

Catalogue no. 89-654-X2025002
ISBN 978-0-660-74846-7

Reports on Disability and Accessibility in Canada

Barriers to accessibility related to behaviours, misconceptions or assumptions: Findings from the 2022 Canadian Survey on Disability

by Youssef Hachouch, Huda Akef, Carrly McDiarmid, Marysa Vachon, Stuart Morris and Diana Simionescu

Release date: January 27, 2025



Statistics
Canada

Statistique
Canada

Canada

How to obtain more information

For information about this product or the wide range of services and data available from Statistics Canada, visit our website, www.statcan.gc.ca.

You can also contact us by

Email at infostats@statcan.gc.ca

Telephone, from Monday to Friday, 8:30 a.m. to 4:30 p.m., at the following numbers:

- | | |
|---------------------------------------------------------------|----------------|
| • Statistical Information Service | 1-800-263-1136 |
| • National telecommunications device for the hearing impaired | 1-800-363-7629 |
| • Fax line | 1-514-283-9350 |

Standards of service to the public

Statistics Canada is committed to serving its clients in a prompt, reliable and courteous manner. To this end, Statistics Canada has developed standards of service that its employees observe. To obtain a copy of these service standards, please contact Statistics Canada toll-free at 1-800-263-1136. The service standards are also published on www.statcan.gc.ca under “Contact us” > “[Standards of service to the public](#)”.

Note of appreciation

Canada owes the success of its statistical system to a long-standing partnership between Statistics Canada, the citizens of Canada, its businesses, governments and other institutions. Accurate and timely statistical information could not be produced without their continued co-operation and goodwill.

Published by authority of the Minister responsible for Statistics Canada

© His Majesty the King in Right of Canada, as represented by the Minister of Industry, 2025

Use of this publication is governed by the Statistics Canada [Open Licence Agreement](#).

An [HTML version](#) is also available.

Cette publication est aussi disponible en français.

Table of contents

Abstract	4
Introduction	4
Data and Methods	5
Data source	5
Measures	6
Analysis	8
Results and Discussion	9
Prevalence of experiencing barriers to accessibility related to behaviours, misconceptions or assumptions	9
Key factors associated with the likelihood of experiencing barriers to accessibility related to behaviours, misconceptions or assumptions	12
Conclusion	15
Annex	16
References	18

Barriers to accessibility related to behaviours, misconceptions or assumptions: Findings from the 2022 Canadian Survey on Disability

by Youssef Hachouch, Huda Akef, Carrly McDiarmid, Marysa Vachon, Stuart Morris and Diana Simionescu

Abstract

This study uses the 2022 Canadian Survey on Disability (CSD) to explore the experiences of persons with disabilities, aged 15 years and older, with barriers to accessibility that resulted from behaviours, misconceptions or assumptions made about them from different sources in their lives. Progress towards an accessible Canada involves removing barriers within the physical and social environments of persons with disabilities, which requires an understanding of the attitudinal barriers they encounter within their interactions with others. Descriptive statistics show that almost 37% of persons with disabilities experience barriers that resulted from behaviours, misconceptions or assumptions from others. The proportion experiencing barriers related to behaviours, misconceptions or assumptions varied by disability-related and sociodemographic characteristics. When multiple factors are taken into account using multivariate techniques, many of these characteristics continued to be significantly associated with experiencing barriers that resulted from behaviours, misconceptions or assumptions from others. Disability-related factors such as having more severe disabilities, having unmet needs for disability supports, or having unmet needs for help with everyday activities were associated with higher odds of experiencing barriers. In terms of sociodemographic factors, the odds of experiencing barriers to accessibility related to behaviours, misconceptions or assumptions decreased with age and were higher among women, 2SLGBTQ+ persons and those residing in large urban population centres.

Introduction

The purpose of the [Accessible Canada Act \(ACA\)](#), along with its regulations¹ and related standards,² aims to make Canada barrier-free by 2040. The ACA defines a barrier as anything that prevents persons with disabilities from fully participating in society.³ The ACA provides a framework for the identification, removal and prevention of barriers to accessibility, including attitudinal barriers. It includes the following priority areas: employment; built environment;⁴ information and communication technologies (ICT);⁵ communication, other than ICT; procurement of goods, services, and facilities; design and delivery of programs and services; and transportation. Research indicates that barriers to accessibility can manifest in different forms and affect persons with disabilities in a variety of situations, such as limiting their employment opportunities (Grisé et al., 2019), social participation (Sundar et al., 2016; Wee & Lysaght, 2009) and overall quality of life (Forster et al., 2023).

With the ratification of the United Nations Convention on the Rights of Persons with Disabilities,^{6, 7} Canada has adopted the social model of disability, which conceptualizes disability as the result of interactions between functional limitations and barriers to accessibility in the environment (Pianosi et al., 2023). Developing a better understanding of barriers to accessibility encountered by persons with disabilities can inform the design of appropriate interventions to remove them and ensure that our communities, workplaces and services are fully accessible.

1. Employment and Social Development Canada. 2022. [Summary of guidance on accessibility plans](#).
2. Accessibility Standards Canada. 2023. [Accessibility Standards Canada and CSA Group collaborate to publish three new accessibility standards](#). <https://www.canada.ca/en/accessibility-standards-canada/news/2023/02/accessibility-standards-canada-and-csa-group-collaborate-to-publish-three-new-accessibility-standards.html>
3. The ACA defines a barrier as “anything physical, architectural, technological, or attitudinal, anything that is based on information or communications or anything that is the result of a policy or a practice — that hinders the full and equal participation in society of persons with an impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment or a functional limitation”.
4. This can include buildings, homes, parks, streets, sidewalks and other public spaces.
5. This can include assistive aids, devices or technologies such as closed captioning or subtitles, video relay services (VRS), speech to text functions, or computers with specialized software, apps or other adaptations.
6. United Nations, Division for Inclusive Social Development. 2006. [Convention on the Rights of Persons with Disabilities and Optional Protocol](#).
7. Canadian Heritage. 2024. [Rights of people with disabilities](#).

While previous research has highlighted issues related to barriers to accessibility in Canada (Choi, 2021; McDiarmid, 2021), data from the 2022 Canadian Survey on Disability (CSD) provides an opportunity to more closely examine barriers to accessibility encountered by Canadians with disabilities. The 2022 CSD collected information on 27 types of barriers to accessibility experienced by persons with disabilities because of their condition across four domains: public spaces; behaviours, misconceptions or assumptions; communication; and Internet use. This is the second in a series of four reports (one for each domain) providing further analyses of barriers to accessibility among persons with disabilities aged 15 years and over. The report focuses on barriers encountered by persons with disabilities related to behaviours, misconceptions or assumptions made about them.

Negative attitudes towards persons with disabilities have been identified as barriers in many different contexts such as education, employment, healthcare and social participation (World Health Organization & World Bank, 2011b). Attitudinal barriers can be defined as “ways people think and feel about people with different disabilities that result in limiting the potential of people with disabilities to maximize their fulfillment in living” that stem from misconceptions and assumptions about living with disability (Victoria, 2023). In some cases, attitudes and behaviours towards persons with disabilities can take the form of overt discrimination, such as, using discriminatory language, stating negative opinions, intentionally creating barriers, while in other cases it can be subtle and often unintentional expressions of discrimination, often referred to as microaggressions. Examples of microaggressions can include underestimating their abilities, minimizing their disability-related experiences and overemphasizing their disability while discounting other aspects of their identity (Keller & Galgay, 2010). While these behaviours may be subtle, they can have large impacts on persons with disabilities (Jammaers & Fleischmann, 2024). Perceptions of disability and associated stigma have been shown to negatively impact mental health and can have a larger impact on employment patterns than issues related to disability accommodations (Benoit et al., 2013; Shier et al., 2009). When compared to discrimination based on belonging to other marginalized groups, research has indicated that ableism⁸ is more strongly associated with lower levels of health and well-being (Branco et al., 2019). The current study allows for a quantitative examination of these types of barriers among persons with disabilities from specific sources in their lives.

The main goal of this report is to examine the associations between disability-related and sociodemographic characteristics and the likelihood of experiencing barriers to accessibility that resulted from behaviours, misconceptions or assumptions from others towards persons with disabilities. The report starts with an examination of the prevalence of experiencing attitudinal barriers to accessibility in terms of behaviours, misconceptions or assumptions made about persons with disabilities from different sources because of their condition. Next, it focuses on how the prevalence of experiencing at least one barrier varies based on disability-related factors and across sociodemographic groups. Finally, logistic regression modelling is used to determine the association of each variable with the odds of experiencing barriers related to behaviours, misconceptions or assumptions, while controlling for sociodemographic and disability-related characteristics.

Data and Methods

Data source

The Canadian Survey on Disability

Statistics Canada has collected data on disability for more than 30 years. Since 2012, the Canadian Survey on Disability (CSD) has been Canada’s main source of that data. The CSD provides comprehensive data on persons with disabilities for each province and territory. The survey also collects essential information on disability types and severity, supports for persons with disabilities, their employment profiles, income, education and other disability-specific information.

The survey population for the 2022 CSD was comprised of Canadians aged 15 years and over as of the date of the 2021 Census of the Population (May 2021) who were living in private dwellings. It excludes those living in institutions, on Canadian Armed Forces bases, on First Nations reserves, and those living in collective dwellings.

8. Ableism refers to prejudiced thoughts and discriminatory actions based on differences in physical, mental, and/or emotional ability; usually that of able-bodied/minded persons against people with illness, disabilities, or less developed skills.

As the institutionalized population is excluded, the data, particularly for the older age groups, should be interpreted accordingly.

The CSD uses Disability Screening Questions (DSQ) which are based on the social model of disability (Grondin, 2016). This model defines disability as the relationship between body function and structure, daily activities, and social participation, while recognizing the role of environmental factors. In keeping with this framework, the CSD targeted respondents who not only have a difficulty or impairment due to a long-term condition or health problem but also experience limitations in their daily activities. The CSD definition of disability includes anyone who reported being “sometimes”, “often” or “always” limited in their daily activities due to a long-term condition or health problem, as well as anyone who reported being “rarely” limited if they were also unable to do certain tasks or could only do them with a lot of difficulty.

Measures⁹

Barriers to accessibility related to behaviours, misconceptions or assumptions

The main outcome of interest is whether at least one barrier to accessibility related to behaviours, misconceptions or assumptions was experienced at least sometimes in the last 12 months. Using a frequency scale (not applicable, never, sometimes, often or always), CSD respondents were asked to rate how often they experienced barriers¹⁰ in terms of behaviours, misconceptions or assumptions made about them because of their condition from:

- a. Family or close friends
- b. Staff of a business
- c. Medical or healthcare professionals
- d. Staff of government services or programs

For the purposes of this report, those who indicated that they experienced barriers “sometimes”, “often” or “always” were classified as “experienced a barrier”.

Disability-related characteristics

Disability-related factors can shape the experience of persons with disabilities with barriers to accessibility. For example, disability-related stigma and microaggressions have been associated with the nature and type of disability (Deroche et al., 2024; Kattari, 2020; Serpas et al., 2024). Persons with disabilities often need certain disability supports or help from paid or unpaid caregivers to overcome barriers to accessibility in their daily lives (Allen et Mor, 1997; Berardi et coll., 2021; Wray, 2024). Having unmet needs in this regard is associated with decreased ability to participate in everyday activities and lower wellbeing ratings (Casey, 2015; Shooshtari et al., 2012; Zwicker et al., 2017). A lack of these supports may further marginalize persons with disabilities by isolating them from their social environments. The following disability-related characteristics are included in all analyses conducted.

Disability types

The CSD collects information on ten disability types: seeing, hearing, mobility, flexibility, dexterity, pain-related, learning, developmental, mental health-related and memory. To meet the definition of a disability for a particular type, respondents must have reported being “sometimes”, “often” or “always” limited in their daily activities due to a long-term condition or health problem or reported being “rarely” limited if they were also unable to do certain tasks or could only do them with a lot of difficulty.¹¹ An additional variable that counts the number of co-occurring disability types is included in the descriptive analysis.

9. In order to maintain comparability across the four reports in this series on barriers to accessibility, the same set of disability-related and sociodemographic characteristics are included in the analysis.

10. Using a simplified version of the definition of a barrier included within the ACA, respondents were instructed to think of a barrier as “something that could be removed, modified or done differently”.

11. The exception to this is developmental disabilities, where a person who has been diagnosed with a developmental disorder is identified as having a disability regardless of the level of difficulty or frequency of activity limitation.

Severity

A global severity score was developed for the CSD, which was calculated for each person using: the number of disability types that a person has, the level of difficulty experienced in performing certain tasks, and the frequency of activity limitations. To simplify the concept of severity, four severity classes were established: mild, moderate, severe and very severe. Note that the name assigned to each class is intended to facilitate use of a severity score and is not a label or judgement concerning the person's level of disability. In this report, any reference to severity is based on the global severity classes.

Unmet needs for disability supports

The 2022 CSD asks several questions regarding needs for various disability supports, including personal aids and assistive devices (e.g., canes, walkers, specialized software, or architectural features in the home such as widened doorways and ramps), prescription medication, as well as access to healthcare therapies and services (e.g., counselling services, physiotherapy). In this report, an unmet need for disability supports refers to instances in which persons with disabilities need but do not have at least one type of disability support – whether it be for aids and assistive devices, medication or access to healthcare therapies and services.

Unmet needs for help with everyday activities

The 2022 CSD asks questions regarding the need for help with any of the following everyday activities: preparing meals, everyday housework, heavy household chores, getting to appointments or running errands, looking after personal finances, personal care, basic medical care at home, moving around inside a residence or other types of help. The help could be provided by family, friends, neighbours or organizations and could include both paid and unpaid work. In this report, an unmet need for help with everyday activities refers to instances in which persons with disabilities need help they don't usually receive or need more help than they usually receive with at least one type of everyday activity.

Sociodemographic characteristics

Intersectional approaches are consistent with the social model of disability and consider how disability interacts with other social characteristics to create distinct experiences (Björnsdóttir & Traustadóttir, 2010). For example, among youth and young adults with disabilities, those belonging to racialized groups tend to have worse school and work outcomes (Lindsay et al., 2022). Often marginalized identities are associated with stereotypes and misconceptions that lead to harmful attitudes and behaviours. Therefore, persons with multiple marginalized identities may deal with compound effects in this regard (Cook et al., 2024). Including sociodemographic factors that have their own marginalizing effects within the analysis is important to identify subpopulations who may be more likely to experience barriers to accessibility. These sociodemographic characteristics include age, gender, 2SLGBTQ+ identity, racialized groups and immigrant status.¹²

Persons with disabilities often cite cost as a reason for unmet needs for supports (Hébert et al., 2024), therefore, income level is essential to consider when examining issues related to accessibility. Place of residence, categorized into rural areas and urban population centres of different sizes, is included since it can shape the culture and patterns of everyday interactions. Geographic factors are important to consider when examining issues related to social inclusion and participation (Keefe et al., 2006; Menec et al., 2019; Repke & Ipsen, 2020; Whelan et al., 2024).

Age was categorized into four groups: 15 to 24 years, 25 to 44 years, 45 to 64 years and 65 years and over. For gender, a two-category gender variable was used to protect the confidentiality of non-binary persons, given the relatively small size of this population in Canada. More specifically, non-binary persons have been redistributed into the "men" and "women" categories. The category of "men" includes cisgender and transgender men (and/or boys), as well as some non-binary persons, while "women" includes cisgender and transgender women (and/or girls), as well as some non-binary persons (in tables these categories are denoted as "men+" and "women+"). Using questions on sex at birth, gender identity and sexual orientation, the 2SLGBTQ+ variable includes those

12. Indigenous identity is another important intersectional sociodemographic characteristic to study, however, proper examination of experiences of Indigenous persons with disabilities would require more thorough disaggregated analysis that is beyond the scope of the present study.

who reported being lesbian, gay, bisexual, pansexual or another sexual orientation that is not heterosexual (LGB+), as well as non-binary persons and transgender women and men.¹³

Immigrant status was categorized as immigrant, non-immigrant and non-permanent resident.¹⁴ “Immigrant” refers to a person who is, or who has ever been, a landed immigrant or permanent resident. Immigrants who have obtained Canadian citizenship by naturalization are included in this group.¹⁵ “Racialized” refers to whether a person is a visible minority as defined by the *Employment Equity Act* as “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour”. The visible minority population consists mainly of the following groups: South Asian, Chinese, Black, Filipino, Arab, Latin American, Southeast Asian, West Asian, Korean and Japanese. The non-racialized category includes those who identified as White only and excludes Indigenous people.

Income was represented by quintiles which were based on after-tax economic family income adjusted by family size.¹⁶ Place of residence differentiates between rural areas and populations centres of different sizes. Population centres are classified into three groups, depending on the size of their Census population: small population centres, with a Census population between 1,000 and 29,999; medium population centres, with a Census population between 30,000 and 99,999; and large urban population centres, with a Census population of 100,000 or more. Rural areas are classified as outside of population centres.

Analysis

Descriptive statistics were used to estimate the prevalence of experiencing barriers to accessibility related to behaviours, misconceptions or assumptions in the last 12 months among persons with disabilities aged 15 years and over. In all instances, proportions are calculated based on the entire population of persons with disabilities.¹⁷

Logistic regression modeling was used to identify the key factors associated with higher or lower odds of experiencing barriers to accessibility among persons with disabilities, while controlling for the effects of other disability-related and sociodemographic covariates at the same time. Given that the severity variable accounts for each of the 10 disability types the individual disability types are excluded from the logistic regression models. The inclusion of both severity and all ten disability types in a single regression model introduces multicollinearity issues. Accordingly, the ten disability type variables were assessed in a separate logistic regression model that excludes the severity variable, but controls for all other covariates.

Findings from the logistic regression analyses are reported using odds ratios (ORs) and their 95% confidence intervals. An odds ratio represents the ratio of the odds of an event occurring (i.e., experiencing at least one barrier to accessibility) for one group vs the odds of the same event occurring for a reference group. Accordingly, an odds ratio tells us about the difference in odds of experiencing such barriers between groups after controlling for other predictors in the model and could point to: no difference in odds (OR=1), higher odds for a given group compared with a reference group (OR>1), or lower odds for a given group compared with a reference group (OR<1). Higher odds ratios indicate that a group is more likely to experience barriers compared with the reference group.

Interpreting odds ratio results should be done with caution. The value of odds ratio estimates determines the direction of the effect (i.e., whether a certain group has higher or lower odds of experiencing barriers) but their magnitude may vary given a different set of covariates or a different sample; they are accordingly challenging to interpret and should not be compared with odds ratios from other analyses (Norton et al., 2018).

For this report, the significance level was set at $p < 0.05$. All estimates were weighted to represent the Canadian population with disabilities aged 15 years and over. The bootstrap technique was used to estimate variance and 95% confidence intervals to account for the complex survey design.

13. The Government of Canada adopted the acronym 2SLGBTQ+ to refer to Two-Spirit, lesbian, gay, bisexual, transgender, queer and intersex people and those who use other terms related to gender and sexual diversity. Statistics Canada uses the acronym 2SLGBTQ+ for data analysis purposes, as information is not yet collected specifically about intersex people in surveys.

14. Analysis includes all three groups but the results for the non-permanent resident category are not presented in the tables.

15. Information on immigrant status was obtained from the 2021 Census and therefore includes immigrants who were admitted to Canada on or prior to May 11, 2021.

16. Income information was obtained from the 2021 Census and therefore reflects the reference year of 2020.

17. Missing values were not excluded from the denominator so that proportions can be representative of the entire population of persons with disabilities. This improves comparability of proportions within and across domains, given that each has a different set of missing values.

Results and Discussion

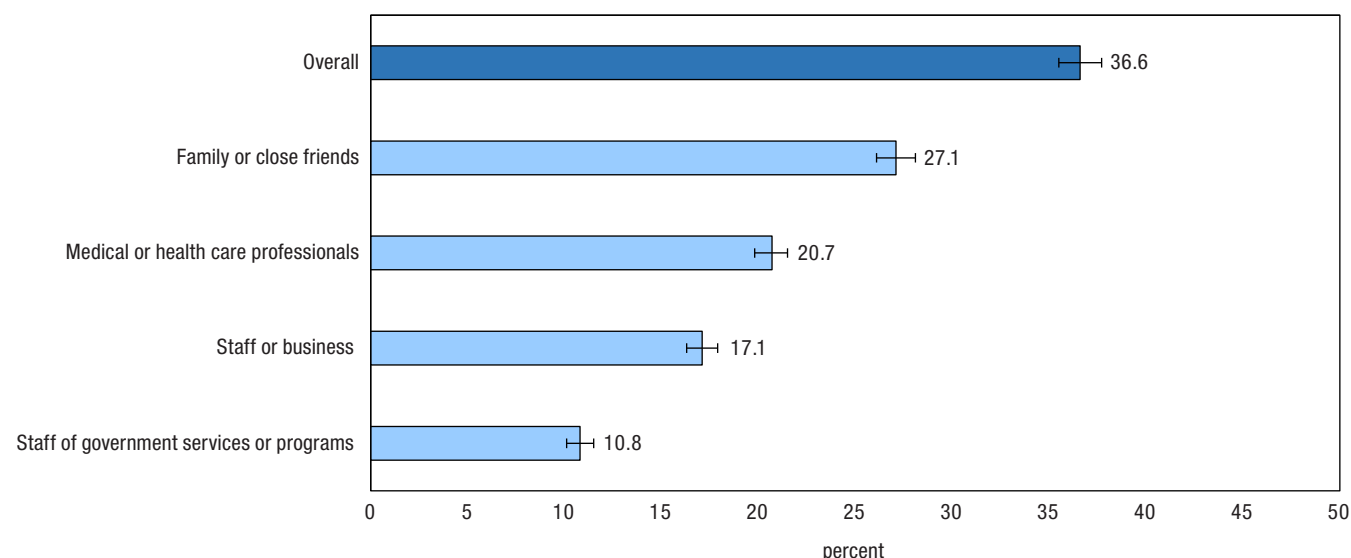
Prevalence of experiencing barriers to accessibility related to behaviours, misconceptions or assumptions

Over one third of persons with disabilities experience barriers related to behaviours, misconceptions or assumptions

Of the nearly 8 million persons with disabilities aged 15 years and over in 2022, approximately 2.9 million (37%) experienced one or more barriers to accessibility that resulted from behaviours, misconceptions or assumptions from others at least sometimes, during the last 12 months. Behaviours, misconceptions or assumptions made by family and close friends (27%) were the most commonly experienced, followed by those made by medical or health care professionals (21%), and by staff of a business (17%) (Chart 1). Approximately 1 in 10 persons with disabilities (11%) experienced barriers related to behaviours, misconceptions or assumptions when interacting with staff of government services or programs.¹⁸ These findings are in line with research showing the prevalence of negative attitudes towards disability among family members of persons with disabilities (Friedman, 2019) and how such experiences are perceived as most harmful when coming from family and friends (Conover et al., 2021). Similarly, healthcare settings have been identified as an area where many persons with disabilities face ableist attitudes (Chapman et al., 2024; VanPuymbrouck et al., 2020). This is often shaped by stigma and a lack of adequate medical training and knowledge specific to the needs of persons with disabilities (World Health Organization & World Bank, 2011a).

Chart 1

Barriers to accessibility related to behaviours, misconceptions or assumptions, persons with disabilities aged 15 years and over, by source, Canada, 2022



Note: The overall calculation includes persons who experienced barriers from at least one of these sources. The categories include persons who were deemed to have experienced a barrier if they encountered it "at least sometimes" in the last 12 months.

Source: Statistics Canada, Canadian Survey on Disability, 2022.

18. Irrespective of source, persons with "more severe" (severe or very severe) disabilities were significantly more likely to experience barriers to accessibility related to behaviours, misconceptions or assumptions than those with "milder" (mild or moderate) disabilities. For example, persons with "more severe" disabilities were more likely than those with "milder" disabilities to experience such barriers from "family or close friends" (36% vs 21%) and from "medical or healthcare professionals" (31% vs 14%). For more disaggregated information by severity class and frequency of experiencing barriers, see [Barriers to accessibility for persons with disabilities aged 15 years and over, by disability severity, age group and gender](#) (Statistics Canada, 2024).

Prevalence of experiencing barriers to accessibility related to behaviours, misconceptions or assumptions increases with disability severity and number of co-occurring disability types

As disability severity increased, so did the proportion of persons with disabilities who experienced at least one barrier to accessibility related to behaviours, misconceptions or assumptions. Persons with very severe disabilities (51%) were more likely to experience such barriers compared with those with mild disabilities (24%) (Table 1).

Persons with multiple disabilities were more likely to experience barriers to accessibility related to behaviours, misconceptions or assumptions compared with those with a single disability. For example, those with four or more disability types (50%) were more than twice as likely to experience at least one barrier to accessibility than those with one disability type (24%).

More than seven in ten (71%) persons with disabilities have two or more co-occurring disability types (Hébert et al., 2024). The co-occurrence of disability types means that experiences of barriers may be a result of a specific disability type or a combination of disability types. As such, this report did not focus on descriptive analysis by disability type, however, prevalence of experiencing barriers to accessibility related to behaviours, misconceptions or assumptions by disability type is presented in Chart 2 (Annex) for information purposes. Logistic regression modelling (discussed in the next section) was utilized to examine the association between each disability type and the likelihood of experiencing barriers while controlling for the effect of all other disability types (Table 3).

Persons with disabilities with unmet needs for disability supports (i.e., aids and assistive devices, medication, or healthcare therapies and services) were more likely to experience at least one barrier to accessibility related to behaviours, misconceptions or assumptions compared with those who did not have any unmet needs (48% vs. 22%). Similarly, those who reported unmet needs for help with everyday activities were more likely to experience such barriers than those who had their needs met (52% vs. 29%) (Table 1).

Table 1
Barriers to accessibility related to behaviours, misconceptions or assumptions, persons with disabilities aged 15 years and over, by select characteristics, Canada, 2022

Characteristics	Percent	95% confidence interval	
		lower	upper
Overall	36.6	35.5	37.7
Severity of disability			
Mild (reference category)	23.9	22.4	25.5
Moderate	36.2*	33.8	38.5
Severe	46.4*	44.0	48.8
Very severe	51.1*	48.7	53.6
Number of disability types			
1 (reference category)	23.5	21.8	25.4
2 to 3	35.0*	33.3	36.7
4 or more	49.6*	47.6	51.6
Unmet needs for disability supports			
Needs met (reference category)	21.6	20.2	23.0
Unmet needs	47.9*	46.3	49.4
Unmet needs for help with everyday activities			
Needs met (reference category)	28.5	27.3	29.8
Unmet needs	52.0*	50.0	53.9
Age group			
15 to 24 years (reference category)	49.0	46.5	51.5
25 to 44 years	45.9*	43.7	48.2
45 to 64 years	35.4*	33.3	37.5
65 years and over	26.5*	24.9	28.2
Gender			
Men+ (reference category)	32.4	30.9	34.0
Women+	39.8*	38.3	41.2
2SLGBTQ+			
Non-2SLGBTQ+ (reference category)	34.9	33.7	36.1
2SLGBTQ+	57.6*	53.9	61.2
Racialized group			
Non-racialized, non-Indigenous groups (reference category)	36.2	35.0	37.3
Racialized groups	35.6	32.6	38.6

Table 1
Barriers to accessibility related to behaviours, misconceptions or assumptions, persons with disabilities aged 15 years and over, by select characteristics, Canada, 2022

Characteristics	Percent	95% confidence interval	
		lower	upper
Immigrant status			
Non-immigrants (reference category)	37.2	36.1	38.4
Immigrants	33.9*	31.4	36.6
Income quintile			
Fifth quintile, highest income (reference category)	36.0	33.3	38.8
Fourth quintile	34.1	31.6	36.7
Third quintile	36.8	34.4	39.2
Second quintile	36.6	34.4	38.9
First quintile, lowest income	38.7	36.5	41.0
Place of residence			
Rural areas (reference category)	32.4	30.2	34.6
Small population centres	37.1*	34.2	40.0
Medium population centres	36.4*	33.3	39.7
Large urban population centres	37.7*	36.3	39.3

* significantly different from reference category ($p < 0.05$)

Notes: Persons were deemed to have experienced a barrier if they encountered it "at least sometimes" in the last 12 months. Unmet needs for disability supports refers to unmet needs for aids and assistive devices, medications (due to cost), or healthcare therapies and services. Unmet needs for help with everyday activities includes help with preparing meals, everyday housework, heavy household chores, getting to appointments or running errands, looking after personal finances, personal care, basic medical care at home, moving around inside a residence, or other types of help. The overall calculation includes persons who experienced barriers with at least one of these features. The categories include persons who were deemed to have experienced a barrier if they encountered it "at least sometimes" in the last 12 months. The 2SLGBTQ+ variable groups all LGB+ and nonbinary and transgender persons into a single category to facilitate analysis of this small population. In addition to the two categories shown in the table, this variable included an 'unknown' category to capture proxy respondents who were not asked this question and who otherwise would have been excluded from the sample used to estimate the model.

In this release, data on 'racialized groups' is measured with the 'visible minority' variable. The 'non-racialized group' is measured with the category 'Not a visible minority' of the variable, excluding Indigenous respondents. For the purpose of this study, Indigenous respondents are not part of the racialized group, nor the non-racialized group.

Source: Statistics Canada, Canadian Survey on Disability, 2022.

Prevalence of experiencing barriers to accessibility related to behaviours, misconceptions or assumptions decreases with age and is greater among women, 2SLGBTQ+ persons and those living outside rural areas

Among persons with disabilities, the proportion who experienced at least one barrier to accessibility related to behaviours, misconceptions or assumptions varied by age, gender, 2SLGBTQ+ identity, immigrant status, and place of residence (Table 1). Persons with disabilities aged 65 years and over (27%), 45 to 64 years (35%), and 25 to 44 years (46%) were all less likely to experience such barriers compared with those aged 15 to 24 years (49%). Women (40%) were more likely than men (32%) to encounter one or more barriers to accessibility related to behaviours, misconceptions or assumptions. 2SLGBTQ+ persons with disabilities (58%) were more likely than their non-2SLGBTQ+ counterparts (35%) to experience such barriers to accessibility.

Immigrants (34%) were less likely than non-immigrants (37%) to experience at least one barrier to accessibility related to behaviours, misconceptions or assumptions. There were no significant differences in the prevalence of experiencing such barriers between racialized and non-racialized persons with disabilities, or among different income groups.

When examined by the place of residence, persons with disabilities living in small (37%), medium (36%) or large (38%) population centres were more likely to experience at least one barrier to accessibility related to behaviours, misconceptions or assumptions compared with those living in rural areas (32%).

Key factors associated with the likelihood of experiencing barriers to accessibility related to behaviours, misconceptions or assumptions

While descriptive analyses highlighted how some groups are more likely to experience barriers than others, they do not simultaneously account for other characteristics that may increase the likelihood of experiencing barriers. Logistic regression modeling was used to identify the key factors associated with the likelihood of experiencing barriers to accessibility among persons with disabilities, while controlling for the effect of other disability-related and sociodemographic covariates at the same time.

More severe disabilities and unmet needs for disability supports or help with everyday activities are associated with higher odds of experiencing barriers

The importance of disability-related factors was further confirmed by the logistic regression modelling. After controlling for other covariates, the odds of experiencing at least one barrier to accessibility related to behaviours, misconceptions or assumptions steadily increased with severity of disabilities. Compared with persons with mild disabilities, those with very severe disabilities faced nearly three times higher odds (OR=2.9; 95% CI: 2.4, 3.4) of experiencing such barriers (Table 2). When all other factors were considered, persons with disabilities who reported at least one unmet need for disability supports (OR=2.3; 95% CI: 2.0, 2.5) had higher odds of experiencing barriers to accessibility compared with persons who had their needs met for these supports. Likewise, persons with at least one unmet need for help with everyday activities had higher odds (OR=2.0; 95% CI: 1.7, 2.2) of experiencing at least one barrier compared with those who had their needs met. Qualitative research has demonstrated that access to different types of support (e.g., assistive technology, social support) can impact the everyday participation of persons with disabilities (Hammel et al., 2015).

Table 2
Results from logistic regression showing the associations between the experience of barriers to accessibility related to behaviours, misconceptions or assumptions, disability-related and sociodemographic characteristics, persons with disabilities aged 15 years and over, Canada, 2022

Characteristics	Odds ratio	95% confidence limits	
		from	to
Severity of disability			
Mild (reference category)	1.0	...	...
Moderate	1.7*	1.4	1.9
Severe	2.5*	2.1	2.9
Very severe	2.9*	2.4	3.4
Unmet needs for disability supports			
Needs met (reference category)	1.0	...	...
Unmet needs	2.3*	2.0	2.5
Unmet needs for help with everyday activities			
Needs met (reference category)	1.0	...	...
Unmet needs	2.0*	1.7	2.2
Age group			
15 to 24 years (reference category)	1.0	...	...
25 to 44 years	0.9	0.8	1.0
45 to 64 years	0.5*	0.4	0.6
65 years and over	0.3*	0.3	0.4
Gender			
Men+ (reference category)	1.0	...	...
Women+	1.2*	1.1	1.4
2SLGBTQ+			
Non-2SLGBTQ+ (reference category)	1.0	...	...
2SLGBTQ+	1.7*	1.4	2.1
Racialized group			
Non-racialized, non-Indigenous groups (reference category)	1.0	...	...
Racialized groups	0.8	0.7	1.0
Immigrant status			
Non-immigrants (reference category)	1.0	...	...
Immigrants	1.0	0.8	1.2

Table 2

Results from logistic regression showing the associations between the experience of barriers to accessibility related to behaviours, misconceptions or assumptions, disability-related and sociodemographic characteristics, persons with disabilities aged 15 years and over, Canada, 2022

Characteristics	Odds ratio	95% confidence limits	
		from	to
Income quintile			
Fifth quintile, highest income (reference category)	1.0	...	...
Fourth quintile	0.8*	0.7	1.0
Third quintile	0.9	0.8	1.1
Second quintile	0.9	0.7	1.1
First quintile, lowest income	0.9	0.7	1.0
Place of residence			
Rural areas (reference category)	1.0	...	...
Small population centres	1.2	1.0	1.4
Medium population centres	1.0	0.8	1.3
Large urban population centres	1.2*	1.0	1.4

... not applicable

* significantly different from reference category ($p < 0.05$)

Notes: Persons were deemed to have experienced a barrier if they encountered it “at least sometimes” in the last 12 months. Unmet needs for disability supports refers to unmet needs for aids and assistive devices, medications (due to cost), or healthcare therapies and services. Unmet needs for help with everyday activities includes help with preparing meals, everyday housework, heavy household chores, getting to appointments or running errands, looking after personal finances, personal care, basic medical care at home, moving around inside a residence, or other types of help. The 2SLGBTQ+ variable groups all LGB+ and nonbinary and transgender persons into a single category to facilitate analysis of this small population. In addition to the two categories shown in the table, this variable included an ‘unknown’ category to capture proxy respondents who were not asked this question and who otherwise would have been excluded from the sample used to estimate the model. In this release, data on ‘racialized groups’ is measured with the ‘visible minority’ variable. The ‘non-racialized group’ is measured with the category ‘Not a visible minority’ of the variable, excluding Indigenous respondents. For the purpose of this study, Indigenous respondents are not part of the racialized group, nor the non-racialized group.

Source: Statistics Canada, Canadian Survey on Disability, 2022.

The likelihood of experiencing barriers decreases with age and is higher among women, 2SLGBTQ+ persons and those living in large urban population centres

When it comes to sociodemographic characteristics, age, gender, identifying as 2SLGBTQ+, and place of residence were significant predictors of experiencing at least one barrier to accessibility related to behaviours, misconceptions or assumptions, after controlling for other covariates. While significant differences by immigrant status were observed in the descriptive analyses, these differences did not persist when all other variables were held constant.

The odds of experiencing one or more barriers related to behaviours, misconceptions or assumptions decreased with age. Compared with youth with disabilities (15 to 24 years), those aged 45 to 64 (OR=0.5; 95% CI: 0.4, 0.6) and 65 years and over (OR=0.3; 95% CI: 0.3, 0.4) had lower odds of experiencing such barriers (Table 2). Experiences of ableism among youth and young adults with disabilities have been well documented in university and workplace contexts (Lett et al., 2020; Lindsay et al., 2023; Mullins & Preyde, 2013). Among younger age groups, there can be less expectation of disability, which can lead to negative reactions (Menec & Perry, 1995). Similarly, prior research indicated that adults with disabilities in early midlife encountered negative attitudes and discriminatory behaviour more frequently compared to those in retirement age (Namkung & Carr, 2019). Women with disabilities faced higher odds (OR=1.2; 95% CI: 1.1, 1.4) of encountering barriers related to behaviours, misconceptions or assumptions than men with disabilities.

2SLGBTQ+ persons with disabilities had higher odds (OR=1.7; 95% CI: 1.4, 2.1) of experiencing such barriers compared with non-2SLGBTQ+ persons with disabilities. 2SLGBTQ+ persons with disabilities experience discrimination in a variety of contexts that may be more complex owing to multiple stigmatized identities (Kempapidis et al., 2024). For example, a study examining experiences of social media content creators with disabilities found that 2SLGBTQ+ creators with disabilities encountered significantly more ableist hate and harassment than their non-2SLGBTQ+ counterparts (Heung et al., 2024).

With regards to place of residence, those living in large urban population centres had higher odds (OR=1.2; 95% CI: 1.0, 1.4) of experiencing barriers related to behaviours, misconceptions or assumptions, compared with persons with disabilities living in rural areas. This finding is in line with research indicating that individuals living in urban areas are more likely to report forms of social isolation or exclusion compared to those living in rural areas (Keefe et al., 2006; Menec et al., 2019; Repke & Ipsen, 2020; Whelan et al., 2024).

Mental health-related, developmental, learning and memory disability types are associated with experiencing barriers

Given that 71% of persons with disabilities have two or more co-occurring disability types (Hébert et al., 2024), the effect of each disability type must be determined while the effects of all other disability types are controlled for. Using a separate logistic regression model, the likelihood of encountering at least one barrier to accessibility related to behaviours, misconceptions, or assumptions was examined when considering all ten disability types as predictors and controlling for other covariates.

The odds of experiencing barriers related to behaviours, misconceptions or assumptions were higher among those with mental health-related (OR=2.1; 95% CI: 1.9, 2.5), developmental (OR=1.5; 95% CI: 1.2, 1.9), learning (OR=1.5; 95% CI: 1.3, 1.7), memory (OR=1.4; 95% CI: 1.2, 1.7) and hearing disabilities (OR=1.3; 95% CI: 1.1, 1.5) (Table 3). No significant differences in odds were found based on having seeing, mobility, flexibility, dexterity or pain-related disabilities.

Persons with intellectual¹⁹ and mental health-related disabilities are among the most stigmatized and socially excluded (Ditchman et al., 2013). Such disability types are often less observable which can shape how they are perceived. In a study examining the experiences of women with disabilities and microaggressions, those that did not have physical signs or cues to indicate a limitation reported experiencing more microaggressions related to the denial of their disability and being challenged when utilizing disability accommodations (Olkin et al., 2019). Certain perceptions of persons with mental health-related disabilities, including seeing them as having more control over their disability or potentially being unstable, have been associated with stigma around this disability type and can lead to discriminatory behaviour (Baldwin & Marcus, 2011).

Table 3
Results from logistic regression showing the associations between the experience of barriers to accessibility related to behaviours, misconceptions or assumptions, disability type and sociodemographic characteristics, persons with disabilities aged 15 years and over, Canada, 2022

Characteristics	Odds ratio	95% confidence limits	
		from	to
Seeing disability			
Did not have a seeing disability (reference category)	1.0	...	...
Had a seeing disability	1.1	1.0	1.3
Hearing disability			
Did not have a hearing disability (reference category)	1.0	...	...
Had a hearing disability	1.3*	1.1	1.5
Mobility disability			
Did not have a mobility disability (reference category)	1.0	...	...
Had a mobility disability	1.1	0.9	1.3
Flexibility disability			
Did not have a flexibility disability (reference category)	1.0	...	...
Had a flexibility disability	1.2	1.0	1.4
Dexterity disability			
Did not have a dexterity disability (reference category)	1.0	...	...
Had a dexterity disability	1.1	0.9	1.3

19. As per the [American Psychiatric Association definition](#), "intellectual disability" refers to neurodevelopmental conditions that affect cognitive and adaptive functioning.

Table 3
Results from logistic regression showing the associations between the experience of barriers to accessibility related to behaviours, misconceptions or assumptions, disability type and sociodemographic characteristics, persons with disabilities aged 15 years and over, Canada, 2022

Characteristics	Odds ratio	95% confidence limits	
		from	to
Pain-related disability			
Did not have a pain related disability (reference category)	1.0	...	...
Had a pain related disability	1.0	0.9	1.2
Learning disability			
Did not have a learning disability (reference category)	1.0	...	...
Had a learning disability	1.5*	1.3	1.7
Developmental disability			
Did not have a developmental disability or disorder (reference category)	1.0	...	...
Had a developmental disability or disorder	1.5*	1.2	1.9
Mental health-related disability			
Did not have a mental health related disability (reference category)	1.0	...	...
Had a mental health related disability	2.1*	1.9	2.5
Memory disability			
Did not have a memory disability (reference category)	1.0	...	...
Had a memory disability	1.4*	1.2	1.7

... not applicable

* significantly different from reference category ($p < 0.05$)

Notes: Persons were deemed to have experienced a barrier if they encountered it "at least sometimes" in the last 12 months.

The model was adjusted for unmet needs for disability supports and help with everyday activities, age, gender, 2SLGBTQ+ identity, immigrant status, racialized group, income quintile, and place of residence. For the full model with all covariates, see Table 4 in the Annex.

Source: Statistics Canada, Canadian Survey on Disability, 2022.

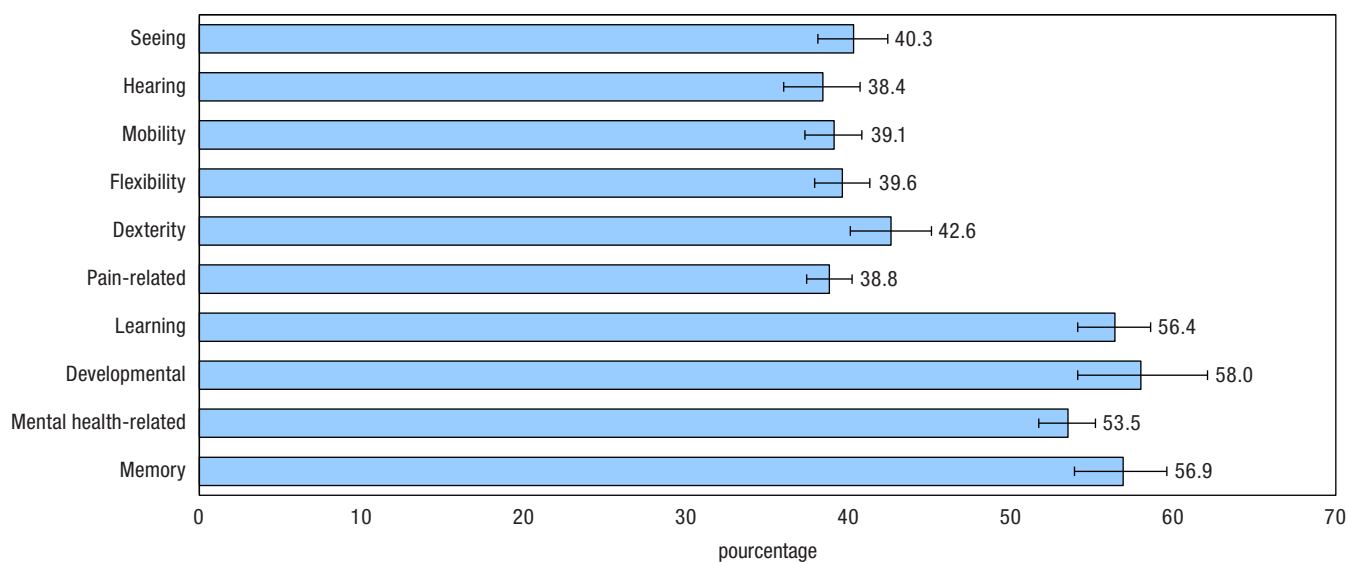
Conclusion

This report demonstrates the importance of considering severity and type of disability, unmet needs, age, gender, 2SLGBTQ+ identity and place of residence (urban/rural) when examining experiences of accessibility related to behaviours, misconceptions, or assumptions among persons with disabilities. By identifying disability-related and sociodemographic factors that place persons with disabilities at higher risk of experiencing such barriers, these findings can inform programs and interventions aimed at creating more inclusive environments regarding attitudinal barriers. For example, the strong association between unmet needs for disability supports or help with everyday activities and the likelihood of experiencing barriers suggests that interventions aimed at addressing unmet needs could be effective in enhancing social participation of persons with disabilities.

Barriers to accessibility related to behaviours, misconceptions and assumptions examined in this report are indicative of societal attitudes towards persons with disabilities. Such attitudes can shape policies, social structures, and environments that further isolate and marginalize persons with disabilities (Reber et al., 2022). This report also confirms the importance of increasing public awareness and understanding regarding disability as well as including disability specific education in any health care training context (World Health Organization & World Bank, 2011b). Attitudinal barriers to accessibility are learned behaviours that can be addressed through interventions that target educational, family and cultural contexts (Babik & Gardner, 2021). Interventions that aim to eliminate misconceptions about persons with disabilities would benefit from a comprehensive approach targeting personal, organizational and governmental/institutional levels (Victoria, 2023). Informed communities are more likely to support accessibility and ensure everyone can participate fully in society.

Further research is needed to examine the various ways in which such barriers to accessibility are experienced within different contexts and for different subpopulations, utilizing both quantitative and qualitative methods. For example, understanding the specific dynamics of experiencing such barriers in the context of government services or programs may help inform the design and delivery of such services and programs to ensure they are fully accessible. Given that the experience of attitudinal barriers decreases with age, more disaggregated and detailed analysis within age groups can provide important insights. Similarly, more qualitative research can inform our understanding of higher odds of experiencing barriers among women and 2SLGBTQ+ persons with disabilities.

Annex

Chart 2
Barriers to accessibility related to behaviours, misconceptions or assumptions, persons with disabilities aged 15 years and over, by disability type, Canada, 2022


Notes: Persons were deemed to have experienced a barrier if they encountered it "at least sometimes" in the last 12 months. Significance tests were not performed since the disability types are not mutually exclusive groups. When analyzing the prevalence of encountering barriers to accessibility based on disability type, it's important to practice caution when interpreting the data as persons with disabilities often have multiple co-occurring disability types.

Source: Statistics Canada, Canadian Survey on Disability, 2022.

Table 4
Results from logistic regression (full model) showing the associations between the experience of barriers to accessibility related to behaviours, misconceptions or assumptions, disability type and sociodemographic characteristics, persons with disabilities aged 15 years and over, Canada, 2022

Characteristics	Odds ratio	95% confidence limits	
		from	to
Seeing disability			
Did not have a seeing disability (reference category)	1.0	...	...
Had a seeing disability	1.1	1.0	1.3
Hearing disability			
Did not have a hearing disability (reference category)	1.0	...	...
Had a hearing disability	1.3*	1.1	1.5
Mobility disability			
Did not have a mobility disability (reference category)	1.0	...	...
Had a mobility disability	1.1	0.9	1.3
Flexibility disability			
Did not have a flexibility disability (reference category)	1.0	...	...
Had a flexibility disability	1.2	1.0	1.4
Dexterity disability			
Did not have a dexterity disability (reference category)	1.0	...	...
Had a dexterity disability	1.1	0.9	1.3
Pain-related disability			
Did not have a pain related disability (reference category)	1.0	...	...
Had a pain related disability	1.0	0.9	1.2
Learning disability			
Did not have a learning disability (reference category)	1.0	...	...
Had a learning disability	1.5*	1.3	1.7
Developmental disability			
Did not have a developmental disability or disorder (reference category)	1.0	...	...
Had a developmental disability or disorder	1.5*	1.2	1.9
Mental health-related disability			
Did not have a mental health related disability (reference category)	1.0	...	...
Had a mental health related disability	2.1*	1.9	2.5

Table 4
Results from logistic regression (full model) showing the associations between the experience of barriers to accessibility related to behaviours, misconceptions or assumptions, disability type and sociodemographic characteristics, persons with disabilities aged 15 years and over, Canada, 2022

Characteristics	Odds ratio	95% confidence limits	
		from	to
Memory disability			
Did not have a memory disability (reference category)	1.0	...	...
Had a memory disability	1.4*	1.2	1.7
Unmet needs for disability supports			
Needs met (reference category)	1.0	...	...
Unmet needs	2.2*	1.9	2.5
Unmet needs for help with everyday activities			
Needs met (reference category)	1.0	...	...
Unmet needs	2.0*	1.8	2.3
Age group			
15 to 24 years (reference category)	1.0	...	...
25 to 44 years	1.0	0.8	1.1
45 to 64 years	0.7*	0.6	0.9
65 years and over	0.5*	0.4	0.6
Gender			
Men+ (reference category)	1.0	...	...
Women+	1.2*	1.1	1.4
2SLGBTQ+			
Non-2SLGBTQ+ (reference category)	1.0	...	...
2SLGBTQ+	1.6*	1.3	1.9
Racialized group			
Non-racialized, non-Indigenous groups (reference category)	1.0	...	...
Racialized groups	0.8	0.7	1.0
Immigrant status			
Non-immigrants (reference category)	1.0	...	...
Immigrants	1.1	0.9	1.4
Income quintile			
Fifth quintile, highest income (reference category)	1.0	...	...
Fourth quintile	0.8	0.7	1.0
Third quintile	0.9	0.8	1.1
Second quintile	0.9	0.8	1.1
First quintile, lowest income	0.9	0.7	1.1
Place of residence			
Rural areas (reference category)	1.0	...	...
Small population centres	1.2	1.0	1.4
Medium population centres	1.0	0.8	1.2
Large urban population centres	1.1	1.0	1.3

... not applicable

* significantly different from reference category ($p < 0.05$)

Notes: Persons were deemed to have experienced a barrier if they encountered it "at least sometimes" in the last 12 months. Unmet needs for disability supports refers to unmet needs for aids and assistive devices, medications (due to cost), or healthcare therapies and services. Unmet needs for help with everyday activities includes help with preparing meals, everyday housework, heavy household chores, getting to appointments or running errands, looking after personal finances, personal care, basic medical care at home, moving around inside a residence, or other types of help. The 2SLGBTQ+ variable groups all LGB+ and nonbinary and transgender persons into a single category to facilitate analysis of this small population. In addition to the two categories shown in the table, this variable included an 'unknown' category to capture proxy respondents who were not asked this question and who otherwise would have been excluded from the sample used to estimate the model. In this release, data on 'racialized groups' is measured with the 'visible minority' variable. The 'non-racialized group' is measured with the category 'Not a visible minority' of the variable, excluding Indigenous respondents. For the purpose of this study, Indigenous respondents are not part of the racialized group, nor the non-racialized group.

Source: Statistics Canada, Canadian Survey on Disability, 2022.

References

- Allen, S. M., & Mor, V. (1997). [The prevalence and consequences of unmet need: Contrasts between older and younger adults with disability](https://www.jstor.org/stable/3767475). *Medical care*, 35(11), 1132-1148. <https://www.jstor.org/stable/3767475>
- Babik, I., & Gardner, E. S. (2021). [Factors affecting the perception of disability: A developmental perspective](https://doi.org/10.3389/fpsyg.2021.702166). *Frontiers in Psychology*, 12, 702166. <https://doi.org/10.3389/fpsyg.2021.702166>
- Baldwin, M. L., & Marcus, S. C. (2011). [Stigma, discrimination, and employment outcomes among persons with mental health disabilities](https://doi.org/10.1007/978-1-4419-0428-7_3). In I. Z. Schultz & E. S. Rogers (Eds.), *Work Accommodation and Retention in Mental Health* (pp. 53-69). Springer New York. https://doi.org/10.1007/978-1-4419-0428-7_3
- Benoit, C., Jansson, M., Jansenberger, M., & Phillips, R. (2013). [Disability stigmatization as a barrier to employment equity for legally-blind Canadians](https://doi.org/10.1080/09687599.2012.741518). *Disability & society*, 28(7), 970-983. <https://doi.org/10.1080/09687599.2012.741518>
- Berardi, A., Smith, E. M., & Miller, W. C. (2021). [Assistive technology use and unmet need in Canada](https://doi.org/10.1080/17483107.2020.1741703). *Disability and Rehabilitation: Assistive Technology*, 16(8), 851-856. <https://doi.org/10.1080/17483107.2020.1741703>
- Björnsdóttir, K., & Traustadóttir, R. (2010). [Stuck in the land of disability? The intersection of learning difficulties, class, gender and religion](https://doi.org/10.1080/09687590903363340). *Disability & Society*, 25(1), 49-62. <https://doi.org/10.1080/09687590903363340>
- Branco, C., Ramos, M. R., & Hewstone, M. (2019). [The association of group-based discrimination with health and well-being: A comparison of ableism with other “isms”](https://doi.org/10.1111/josi.12340). *Journal of Social Issues*, 75(3), 814-846. <https://doi.org/10.1111/josi.12340>
- Casey, R. (2015). [Disability and unmet health care needs in Canada: A longitudinal analysis](https://doi.org/10.1016/j.dhjo.2014.09.010). *Disability and Health Journal*, 8(2), 173-181. <https://doi.org/10.1016/j.dhjo.2014.09.010>
- Chapman, K., Dixon, A., Ehrlich, C., & Kendall, E. (2024). [Dignity and the importance of acknowledgement of personhood for people with disability](https://doi.org/10.1177/10497323231204562). *Qualitative Health Research*, 34(1-2), 141-153. <https://doi.org/10.1177/10497323231204562>
- Choi, R. (2021). [Accessibility findings from the Canadian Survey on Disability, 2017](https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2021002-eng.htm). *Canadian Survey on Disability Reports*, Statistics Canada Catalogue no. 89-654-X2021002. <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2021002-eng.htm>
- Conover, K. J., Acosta, V. M., & Bokoch, R. (2021). [Perceptions of ableist microaggressions among target and nontarget groups](https://doi.org/10.1037/rep0000404). *Rehabilitation Psychology*, 66(4), 565-575. <https://doi.org/10.1037/rep0000404>
- Cook, J. M., Deroche, M. D., & Ong, L. Z. (2024). [A qualitative analysis of ableist microaggressions](https://doi.org/10.15241/jmc.14.1.64). *The Professional Counselor (Greensboro, NC)*, 14(1), 64-82. <https://doi.org/10.15241/jmc.14.1.64>
- Deroche, M. D., Ong, L. Z., & Cook, J. M. (2024). [Ableist microaggressions, disability characteristics, and nondominant identities](https://doi.org/10.15241/mdd.13.4.404). *The Professional Counselor : Research and Practice*, 13(4), 404. <https://doi.org/10.15241/mdd.13.4.404>
- Ditchman, N., Werner, S., Kosyluk, K., Jones, N., Elg, B., & Corrigan, P. W. (2013). [Stigma and intellectual disability: Potential application of mental illness research](https://doi.org/10.1037/a0032466). *Rehabilitation psychology*, 58(2), 206-216. <https://doi.org/10.1037/a0032466>
- Forster, G. K., Aarø, L. E., Alme, M. N., Hansen, T., Nilsen, T. S., & Vedaa, Ø. (2023). [Built environment accessibility and disability as predictors of well-being among older adults: A Norwegian cross-sectional study](https://doi.org/10.3390/ijerph20105898). *International Journal of Environmental Research and Public Health*, 20(10). <https://doi.org/10.3390/ijerph20105898>
- Friedman, C. (2019). [Family members of people with disabilities' explicit and implicit disability attitudes](https://doi.org/10.1037/rep0000265). *Rehabilitation Psychology*, 64(2), 203-211. <https://doi.org/10.1037/rep0000265>
- Grisé, E., Boisjoly, G., Maguire, M., & El-Geneidy, A. (2019). [Elevating access: Comparing accessibility to jobs by public transport for individuals with and without a physical disability](https://doi.org/10.1016/j.tra.2018.02.017). *Transportation Research Part A: Policy and Practice*, 125, 280-293. <https://doi.org/10.1016/j.tra.2018.02.017>
- Grondin, C. (2016). [A new survey measure of disability: The Disability Screening Questions \(DSQ\)](https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2016003-eng.htm). *Canadian Survey on Disability, 2012*, Statistics Canada Catalogue no. 89-654-X2016003 <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2016003-eng.htm>

- Hammel, J., Magasi, S., Heinemann, A., Gray, D. B., Stark, S., Kisala, P., Carlozzi, N. E., Tulskey, D., Garcia, S. F., & Hahn, E. A. (2015). [Environmental barriers and supports to everyday participation: A qualitative insider perspective from people with disabilities](https://doi.org/10.1016/j.apmr.2014.12.008). *Archives of Physical Medicine and Rehabilitation*, 96(4), 578-588. <https://doi.org/10.1016/j.apmr.2014.12.008>
- Hébert, B.-P., Kevins, C., Mofidi, A., Morris, S., Simionescu, D., & Thicke, M. (2024). [A demographic, employment and income profile of persons with disabilities aged 15 years and over in Canada, 2022](https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2024001-eng.htm). *Reports on Disability and Accessibility in Canada*, Statistics Canada Catalogue no. 89-654-X2024001. <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2024001-eng.htm>
- Heung, S., Jiang, L., Azenkot, S., & Vashistha, A. (2024). [“Vulnerable, victimized, and objectified”: Understanding ableist hate and harassment experienced by disabled content creators on social media](https://doi.org/10.1145/3613904.3641949). *Proceedings of the CHI Conference on Human Factors in Computing Systems*, 1-19. <https://doi.org/10.1145/3613904.3641949>
- Jammaers, E., & Fleischmann, A. (2024). [Unveiling affective disability at work: a structural approach to microaggressions](https://doi.org/10.1080/09687599.2024.2368561). *Disability & Society*, 1-24. <https://doi.org/10.1080/09687599.2024.2368561>
- Kattari, S. K. (2020). [Ableist microaggressions and the mental health of disabled adults](https://doi.org/10.1007/s10597-020-00615-6). *Community Mental Health Journal*, 56(6), 1170-1179. <https://doi.org/10.1007/s10597-020-00615-6>
- Keefe, J., Andrew, M., Fancey, P., & Hall, M. (2006). *Final report: A profile of social isolation in Canada*. Nova Scotia Centre on Aging. Mount Saint Vincent University.
- Keller, R. M., & Galgay, C. E. (2010). Microaggressive experiences of people with disabilities. In D. W. Sue (Ed.), *Microaggressions and marginality: Manifestation, dynamics, and impact* (pp. 241-267). John Wiley & Sons, Inc.
- Kempapidis, T., Heinze, N., Green, A. K., & Gomes, R. S. M. (2024). [Queer and disabled: Exploring the experiences of people who identify as LGBT and live with disabilities](https://doi.org/10.3390/disabilities4010004). *Disabilities*, 4(1), 41-63. <https://doi.org/10.3390/disabilities4010004>
- Lett, K., Tamaian, A., & Klest, B. (2020). [Impact of ableist microaggressions on university students with self-identified disabilities](https://doi.org/10.1080/09687599.2019.1680344). *Disability & Society*, 35(9), 1441-1456. <https://doi.org/10.1080/09687599.2019.1680344>
- Lindsay, S., Fuentes, K., Tomas, V., & Hsu, S. (2023). [Ableism and workplace discrimination among youth and young adults with disabilities: A systematic review](https://doi.org/10.1007/s10926-022-10049-4). *Journal of Occupational Rehabilitation*, 33(1), 20-36. <https://doi.org/10.1007/s10926-022-10049-4>
- Lindsay, S., Varahra, A., Ahmed, H., Abrahamson, S., Pulver, S., Primucci, M., & Wong, K. (2022). [Exploring the relationships between race, ethnicity, and school and work outcomes among youth and young adults with disabilities: A scoping review](https://doi.org/10.1080/09638288.2021.2001056). *Disability and Rehabilitation*, 44(25), 8110-8129. <https://doi.org/10.1080/09638288.2021.2001056>
- McDiarmid, C. (2021). [Accessibility in federal sector organizations in Canada, 2021](https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2021001-eng.htm). *Canadian Survey on Disability Reports*, Statistics Canada Catalogue no. 89-654-X2021001. <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2021001-eng.htm>
- Menec, V. H., Newall, N. E., Mackenzie, C. S., Shooshtari, S., & Nowicki, S. (2019). [Examining individual and geographic factors associated with social isolation and loneliness using Canadian Longitudinal Study on Aging \(CLSA\) data](https://doi.org/10.1371/journal.pone.0211143). *PLoS one*, 14(2), e0211143-e0211143. <https://doi.org/10.1371/journal.pone.0211143>
- Menec, V. H., & Perry, R. P. (1995). [Reactions to stigmas: The effect of targets' age and controllability of stigmas](https://doi.org/10.1177/089826439500700302). *Journal of Aging and Health*, 7(3), 365-383. <https://doi.org/10.1177/089826439500700302>
- Mullins, L., & Preyde, M. (2013). [The lived experience of students with an invisible disability at a Canadian university](https://doi.org/10.1080/09687599.2012.752127). *Disability & Society*, 28(2), 147-160. <https://doi.org/10.1080/09687599.2012.752127>
- Namkung, E. H., & Carr, D. (2019). [Perceived interpersonal and institutional discrimination among persons with disability in the U.S.: Do patterns differ by age?](https://doi.org/10.1016/j.socscimed.2019.112521) *Social Science & Medicine*, 239, 112521. <https://doi.org/10.1016/j.socscimed.2019.112521>
- Norton, E. C., Dowd, B. E., & Maciejewski, M. L. (2018). [Odds ratios—Current best practice and use](https://doi.org/10.1001/jama.2018.6971). *JAMA*, 320(1), 84-85. <https://doi.org/10.1001/jama.2018.6971>

- Olkin, R., Hayward, H. S., Abbene, M. S., & VanHeel, G. (2019). [The experiences of microaggressions against women with visible and invisible disabilities](https://doi.org/10.1111/josi.12342). *Journal of Social Issues*, 75(3), 757-785. <https://doi.org/10.1111/josi.12342>
- Pianosi, R., Presley, L., Buchanan, J., Lévesque, A., Savard, S.-A., & Lam, J. (2023). [Canadian Survey on Disability, 2022: Concepts and methods guide](https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2023004-eng.htm). *Reports on Disability and Accessibility in Canada*, Statistics Canada Catalogue no. 89-654-X2023004. <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2023004-eng.htm>
- Reber, L., Kreschmer, J. M., James, T. G., Junior, J. D., DeShong, G. L., Parker, S., & Meade, M. A. (2022). [Ableism and contours of the attitudinal environment as identified by adults with long-term physical disabilities: A qualitative study](https://doi.org/10.3390/ijerph19127469). *International Journal of Environmental Research and Public Health*, 19(12), 7469. <https://doi.org/10.3390/ijerph19127469>
- Repke, M. A., & Ipsen, C. (2020). [Differences in social connectedness and perceived isolation among rural and urban adults with disabilities](https://doi.org/10.1016/j.dhjo.2019.100829). *Disability and Health Journal*, 13(1), 100829. <https://doi.org/10.1016/j.dhjo.2019.100829>
- Serpas, D. G., Ignacio, D. A., Gabbidon, K., & Cherry, B. J. (2024). [Ableist microaggressions and psychological distress among adults with disabilities: The role of disability visibility](https://doi.org/10.1037/rep0000582). *Rehabilitation Psychology*. <https://doi.org/10.1037/rep0000582>
- Shier, M., Graham, J. R., & Jones, M. E. (2009). [Barriers to employment as experienced by disabled people: A qualitative analysis in Calgary and Regina, Canada](https://doi.org/10.1080/09687590802535485). *Disability & Society*, 24(1), 63-75. <https://doi.org/10.1080/09687590802535485>
- Shooshtari, S., Naghipur, S., & Zhang, J. (2012). [Unmet healthcare and social services needs of older Canadian adults with developmental disabilities](https://doi.org/10.1111/j.1741-1130.2012.00346.x). *Journal of Policy and Practice in Intellectual Disabilities*, 9(2), 81-91. <https://doi.org/10.1111/j.1741-1130.2012.00346.x>
- Sundar, V., Brucker, D. L., Pollack, M. A., & Chang, H. (2016). [Community and social participation among adults with mobility impairments: A mixed methods study](https://doi.org/10.1016/j.dhjo.2016.05.006). *Disability and Health Journal*, 9(4), 682-691. <https://doi.org/10.1016/j.dhjo.2016.05.006>
- VanPuymbrouck, L., Friedman, C., & Feldner, H. (2020). [Explicit and implicit disability attitudes of healthcare providers](https://doi.org/10.1037/rep0000317). *Rehabilitation Psychology*, 65(2), 101-112. <https://doi.org/10.1037/rep0000317>
- Victoria, E.-I. W. (2023). [Misconceptions about people with disabilities](https://journals.ezenwaohaetorc.org/index.php/AFHOPEO/article/view/2415). *Special Needs Education from the Lens of Interdisciplinary Dialogue*, 1(1), 55-66. <https://journals.ezenwaohaetorc.org/index.php/AFHOPEO/article/view/2415>
- Wee, J., & Lysaght, R. (2009). [Factors affecting measures of activities and participation in persons with mobility impairment](https://doi.org/10.1080/09638280902736346). *Disability and Rehabilitation*, 31(20), 1633-1642. <https://doi.org/10.1080/09638280902736346>
- Whelan, A., Devlin, A., & McGuinness, S. (2024). [Barriers to social inclusion and levels of urbanisation: Does it matter where you live?](https://doi.org/10.1093/cjres/rsad036) *Cambridge Journal of Regions, Economy and Society*, 17(1), 59-74. <https://doi.org/10.1093/cjres/rsad036>
- World Health Organization, & World Bank. (2011a). [World report on disability](https://www.who.int/publications/i/item/9789241564182). World Health Organization. <https://www.who.int/publications/i/item/9789241564182>
- World Health Organization, & World Bank. (2011b). [World report on disability summary](https://www.who.int/publications/i/item/WHO-NMH-VIP-11.01). World Health Organization. <https://www.who.int/publications/i/item/WHO-NMH-VIP-11.01>
- Wray, D. (2024). ["Sandwiched" between unpaid care for children and care-depending adults : A gender-based study](https://www150.statcan.gc.ca/n1/pub/89-652-x/89-652-x2024002-eng.htm). *Spotlight on Canadians: Results from the General Social Survey*, Statistics Canada Catalogue no. 89-652-X2024002. <https://www150.statcan.gc.ca/n1/pub/89-652-x/89-652-x2024002-eng.htm>
- Zwicker, J., Zaresani, A., & Emery, J. C. H. (2017). [Describing heterogeneity of unmet needs among adults with a developmental disability: An examination of the 2012 Canadian Survey on Disability](https://doi.org/10.1016/j.ridd.2017.04.003). *Research in Developmental Disabilities*, 65, 1-11. <https://doi.org/10.1016/j.ridd.2017.04.003>