DISABILITY DISCLOSURE IN HIGHER EDUCATION SETTINGS: LANGUAGE USE & EXPLICIT PRIMING EFFECTS ON DECISION-MAKING

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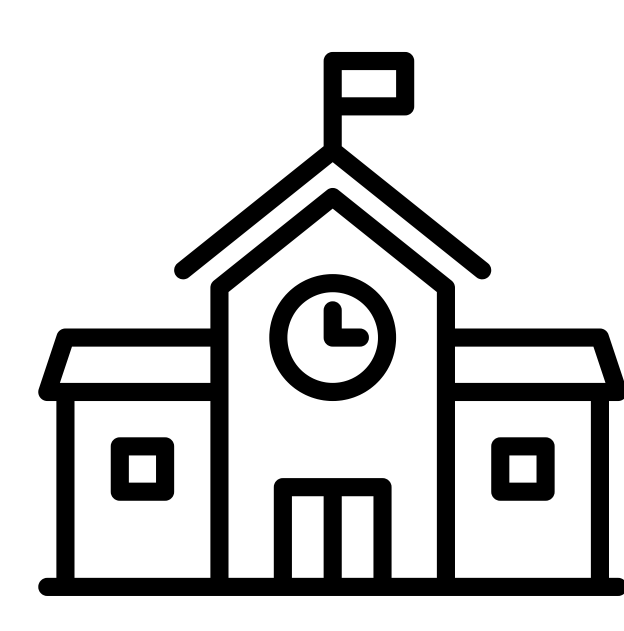
BACKGROUND

**20%** of undergraduates are estimated to be students with disabilities (GAO, 2024).

75% of students with disabilities do not disclose their disability to their school (Lindsay et al., 2018).

Only 23% of students who had accommodations in K-12, receive accommodations in college (Newman & Maudus, 2015).

For every year that a student with a disability fails to disclose, **time to graduation increases by almost 6 months** (Hundson, 2013).

Outcomes for students with disabilities are **consistently poorer than their nondisabled peers**, highlighting an increased need for research in this population. (GAO, 2024).
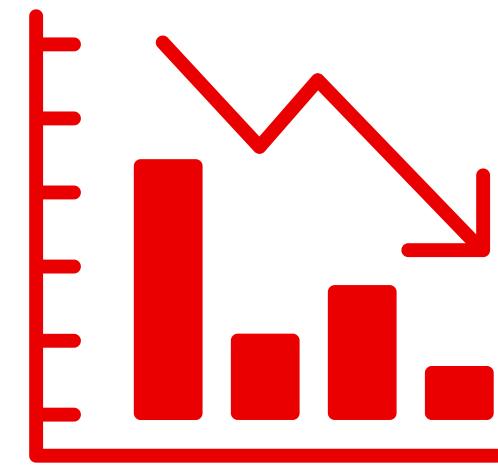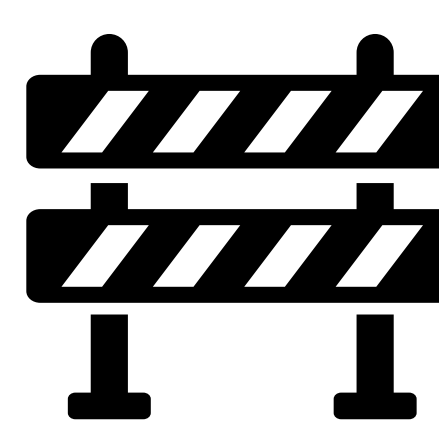
Current language use in surveys uses the direct question approach: "Do you have a disability?" (Y/N). **But is an ineffective & unreliable measure of disability** (Cockburn et al., 2023).

MODELS OF DISABILITY:

MEDICAL MODEL OF DISABILITY: assumes normality; disability exists within the person (biological).

SOCIAL MODEL OF DISABILITY: disability exists as barriers to access within society, not within the person (societal).

Due to **stigma**, students with disabilities are **less likely to disclose their disability because they do not identify with the term, "disability"**, creating feelings of shame and discomfort (Lister et al., 2020; Morina, 2024).

RESEARCH QUESTION:

Does language framing and priming increase perceived disclosure rates of students with disabilities in higher education settings?
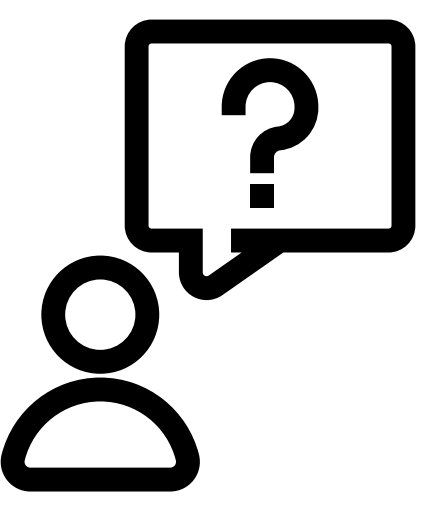
RESEARCH HYPOTHESES:

1. Language framing will lead to increased perceived disability disclosure rates among participants.
2. Explicit priming will increase perceived disability disclosure rates among participants.
3. Combining language framing and priming will amplify perceived disclosure.

METHODS

PRIME
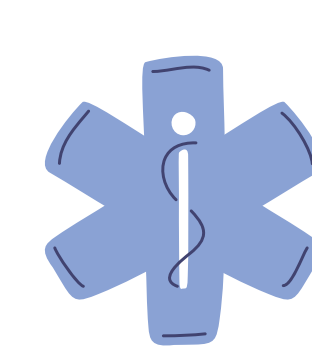List of health conditions & examples.

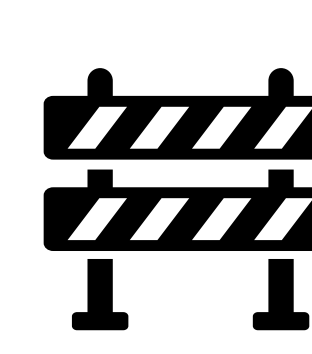**VS**

NO PRIME
No examples.

FRAMING CONDITIONS

**DISABILITY FRAMING:** "DISABILITY" as defining term (currently in use).

HEALTH FRAMING: "HEALTH CONDITION" as defining term (based on medical model).

**SOCIAL FRAMING:** "BARRIER" as defining term (based on social model).

2x3 FACTORIAL DESIGN:

PRIME → DISABILITY FRAMING / HEALTH FRAMING / SOCIAL FRAMING → DEMOGRAPHICS

NO PRIME → DISABILITY FRAMING / HEALTH FRAMING / SOCIAL FRAMING → DEMOGRAPHICS
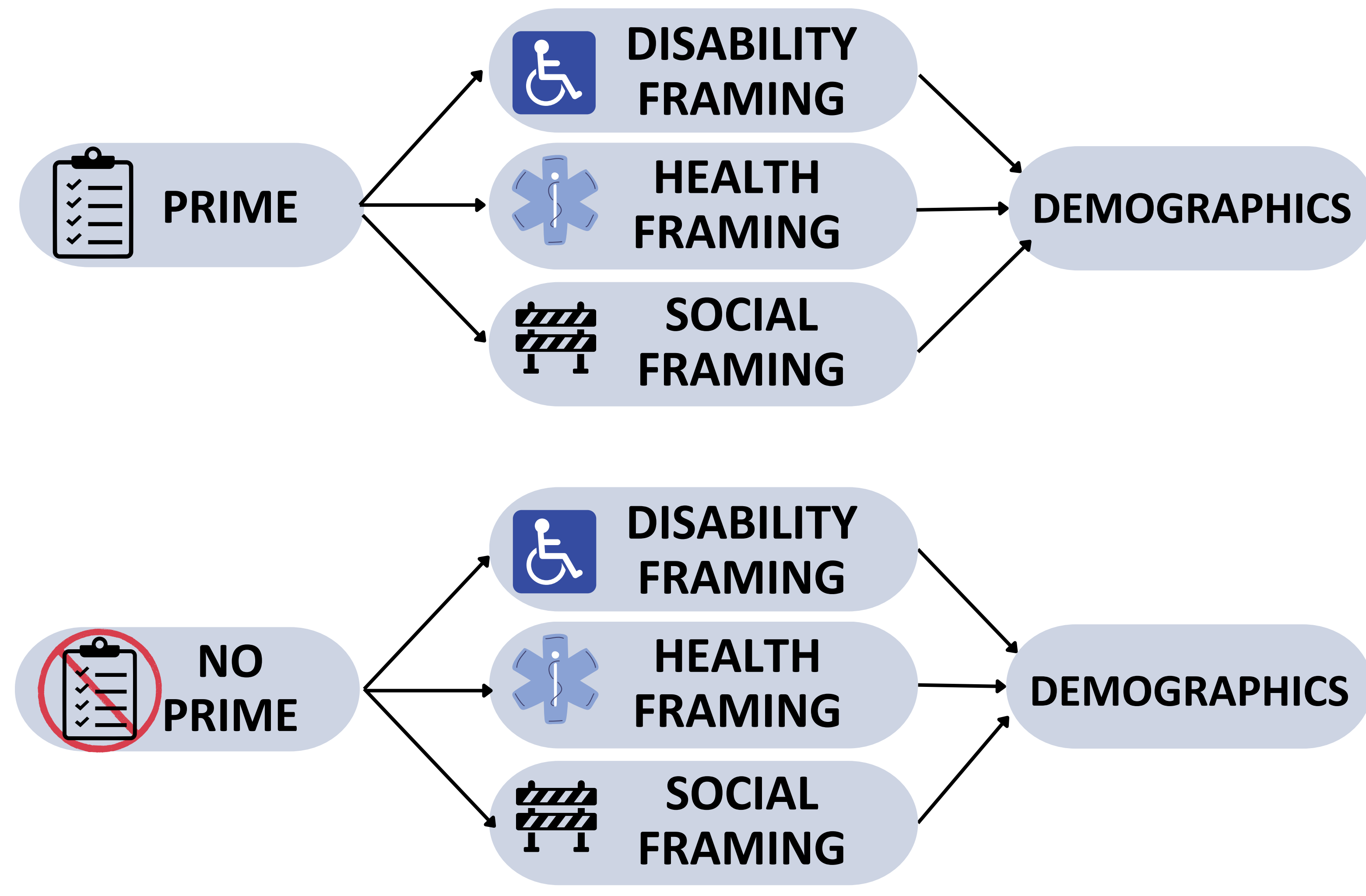
In each framing condition, participants are asked how likely they think a student with a disability is to seek accommodations.

RESULTS

2X3 ANOVA RESULTS (N = 188)

Clustered Bar Mean of Disclosure by Framing by Prime
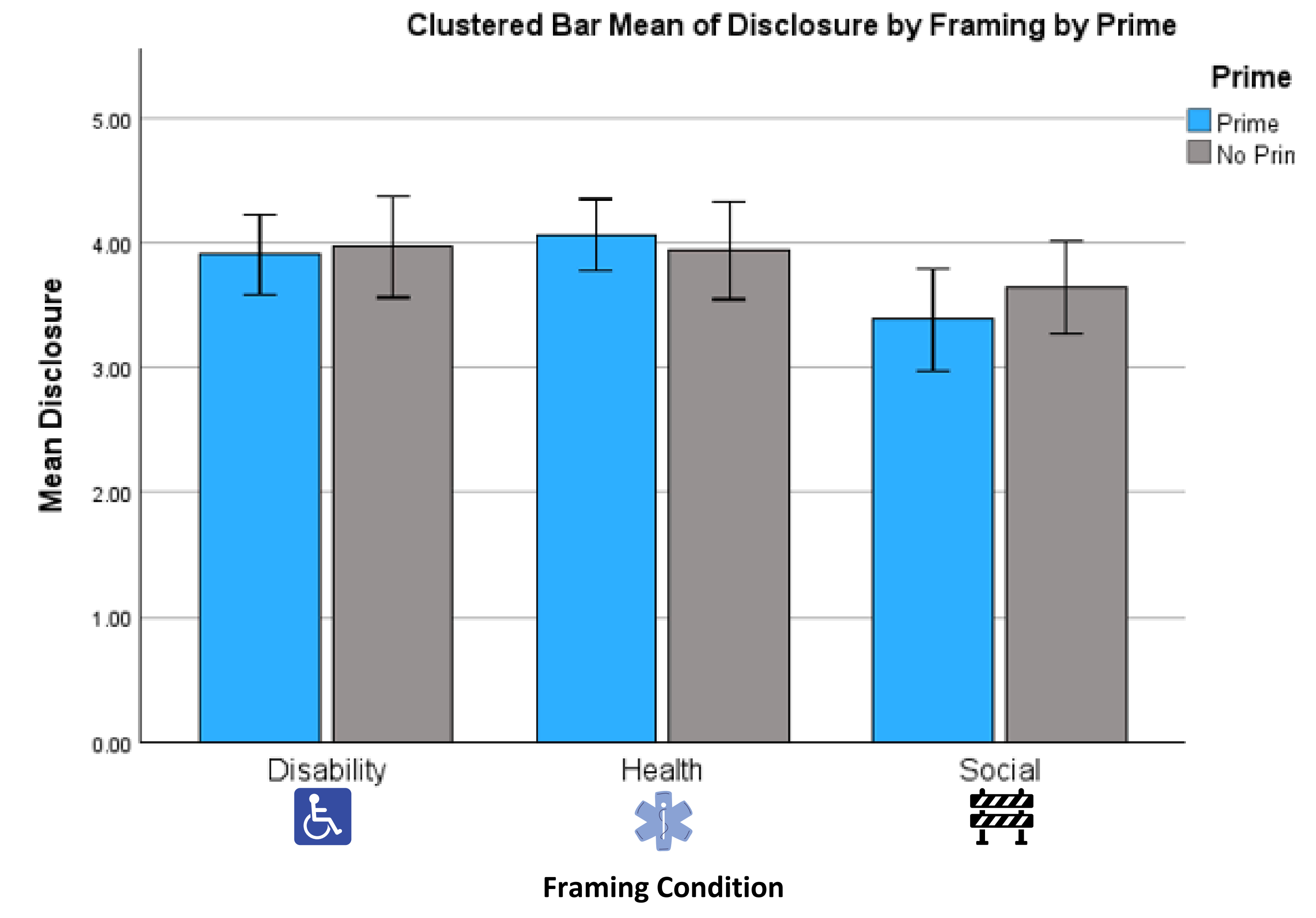
✅ SIGNIFICANT **MAIN EFFECT** OF **FRAMING** ON PERCEIVED DISCLOSURE INTENTION
$F(2, 182) = 4.26, p = .016, n^2 = .045$

RESULTS

❌ NO SIGNIFICANT **MAIN EFFECT** OF **PRIMING** ON PERCEIVED DISCLOSURE INTENTION.
$F(1, 182) = 0.192, p = .662, n^2 = .001$

❌ NO SIGNIFICANT **INTERACTION EFFECT** OF **PRIMING & FRAMING** ON PERCEIVED DISCLOSURE INTENTION.
$F(2, 182) = .057, p = .565, n^2 = .006$

HIGHER perceived disclosure for the **HEALTH** framing compared to **SOCIAL** framing $p = .024$

HIGHER perceived disclosure for the **DISABILITY** framing compared to **SOCIAL** framing $p = .061$

NO DIFFERENCE in perceived disclosure for the **HEALTH** framing compared to **DISABILITY** framing $p = 1.000$

DISCUSSION

Results reveal a **mismatch in the perceived and observed behaviors of students with disabilities**, with the majority of participants believing that students with disabilities are **somewhat** to **extremely likely** to seek accommodations **(76.6%)**, while existing research suggests **only 35% of students disclose their disability** (Newman & Maudus, 2015).

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