *“with the purpose of not wanting people to share my story and my hurt”* (#6). Similarly, a woman with a visual impairment aimed to *“stand my ground and make sure that my voice is heard and that I’m being respected the way I should be”* (#15).

Social and Family Supports. Youth emphasized the importance of support from families, peers, local communities, and health and education professionals when coping with ableism and racism. A nonverbal woman with a physical disability discovered social support from peers who have similar disabilities: *“There are people I know that are nonverbal and disabled like me, so we can connect with one another by typing”* (#10). A local community supported a youth with multiple disabilities. She explained: *“Everyone always talks about the community that you got there, and it’s one of those things that’s so hard to describe until we’ve experienced it, and the community that I had while I was there at school is truly the only thing that kept me there”* (#6).

Family support helped buffer the impact of discrimination for many youth. Family members, especially parents, supported their children by accepting their disabilities and advocating for them when they encountered discrimination. A woman with a learning disability noted, *“My parents were more okay with the learning disability. I guess with other people, they might not be more okay”* (#2). An Asian youth with a physical disability acknowledged her parents’ support after she told them that bullies targeted her at school: *“My parents know me, and they love me. And my mom has lived through the discrimination too”* (#7).

4. Discussion

This study explored the experiences and perceived impact of discrimination among racially minoritized youth and young adults with disabilities. Our findings highlighted the ableism and racism that racially minoritized youth with disabilities encountered. Regarding ableism, our results were consistent with other research noting that youth with disabilities contended with bullying, social exclusion, and marginalization in healthcare, at school, work, community, and other settings [48]. Previous research emphasizes that ableism

among youth with various disabilities (mainly with white participants) is impacted by the visibility of the disability, gender, education level and extent of knowledge about disability [21]. The visibility of a disability could affect one's decision to disclose their condition to others, which could lead to discrimination [21,49]. Indeed, visible and non-apparent disabilities can result in different types of discrimination at both the individual and institutional levels [49]. A recent systematic review showed that youth with acquired brain injuries encounter bullying, social exclusion and discrimination at the individual level [29]. Institutions often create inequitable access to services, supports and resources due to ableism [29].

Our study uncovered a novel finding related to the experiences of culture and family-related ableism. Some youth experienced stigma or shame within their own families due to their culture's perception of disability. A recent review of ableism among Asian youth with disabilities found that caregivers viewed disabilities as curses or sources of shame [30]. Our findings somewhat align with this review, indicating that some Asian youth experienced stigma from their caregivers. Additionally, previous research emphasized that cultures vary in their perceptions of disability and that these perceptions can influence people lived experiences of discrimination [21]. Caregivers within some cultures, such as South Asian, sometimes limit their engagement in public with their disabled child to avoid discrimination [30,50]. Researchers need to conduct further studies to understand how and why culture and family-related ableism influences the experiences of racially minoritized youth with disabilities.

Our findings highlighted the experiences of perceived racism, or fear of racism, that racially minoritized youth with disabilities faced. Other research on the lived experiences of racially minoritized youth with disabilities reports their difficulties in accessing and navigating services [21]. Recent research also highlights the systemic racism that racially minoritized youth with disabilities face [21]. For instance, a recent review on racism and ableism revealed that racially minoritized people with disabilities encounter additional and more extensive obstacles to accessing resources and services, including multiple forms of discrimination [21,23]. Healthcare and other service providers could potentially lack culturally competent skills, which can create misunderstandings, discrimination, and inequitable health and social outcomes [21]. Therefore, further targeted training for service providers around ableism, racism and disability justice is urgently needed.

Our study highlighted the various forms of discrimination that racially minoritized youth with disabilities experienced including racist ableism and gendered/sexist ableism. Indeed, disability and other minoritized identities, such as race and gender, can overlap and influence ableist and other discriminatory experiences [21]. Past studies highlighted that multiply minoritized people with disabilities face unique forms of discrimination. They encounter more complex challenges in accessing services and supports in education, employment and healthcare compared to white people with disabilities [21,23]. For example, assumptions about race can affect people's attitudes towards individuals with disabilities, especially those with a non-apparent disability where the legitimacy of their condition is questioned [23].

Our findings on gendered/sexist forms of ableism resembled other research on adults with disabilities and the multiple forms of discrimination they experienced [23]. Moreover, our results align with previous research on gendered/sexist ableism and media representations of gender role beliefs on perceptions of disability and sexuality [51]. For instance, Parsons and colleagues [51] found that traditional beliefs about gender roles were related to more negative attitudes towards the sexuality of women with physical disabilities.

Our results also showed consistency with previous research demonstrating that overlapping inequalities can increase social exclusion and discrimination for people with disabili-

ities [52]. Regarding racist ableism, our findings align with Mireles [43] who explored racist ableism in higher education and argued that racially minoritized people with disabilities navigate racialized perceptions of productivity and capability and are sometimes viewed as lazy or deviant. Our study revealed that racially minoritized youth encountered multiple forms of oppression. Researchers need to do much further work to unpack the complexities of how, when, and why such forms of discrimination occur.

Regarding the perceived impact of discrimination, our findings coincided with other research demonstrating that ableism has a negative impact on physical, mental and social wellbeing [21,23,48]. Previous research similarly showed that bullying, ostracism, and social exclusion link to sadness, anger, and overall poorer physical and social wellbeing [53]. Our results demonstrated consistency with the findings of a recent review highlighting that racially minoritized youth with disabilities faced racism and social exclusion from peers, healthcare providers, and educators [21]. Our findings showed similarity to other research on ableism and racism in employment, where racially minoritized people with disabilities experienced unique individual forms of stereotyping, along with systemic and institutional discrimination [23]. Ableism and racism can influence employment outcomes, career development, and overall wellbeing [23].

Findings of this study also highlighted the inaccessible environments that youth with disabilities encountered. Physical spaces and sociocultural environments including school, healthcare, and workspaces are often not designed for people with disabilities [21,54]. Previous studies highlighted the extent of physically and psychologically unsafe environments for youth with disabilities and racially minoritized youth, coinciding with our results [21,48]. Youth in our study also decided on identity disclosure based on their feelings of inclusion and safety, both physically and psychologically. These results aligned with other studies on workplace disability disclosure showing that people with disabilities typically hide their identity if they feel uncomfortable and worry about discrimination [49]. Researchers found that racially minoritized individuals hide their disability instead of disclosing it to others because they are concerned about discrimination [55,56]. Previous research showed that workplace culture, including the extent of inclusivity and peer support from co-workers, affects identity disclosure decisions [49]. Further work should consider exploring how employers and service providers can help racially minoritized youth with disabilities to feel both socially included and psychologically safe.

Additionally, racially minoritized youth in our study experienced a lack of access to services, resources and opportunities [21]. This trend may result, in part, from ableist and racist attitudes of service providers that can lead to differential access to resources [21]. Research suggests that social and structural inequalities can create disparities in access to services. They also indicated that language barriers, and differences in cultural values, priorities and expectations can contribute to these disparities [21,23]. Moreover, quantitative research on intersectionality shows that racially minoritized people with disabilities reported significantly higher rates of discrimination and harassment than non-racialized people without disabilities [57,58]. Indeed, racism and ableism may overlap, creating distinct forms of individual discrimination against racially minoritized people with disabilities [23]. Thus, racially minoritized youth with disabilities need additional and tailored supports to address the multiple and complex forms of discrimination they experience.

Most youth in our study reported using positive coping strategies to deal with discrimination, such as finding inclusive and safe spaces, advocating for themselves, and accessing social and family supports. Trusted individuals often provided social support to youth who accessed safe and inclusive spaces. Moreover, youth often participated in support or interest groups with other minoritized individuals. Our findings underscored the benefits of psychologically safe spaces in which individuals feel comfortable with disclosing

their identity and contributing to ideas and actions within a shared group [53,59]. Some researchers emphasize the essential need to create psychologically safe spaces to reduce bullying, harassment and conflict within groups and organizations [53]. These factors can highlight the strengths and similarities of others, rather than focusing on differences [60]. It is important to highlight that institutions and society must take responsibility for addressing ableism and racism by confronting the power relations that perpetuate discrimination, rather than placing the burden of coping on individuals. These efforts must also consider how such discrimination is connected to broader structures, including neoliberalism, settler colonialism and systemic oppression in healthcare and education.

5. Limitations and Future Directions

There are several limitations of our study to consider. First, people with various types of disabilities (physical and non-apparent), and racial and ethnic groups participated in our study. Given that our sample was heterogenous, we were limited in our ability to determine whether the findings were driven by disability, race, or some combination of both. As a result, the findings should be interpreted with caution. Future studies should prioritize examining specific disability types or racial groups to better understand the complexities of how ableism and racism intersect. It is also important to recognize cultural perceptions of people with disabilities vary and these differences can shape the lived experiences of people with disabilities in diverse ways. Additionally, we did not provide participants with a specific definition of racism, allowing them to interpret it in their own way. This may have included majority–minority racial relations and experiences of discrimination, such as intra-racial, inter-racial and interethnic dynamics. Future research should explore more deeply how various forms of racism affect youth’s experiences. Research highlights that disability type affects experiences of ableism especially for those with a physical disability compared to those with a non-apparent disability [23]. Specifically, people with non-apparent disabilities often feel they are not taken seriously, or the legitimacy of their condition is questioned [23]. Researchers should explore specific disability types and specific racially minoritized groups in further depth in future studies. Additionally, most of our participants came from one urban area. Future research should explore a wider geographic scope including experiences within rural areas. Moreover, our study focused on gendered/sexist ableism, however future studies should examine gender-minoritized people with disabilities and the types or extent of discrimination they encounter. More in-depth exploration is needed to unpack the complexity of intersectionality among people with multiply minoritized identities (e.g., disability, race, gender, social class, and immigrant status). Researchers could also conduct a more in-depth theoretically informed investigation into how intersectionality and disability justice affect youth’s experiences of ableism and racism.

6. Conclusions

Our qualitative study examined how racially minoritized youth and young adults with disabilities experiences and perceive the impact of discrimination. Our findings highlighted how youth experienced various types of discrimination including cultural and family-related ableism, racist ableism and gendered/sexist ableism at multiple levels and across various settings. Youth reported several perceived impacts of discrimination including social isolation, avoidance of unwelcoming and unsafe environments, impact on physical and mental health, decisions about identity disclosure, and a lack of access to resources and opportunities. Youth demonstrated some positive coping strategies to contend with the discrimination they face, such as finding inclusive and safe spaces, engaging in self-advocacy, and accessing social and family supports. Our study underscores

the importance of advocacy and addressing broader power structures within society to facilitate the inclusion of youth with disabilities and how we urgently need to address stigma and discrimination.

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Disability Language/Terminology Positionality Statement: We use person-first language (people with disabilities) within the main body of our manuscript because it aligns with our institutional guidelines and also the UN Convention on the Rights of Persons with Disabilities. An identity-first language was used in participant quotes to show respect for how they want to be identified.

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