Chapter One
Accessibility for Everyone

Welcome to our guide on Accessibility for Everyone. Let us start with a few key points. This guide will use different terms to refer to "diverse abilities" and "disabilities" interchangeably. When the word "disabilities" is often quoting a source. Different people prefer different expressions; the author prefers the term "diverse abilities" as it avoids the negative "dis" prefix and challenges systemic ableism. However, some in the community prefer "disabilities." the author believes "diverse abilities" can spark innovative thinking.

In the " Advantages of Accessibility " section at the end, we will explore the benefits of including people with diverse abilities.

This guide consists of six parts. We begin with the history of disability, which is crucial for understanding the ongoing oppression faced by our community. Next, we will discuss trauma-informed approaches, which are often overlooked by companies when dealing with marginalized groups. The third part covers disability through the lens of race, gender, and LGBTQ+ perspectives, moving beyond a solely white viewpoint. Understanding cultural aspects is key when addressing systemic ableism.

Part four examines both visible and invisible diverse abilities and their combinations. Invisible diverse abilities often present different challenges compared to visible ones. The fifth part examines how various diverse abilities can clash when considering reasonable accommodations. Finally, we will highlight the advantages of working with and hiring people with diverse abilities. It is vital to challenge biases and stereotypes about our community.

Before diving into disability history, let us clarify the difference between universal design and accessibility. Accessibility means enabling people to work based on their needs or abilities. According to the ADA, it does not include religious considerations, as religion is unnecessary. Universal design can include accessibility, but not all universal design workplaces are fully accessible.

A quick note on religion: Some religious practices, like fasting, affect work or school. Being aware of these needs is important. However, fasting is based on beliefs, unlike wheelchair accessibility or noise sensitivity. People cannot suddenly make stairs wheelchair-friendly or control environmental noise, but they can use accommodations like ramps or noise-canceling headphones. See how accommodations work?

Accommodations help meet people's needs, like ramps for building access or noise-canceling headphones to prevent overstimulation. Consider this: If a person has a migraine, can that person work effectively? Bright lights, mainly LEDs, can trigger migraines and impact work performance.

A person might think accommodations are only for people with disabilities. That is not entirely true. Remember, it is about ongoing human needs, not choices.

For example, can a woman choose not to have hot flashes during menopause? No. A reasonable accommodation might be a desk fan.

In the accessibility world, we often use humor to cope with challenges. Humor has been used in the disability community to deal with people's challenges; humor and other examples may sometimes be used.

There is an excellent article called "The 3 M's: Tackling the Taboos - Menstruation, Maternity, and Menopause" that discusses women's workplace challenges.

This guide will explore various aspects of accessibility and diverse abilities. We will examine how different needs can sometimes conflict, the importance of cultural understanding, and the benefits of creating truly inclusive environments.

Remember, accessibility is not just about following rules or ticking boxes. It is about creating spaces where everyone can contribute fully, regardless of their abilities or needs. This approach benefits individuals and enhances workplace and community creativity, innovation, and productivity.

As we move through each section, try to put yourself in others' shoes. Consider how small changes in design or policy could make a big difference in someone's life. Consider adapting your work or living space to be more inclusive.

We will also discuss the evolving language around disability and diverse abilities. Language matters because it shapes perceptions and attitudes. More inclusive language can help shift societal views and promote greater understanding and acceptance.

In the coming sections, we will explore specific types of diverse abilities, both standard and less-known conditions. We will examine how these abilities affect daily life and work and discuss practical ways to create more inclusive environments.

Remember, accessibility is not a one-size-fits-all solution. What works for one person might not work for another, even if they have similar needs. Open communication and flexibility are key to creating genuinely accessible spaces and systems.

As we embark on this journey together, please question assumptions and challenge preconceptions while thinking creatively about preconceptions and how we can build a more inclusive world. Let us get started!

Some countries, unlike the United States, offer menstrual leave. I will provide a link to show which nations do this. Regarding maternity leave, consider a parent's needs. Daycare hours might clash with work schedules, affecting job accessibility for parents. Young children cannot be left alone.

What about accents? Can someone with a strong accent change it?

It is possible but likely requires significant effort.

A sensible accommodation is not placing them in customer-facing roles like call centers. This prevents frustration for both employees and customers. Technology can also help bridge communication gaps. Accent bias is a real challenge for many.

Let us examine another accessibility need unrelated to disability. Years ago, while traveling, there were few options when ordering vehicles. The driver had a jeep with high tires, struggled to get in, and nearly hurt my body. At that time, canceling the ride was not an option for many reasons, including not wanting to pay a cancellation fee. A simple step stool would have solved this issue and earned the driver a five-star rating. So, ladders or stools can be accommodations for shorter individuals.

SHRM reports that nearly 60% of reasonable accommodations cost companies nothing. Additionally, resources exist to help businesses finance accommodations.

Understanding the difference between accessibility and universal design is vital before diving into the history of disability. Not all reasonable accommodations are disability-related. That is why I often say "different capabilities." This should clarify.

It is important to start by noting the number of people with documented disabilities. However, many do not report their disability or are unaware due to stereotyping and biases they encounter.

According to ADL, about 40.7 million Americans have disabilities. The disability community has faced centuries of biased assumptions, irrational fears, stigma, and harmful stereotypes. This stigma has led to economic marginalization for generations, leaving our community impoverished for centuries. However, many people with different capabilities live independently, affirming their personhood, which includes their hopes, ideas, beliefs, and dreams beyond their disability. Since the mid-1900s, there has been a push to recognize disability as an aspect of identity influencing individual experiences rather than the sole defining characteristic. This highlights our ongoing struggle and how we are often overlooked in discussions about equity rights.

There is a meeting today about the sub-minimum wage for people with disabilities. This long standing issue affects pay, employment, and equal opportunities. Would you accept lower wages because you work differently than the majority?

It is no different from paying women less because most workers are male or paying non-white people below minimum wage. After all, the population is primarily white. Lack of equity for people with disabilities persists, either due to ignorance, apathy, or acceptance of biases that perpetuate an ableist society.

In the 1800s, many advocates believed the push for assisted suicide and eugenics aimed to eliminate "undesirable" traits from the gene pool. The Buck v. Bell decision allowed doctors to sterilize "mental defectives" without consent. Justice Oliver Wendell Holmes Jr. famously stated, "Three generations of imbeciles are enough; the ruling stands"(*Buck v. Bell*, (1927)).

Temple University offers an excellent timeline of disability history. This chapter will use this source and a few others to cover the history of disability.

Formal deaf education began in the United States from 1815 to 1817. In 1829, the invention of Braille introduced the raised point alphabet (Temple University,n.d.). Let us jump to the 1900s. Throughout this century, people with disabilities received assistance through various presidential initiatives (National Park Service,n.d.).

This history demonstrates our continuous struggle for recognition and equal rights. Understanding this background is crucial as we discuss current issues and future goals for accessibility and inclusion.

As we progress, remember that accessibility is not just about physical accommodations. It is about creating environments where everyone can participate fully, regardless of their abilities. This includes considering invisible disabilities, mental health needs, and neurodiversity.

We must also recognize the intersectionality of disability with other aspects of identity, such as race, gender, and sexual orientation. These intersections can compound challenges and require nuanced approaches to accessibility and inclusion.

Fostering an inclusive workplace environment goes beyond physical accommodations. It involves creating a culture where everyone feels valued and can contribute their unique

perspectives and skills. This not only benefits individuals with disabilities but can also lead to increased innovation and productivity for the entire organization.

As we continue to advocate for accessibility and inclusion, we must challenge our biases and assumptions. We must listen to and amplify the voices of those with lived experiences of disability. Their insights are invaluable in creating truly inclusive spaces and policies.

Remember, accessibility is an ongoing process, not a one-time fix. As technology and society evolve, so too must our approaches to inclusion. By staying informed and open to change, we can continue to build a more accessible and equitable world for everyone.

In 1907, laws allowing the forced sterilization of disabled individuals were put in place. By 1927, such practices were deemed constitutional. The election of President Roosevelt in 1932 marked a turning point for disability rights. Roosevelt, who used a wheelchair due to illness, brought attention to accessibility issues during his presidency (Temple University,n.d.).

The 1930s saw the formation of the League of the Physically Handicapped, coinciding with the Great Depression's employment struggles. Between 1934 and 1940, the National Federation of the Blind was established. President Roosevelt signed the Social Security Act into law in 1935. Tragically, in 1939, the Nazi regime's agenda led to the deaths of thousands of disabled individuals, euphemistically termed "mercy killings" (Temple University, n.d.). In 1948, President Truman established the National Institute of Mental Health (National Park Service, n.d.).

The 1940s witnessed the birth of "We Are Not Alone," a movement by psychiatric patients supporting hospital-to-community transitions. In the 1950s, several local groups united to form the National Association for Retarded Children (NARC), which boasted tens of thousands of members, primarily parents, by the 1960s (National Park Service, n.d.).

1946 saw the founding of the National Mental Health Foundation. The following year, the National "Employ the Physically Handicapped Week" campaign was launched, and the Paralyzed Veterans of America organization was formed. 1950 marked the inception of National Barrier-Free Standards and the ARC's advocacy for people with intellectual disabilities (Temple University,n.d.).

The 1954 Brown v Board of Education ruling significantly impacted disability equity. In 1962, Ed Roberts challenged Vocational Rehabilitation and Berkeley's admission policies, sparking the Independent Living (IL) Movement. This led to the establishment of Independent Living centers nationwide. Judy Heumann, a key figure in IL, greatly influenced disability laws.

Many are unaware that civil rights laws later affected disability equity. For instance, Brown v. Board of Education's ruling against school segregation laid the groundwork for recognizing the rights of individuals with diverse abilities.

In 1963, President Kennedy signed the Community Mental Health Act. Notably, the 1964 Civil Rights Bill excluded discrimination protections for disabled individuals (Temple University,n.d.). Consider the implications of being denied equity or civil rights – wouldn't discrimination persist? Between 1960 and 1963, President Kennedy organized committees focused on disability treatment and research (National Park Service,n.d.).

The 1965 Title XIX of the Social Security Act paved the way for Medicaid assistance for disabled and low-income individuals. 1968 saw the Architectural Barriers Act. In 1970, educator and disability activist Judy Heumann was denied a teaching license, citing her wheelchair as a fire hazard. She sued the New York City Board of Education. Heumann later served in the Clinton Administration from 1993 to 2001. In 1973, the Pennsylvania Association for Retarded

Children et al. v. Commonwealth of Pennsylvania lawsuit demanded education access for all disabled children (Temple University, n.d.). Imagine being denied education due to disability – how would you feel in this situation?

The 1973 Rehabilitation Act included several crucial sections addressing disability discrimination. Section 501 protects disabled individuals in federal workplaces and organizations receiving federal funds. Section 503 mandates affirmative actions supporting education and employment for traditionally disadvantaged groups. Section 504 prohibits discrimination against disabled people in programs, activities, and workplaces. Section 508 ensures equal or proportional access to technological information for individuals with varying abilities. However, the regulations in Section 504 were written but not implemented.

This history underscores the ongoing struggle for disability rights and inclusion. It highlights the importance of understanding past challenges to address current issues and shape future accessibility goals. As we move forward, we must recognize that accessibility extends beyond physical accommodations. It encompasses creating environments where everyone can fully participate, regardless of their abilities.

We must also acknowledge the intersectionality of disability with other aspects of identity, such as race, gender, and sexual orientation. These intersections can compound challenges and require nuanced approaches to accessibility and inclusion. Fostering an inclusive environment in the workplace involves creating a culture where everyone feels valued and can contribute their unique perspectives and skills.

As we continue advocating for accessibility and inclusion, we must challenge our biases and assumptions. We must amplify the voices of those with lived experiences of disability, as their insights are invaluable in creating truly inclusive spaces and policies. Remember, accessibility is an ongoing process that evolves with technology and society. By staying informed and open to change, we can build a more accessible and equitable world for everyone.

In 1977, the disability rights community grew impatient and began pressing President Carter to sign crucial regulations. Instead, a task force was assigned to review the information, sparking fears that this review might weaken the Act's protections. The American Coalition of Citizens with Disabilities (ACCD) took a firm stance, demanding the regulations be authorized as written by April 5, 1977, or they would take action. When the deadline passed without signatures, nationwide protests erupted, with sit-ins at federal Health offices and the Federal Building. This continued until April 28, when the regulations were finally signed without changes. Kitty Cone, an organizer, noted this as the first instance where "disability was viewed from a civil rights perspective, rather than seeing people with different abilities as objects of charity and rehabilitation at best, or pity at worst."

Consider how it would feel to be seen as someone to be pitied simply because the person is different from those in society. Most people do not feel good about being seen as incompetent and a charity case.

This situation further illustrates the ongoing struggle for people with varying abilities to be recognized as having equal rights.

During the 1970s, activists lobbied Congress and marched in Washington, DC, to include civil rights language for people with disabilities in the 1972 Rehabilitation Act. This law, finally passed in 1973, marked the first time in history that civil rights for people with disabilities were legally protected. How many years after the Civil Rights Act was this milestone achieved? This

continual fight proves how we remain the forgotten tribe, constantly battling for recognition (Anti-Defamation League, n.d.).

Chicago repealed the last of its "Ugly Laws" in 1974. These laws had allowed police to violate individuals by arresting and jailing them for being "disfigured" or showing signs of disability (Temple University, n.d.). Was this a form of disability profiling similar to racial profiling? Despite the repeal of these laws, the disability community still grapples with law enforcement's understanding of disability. Julia Carmel's New York Times article cites a Ruderman Family Foundation study showing that 30 to 50 percent of all people killed by law enforcement officers are disabled. This became even more apparent during the rise of the Black Lives Matter movement in 2014 (Frieden, 2020).

The CDC reports that Native people face the highest rates of police brutality per capita. Mx. Deerinwaters emphasized, "The 'per capita' aspect is crucial when discussing Native issues, as we make up less than 2% of the U.S. population." Consider the implications of the highest rates of police brutality affecting only 2% of the population (Frieden, 2020).

Villissa Thompson, a social worker and writer, shared, "As someone hard of hearing, if I cannot hear a command from law enforcement, I might appear non-compliant." Reflect on the privilege of not having a different ability. Imagine wanting to comply with officers but being unable to due to a disability. Picture being arrested or experiencing brutality because of having different abilities. This ongoing issue, coupled with society's lack of understanding, makes achieving equity exhausting and challenging for those with disabilities.

In 1974, Portland, Oregon, hosted the first convention for people with intellectual and developmental disabilities. The following year saw the enactment of the Developmental Disabilities Assistance and Bill of Rights, the reauthorization of the Education for Handicapped Children's Act, and the United Nations Declaration on the Rights of Disabled Persons. 1975 also marked the shift from the medical model to the social model of disability.

The Education of All Handicapped Children Act of 1975 guaranteed children with disabilities the right to public school education. These laws resulted from disability activists' protests and collaboration with the federal government. Between the 1950s and the Americans with Disabilities Act in 1990, Congress passed over 50 pieces of legislation. A year later, a deaf actress joined the cast of Sesame Street.

This history underscores the persistent struggle for disability rights and inclusion. It highlights the importance of understanding past challenges to address current issues and shape future accessibility goals. As we move forward, we must recognize that accessibility extends beyond physical accommodations. It involves creating environments where everyone can fully participate, regardless of their abilities.

We must also acknowledge the intersectionality of disability with other aspects of identity, such as race, gender, and sexual orientation. These intersections can compound challenges and require nuanced approaches to accessibility and inclusion. In the workplace, fostering an inclusive environment means creating a culture where everyone feels valued and can contribute their unique perspectives and skills.

As we continue advocating for accessibility and inclusion, we must challenge our biases and assumptions. We must amplify the voices of those with lived experiences of disability, as their insights are invaluable in creating truly inclusive spaces and policies. Remember, accessibility is

an ongoing process that evolves with technology and society. By staying informed and open to change, we can build a more accessible and equitable world for everyone.

Disability Rights Movement

Despite progress, legal battles persisted. In 1977, Halderman v. Pennhurst State School and Hospital shut down a major state institution. That same year, disability activists, including Judy Heumann and Ed Roberts, occupied California's federal Health, Education, and Welfare offices. The National Council on Disability was created in 1978. Disability advocates in Denver protested inaccessible buses, leading to the formation of ADAPT (Gardner, .N ,2018, July). In 1982, the UN promoted global equality for people with disabilities, Speaking for Ourselves was established in Pennsylvania, and Alan A. Reich founded the National Organization on Disability. Gallaudet University in DC appointed its first deaf president in 1988.

The Pennsylvania Early Intervention Services System Act 212 of 1990 aided eligible children from birth to school age. The Education for All Handicapped Children Act was renamed the Individuals with Disabilities Education Act (IDEA), requiring students with disabilities to participate actively in their transition planning. On March 12, 1990, the Capitol Crawl Protest occurred. Over 1,000 protesters from 30 states, frustrated by delays in passing the ADA, gathered. About 60 activists left their wheelchairs to climb the 83 steps of the United States Capitol Building. This powerful demonstration led to President Bush signing the ADA.

In a conversation with Judy Heumann, she shared that the ADA's passage marked unprecedented unity. She recalled the excitement in Congress and how learning disabilities were nearly excluded but included after community outcry. A 2008 amendment to the ADA expanded protections to include concentrating, thinking, communicating, learning, reading, and working. The ADA provides similar protections to those based on race, color, national origin, age, sex, and religion.

In 1991, Autism became a federal special education category. The National Home of Your Own Alliance, founded in 1993, helps states develop home ownership for people with developmental disabilities. In 1995, the National Federation of the Blind created a talking newspaper using synthetic speech. The 1996 Federal Telecommunications Act mandated closed captioning for computers and phones, benefiting those with hearing and learning disabilities. The Assistive Technology Act became law in 1998. The landmark 1999 Olmstead v. L.C. and E.W. the decision requires states to provide services in integrated settings, reinforcing the right of people with disabilities to live in their communities.

Virginia officially expressed regret in 2001 for involuntarily sterilizing over 8,000 people with disabilities between 1924 and 1979. Chicago hosted the first disability Pride parade in 2004. A 2007 photo exhibit showcased the grassroots history leading to the ADA's passage. The powerful images of the Capitol Crawl demonstrate the lengths people went to for equal rights. This timeline highlights the ongoing struggle for disability rights and inclusion. It shows that progress often comes through persistent advocacy and legal action. The shift from viewing disability as a medical issue to a social and civil rights matter has been crucial in advancing equality.

As we reflect on this history, it is clear that accessibility goes beyond physical accommodations. It involves creating environments where everyone can fully participate, regardless of their

abilities. We must recognize the intersectionality of disability with other aspects of identity, as these intersections can compound challenges and require nuanced approaches to inclusion. In workplaces and communities, fostering inclusivity means creating cultures where everyone feels valued and can contribute their unique perspectives. As we continue advocating for accessibility and inclusion, it is essential to challenge our biases and amplify the voices of those with lived experiences of disability.

Remember, accessibility is an ongoing process that evolves with society and technology. We can build a more equitable world by staying informed and open to change. The disability rights movement reminds us that change is possible through collective action and perseverance despite significant obstacles.

West Virginia began mandating disability history in schools in 2008. Sadly, pioneers like Ed, Judy, and others who were crucial to disability rights remain largely unknown today. We honor Dr. King for his 1964 Civil Rights Act role, thanks to Coretta King's efforts to preserve his legacy. It is frustrating that disability rights heroes are not similarly recognized. Disability does not discriminate - it can affect anyone regardless of age, race, or gender. This underscores our status as the "forgotten tribe." During a tour at Berkeley University, Ed Roberts' alma mater, his name drew blank stares. This lack of awareness about ADA forerunners and its history suggests an attempt to erase disability equity's past.

In 2009, President Obama signed Rosa's Law, replacing "mental retardation" with "intellectual disability" in federal law. Philadelphia celebrated disability pride in 2012. ADAPT activists fought to protect the Affordable Care Act (Medicaid) in June 2017.

Oregon's Department of Transportation (ODOT) was sued in 2016 for non-compliance, initiated by someone from the Independent Living movement. Even after losing, ODOT struggled to implement the court's directives.

Vocational Rehabilitation, an agency meant to help people with disabilities find employment, often falls short, causing further trauma to clients. This failure is one reason disability rights agencies exist in every state.

When the history of disability is shared, it often highlights how often the community's work is unrecognized and the constant struggle to achieve equity. We were the last group added to the Civil Rights Act, yet unemployment rates for people with disabilities remain 2-3 times higher, indicating more work is needed.

Self-advocacy groups like DREDF, ADAPT, and CIL have shaped national disability discussions. CIL, which began in California's Cowell Memorial Hospital in the early 1960s, now provides services nationwide and internationally.

Here is my personal story of experiencing both visible and invisible disabilities, which has given me insight into the disability world that very few have had. My aunt Becky, born in 1952, developed a visible disability due to oxygen loss at birth. Someone told my grandmother that Becky was a divine punishment for her sins - a common misconception in the 1950s. Becky's presence in my life was a blessing, as I will explain later.

My grandparents tried to send Becky to school, but the first one lacked suitable programs. At the second school, she often escaped and wandered. Back then, there was little understanding of how to work with Becky's condition.

During this time, Betty Roberts fought for education, women's rights, and civil rights, while Barbara Roberts advocated for disability rights using her funds. Betty ran unsuccessfully for the

Democratic gubernatorial primary in 1971. Years later, in 1991, Barbara Roberts became Oregon's first female governor. Both women were influential during this period.

My grandfather, featured on Life Magazine's cover in March 1958, had a brother in children's services who suggested they consult Betty Roberts, an attorney. My grandparents, who had limited means (grandfather was a teacher, grandmother was a homemaker for five kids), met with Betty. She helped Becky into Shangri-La, a school for people with developmental disabilities. They paid Betty's fees with a year's worth of meat and berries from their farm's freezer. I remember visiting the farm as a child and even milking a cow once - a strange experience.

Shangri-La opened in 1963, and Becky started there in 1964 at age 12, moving over an hour away from home to Salem. This transition was tough for my grandmother, who had worked tirelessly to help Becky learn to speak.

This history demonstrates the disability community's ongoing struggle for recognition and rights. It shows how far we have come and how much further we need to go. The fight for equity continues, with each victory hard-won through persistence and advocacy.

The stories of individuals like Becky and the efforts of families like my grandparents highlight the personal impact of disability rights. They remind us that behind every policy change and legal battle are real people striving for dignity and inclusion.

As we move forward, it is crucial to remember and honor those who paved the way for today's rights and accommodations. We must continue to educate others about disability history, challenge misconceptions, and push for greater inclusion in all aspects of society.

The work of organizations like DREDF, ADAPT, and CIL shows the power of collective action. Their efforts have shaped policy and changed societal attitudes towards disability. As we benefit from their work, we must also carry it forward, ensuring that future generations have more significant opportunities and acceptance.

The journey towards full equality and inclusion for people with disabilities is ongoing. It requires constant vigilance, education, and advocacy. By sharing these stories and continuing to fight for rights, we ensure that the disability community is no longer the "forgotten tribe" but an integral, visible, and valued part of our diverse society.

This move proved the best for her, as she found a community of like-minded individuals. Later, Shangri-La purchased homes for program graduates to live in the community. Brene Brown emphasizes our need for both love and belonging. My aunt's sense of belonging contributed to her longer-than-expected and happy life. People with different abilities often struggle with belonging, but having a supportive community is just as crucial.

Growing up, my mom noticed I was different from other kids. Spending time with my grandma and hearing about Becky helped my mom recognize my unique abilities. My bio dad's mom mentored my mom in various ways. My mom heard about a school with a unique learning program for kids like me. I thrived there until they discontinued the program. The school administration disliked that differently-abled kids were performing as well as or better than others. I remember struggling suddenly and feeling awful as I watched others excel. I tried hard but could not keep up.

My learning differences were not diagnosed until high school. When tested as a freshman, I scored at college freshman level in all subjects, yet failed my classes. Something was wrong. My mom found a program called Learn to Learn, now H.E.L.P. (Help Elevate Learning

Processes). It was challenging - I had to learn to write with both hands in four quadrants. I remember struggling with the letter G and hating it that day. H.E.L.P. testing revealed I have visual and auditory processing issues and spatial problems affecting map reading and geometry. Imagine being good at math formulas but not geometry! It was frustrating because I loved math. Stress worsens my information processing, and I am sensitive to lights, sounds, and touch.

Sometimes, having a processing issue can be amusing, like when I mishear the wrong things. It is not funny when I cannot figure out what I heard incorrectly and act on my misunderstanding, only to find out it was not what was expected. This is when people have gotten angry or critical of me. I try to explain, but I have often been called a liar, even with proof from my tests. I have been labeled rebellious, among other things. Usually, understanding does not happen even with clarifying conversations. Many people have been unwilling to do this with me, with an underlying expectation that I should "get it."

My mom's family bullied me and saw me as an embarrassment because of my differences. I was also bullied at school by teachers and students and later in the workplace. In high school, one teacher even encouraged other students to bully me and sabotaged my efforts.

During high school, they placed me in a special ed class with severely disabled students because they did not know how to handle my processing differences.

I have only met one person in my life with the same processing issues, which can be very isolating. This is one of the reasons I decided to pursue a degree in I/O psychology. I have witnessed how people with different abilities have been bullied, fired, and denied simple accommodations to be effective employees. I want to be part of the change towards equity for differently abled people.

These challenges can make it hard to feel loved or find belonging, especially in the face of ongoing trauma or an ableist society.

I recall my experiences at the business school where I got my undergrad. I reported several instructors to disability services and the dean's office. One instructor tried to negotiate away my reasonable accommodations. A dean initially agreed it was okay to negotiate, but disability services had to educate them otherwise. This upset the instructor, who threatened my grade if I did not take the test when she wanted - when the testing center was closed. At that point, I had had enough. I already struggle with multiple-choice tests, though I excel at essays. Unfortunately, there are no reasonable accommodations for that format.

These experiences highlight the ongoing challenges faced by people with different abilities in educational and professional settings. Despite laws and policies in place, many still encounter barriers and misunderstandings. Advocating for better understanding, appropriate accommodations, and equal opportunities is crucial.

The journey towards true inclusion and equity for people with different abilities is far from over. It requires ongoing education, advocacy, and a willingness to listen and adapt. By sharing these personal stories and experiences, we can help others understand the real-world impact of ableism and the importance of creating inclusive environments.

As we move forward, it is essential to recognize that each person's experience with disability is unique. What works for one person may not work for another. This underscores the need for flexible, individualized educational, employment, and societal approaches.

The fight for disability rights and inclusion is not just about legal compliance but about changing societal attitudes and creating a culture of acceptance and understanding. It is about recognizing the value and potential of every individual, regardless of their abilities or challenges. We can work towards a more inclusive and equitable society by continuing to share our stories, advocate for our rights, and educate others. This journey requires patience, persistence, and the collective efforts of those with disabilities and their allies.

As we reflect on these experiences and challenges, let us celebrate our progress. Each step forward, no matter how small, brings us closer to a world where everyone can fully participate and thrive in all aspects of life, regardless of their abilities.

The dean requested I return to class and complete the session. I expressed concerns about fair grading due to broken trust and worried about potential issues if I went back. The business refunded my class fee and covered a higher-level marketing course, where I earned a B+ or A-. Interestingly, the instructor offered three options for the final in this new class. No one chose the exam.

My research on standardized tests like the GMAT or GRE reveals that they are designed for non-disabled, white individuals. This raises questions about how others can access grad school and successful careers when such biased tests are still in use.

I once volunteered for a white female Social Psychology PhD at the same college, studying race. Despite the evidence against it, she insisted on requiring the GRE. During COVID lockdowns, she sent me and another student to distribute flyers about her lab on campus without explicit instructions.

Meeting my fellow students on campus, they immediately disclosed their disability. While handing out flyers, this white student approached two black women sitting on the floor, saying, "You would be perfect for this study."

I felt embarrassed and tried to salvage the situation, but my appearance as white complicated matters. I could not disclose the student's disability to the black woman. I was in a difficult position.

To clarify how the dynamics looked: two white women standing over two black women, racially profiling them for a study. How would that make you feel?

The black women were understandably offended, which saddened me. The student with the disability became upset, calling them rude. They left me on a locked campus without access to facilities, including bathrooms, to finish distributing the instructor's flyers.

I later discussed this with the instructor, advising against talking to the student due to their disability-related lack of understanding. There is some research out there that suggests providing clear instructions to students with disabilities to prevent similar incidents. No one wants to be racially profiled. The instructor argued that students should inherently know better. I even offered to help draft guidelines to protect her lab and students.

An ethical code binds psychologists not to harm. This situation harmed me, the black women, and the student who told me about their disability. That individual lacked proper guidance. The university was appalled when I reported this and urged me to file a formal complaint. I chose not to report her to the IRB or department dean, considering my alum status and potential PhD application. However, I did report her to the APA's ethics board, but no follow-up or investigation occurred.

It is crucial to understand that race does not supersede disability, nor vice versa. In many cases, simple precautions could prevent harm. This is also why it is vital to understand how different races perceive disability.

I have learned to speak up despite the often traumatic nature of doing so.

One might question equity from the description of colleges, but similar issues arose during my Master's at another school. Two instructors failed to provide reasonable accommodations (RA). A white male instructor even claimed it was not fair to other students. This is not unique to one university; most struggle accommodating different capabilities. However, schools generally offer better RA opportunities than workplaces.

I have encountered managers who struggle to understand or believe in my different capabilities in professional settings. I have faced bullying from coworkers, found gum on my car, and been unexpectedly grilled by HR about my RA. There are many stories of people being pushed out of their jobs due to disabilities, and we will discuss some of that later on. Often, this stems from employers' lack of knowledge about protecting employees or implementing RA.

Having exposure to visible disabilities at a young age gives more understanding of some of the challenges that are faced. Having an invisible disability has caused struggles in navigating the disability community and societal expectations. Serving on disability rights committees and advocating for disability equity in Washington, DC. Gives one new insight into the disability community.

Race and disability intersect in complex ways, and neither should be prioritized over the other. Simple measures could prevent harm and promote understanding for all parties in many situations.

This is why I share some of my personal stories: to help you understand the impacts of disability equity and how far we still need to go.

Standing up for what is right is crucial, even when challenging and potentially traumatic.

It is important to note that these issues are not confined to a single institution. During my Master's program at another university, I encountered similar problems with two instructors who failed to provide reasonable accommodations (RA). One white male instructor even argued that providing accommodations was not fair to other students. This highlights a widespread struggle in higher education to work with individuals with different capabilities effectively. However, it is worth noting that educational settings generally offer better opportunities for obtaining RA than many workplaces.

I have experienced managers who struggle to understand or accept my different capabilities in professional environments. This has led to bullying from coworkers, including finding gum in my car. I have been subjected to impromptu interrogations about my RA by HR and other parties. I have also heard numerous distressing accounts of individuals being pushed out of their jobs due to their disabilities. Often, these issues stem from employers' lack of knowledge about how to protect employees or implement RA effectively.

I want to emphasize that I have a deep understanding of both visible and invisible disabilities. My early exposure to visible disabilities gave me insight into the challenges faced by those with apparent physical differences. Additionally, my struggles have given me firsthand experience with invisible disabilities. I have been actively involved in disability rights, serving on committees and traveling to Washington, DC, to discuss disability equity with representatives.

It is crucial to recognize that race and disability are intersecting issues, and neither should take precedence over the other. In many cases, simple preventative measures and increased awareness could significantly reduce harm and foster better understanding.

Despite the difficulties and potential for trauma, I have learned the importance of speaking up and advocating for change. Through these actions, we can hope to create more inclusive and equitable environments for all individuals, regardless of their abilities or backgrounds.

When people receive what they need, they can thrive. Without proper support, society pays a higher price. We see more individuals with a disability, more legal battles, and lost talent due to biases against those with different abilities.

It is vital to honor some disability rights pioneers. Years ago, I visited Berkeley University in California. Surprisingly, their campus tour never mentioned Ed Roberts, a key figure in creating the ADA and Independent Living Centers nationwide. His absence from any hall of fame saddened me, given Berkeley's role in disability equity. Roberts, who contracted polio at 14, faced challenges when accepted to Berkeley. He had to live in Cowell Memorial Hospital as dorms could not accommodate his iron lung. Roberts and John Hessler, another student with physical disabilities, demanded campus access and encouraged others with disabilities to attend. Despite being told he could not Vocational Rehabilitation, Roberts earned his Master's and taught at Berkeley. His work continues to impact lives through the Independent Living movement.

Judy Heumann, often called the "mother of disability rights movement," was another influential figure. Paralyzed by polio at 18 months, Heumann's parents, German Jewish immigrants, refused to institutionalize her. She was initially denied public kindergarten admission and labeled a "fire hazard" due to her wheelchair. Her parents fought for her right to attend public school, eventually succeeding. In high school, she and other parents challenged a policy requiring wheelchair users to be homeschooled. Heumann graduated from Long Island University but was denied a teaching license in New York due to her wheelchair use. She sued the Board of Education, winning her case in the 1970s and becoming New York City's first wheelchair-using teacher.

Heumann soon left teaching to advocate for disability rights. In 1993, President Clinton appointed her as assistant secretary of the Office of Special Education and Rehabilitation Services, overseeing federal education programs for students with disabilities until 2001. From 2002 to 2006, she advised the World Bank on disability and development. In 2010, President Obama named her special adviser on international disability rights for the US Department of State, a position she held until 2017. She then became the first director of Washington DC's Department of Disability Services. Her passing in 2023 deeply affected the disability rights community, leaving a void in leadership and advocacy.

These stories highlight the ongoing struggle for disability rights and inclusion. They show how determined individuals can drive significant change despite systemic barriers and discrimination. The work of Roberts, Heumann, and countless others has paved the way for better understanding and accommodation of different abilities in education, employment, and society. However, their efforts also underscore the persistent challenges faced by people with disabilities. Despite progress, many still encounter barriers to accessing education, employment, and public spaces. The fight for equal rights and opportunities continues, with each generation building on the foundations laid by these pioneers.

It is crucial to recognize that disability rights intersect with other social justice issues, including race, gender, and economic equality. As we strive for a more inclusive society, we must consider how these various factors interact and impact individuals' experiences.

The stories of Roberts and Heumann also demonstrate the power of community and collective action. By joining forces with others facing similar challenges, they were able to effect change on a broader scale. This underscores the importance of solidarity and mutual support within the disability community and beyond.

As we reflect on these pioneers' achievements, we must also consider our role in continuing their work. How can we contribute to creating a more inclusive society? What steps can we take daily to challenge stereotypes, advocate for accessibility, and support those with different abilities?

Education and awareness are key components in this ongoing effort. By sharing these stories and promoting understanding of disability issues, we can help shape a more inclusive future. This includes recognizing and celebrating the contributions of people with disabilities in all areas of life, from academia to the arts, politics to technology.

Ultimately, the goal is to create a society where everyone, regardless of their abilities, has the opportunity to reach their full potential. This requires ongoing effort, policy changes, and a shift in societal attitudes. By building on the legacy of pioneers like Ed Roberts and Judy Heumann, we can continue to push for progress and create a world that truly values and includes all individuals.

Betty Roberts and Barbara Roberts are two remarkable women who left an indelible mark on Oregon's history. Barbara, Oregon's first female governor, was a fierce advocate for various causes, including disability rights, women's rights, voting rights, and LGBTQ rights. Her passion for disability rights was deeply personal, fueled by her experience raising an autistic son. This drove her to champion educational rights and equity for people with disabilities.

Barbara's advocacy led to significant legislative changes. She successfully pushed for a bill in Oregon's State Legislature that expanded and protected the educational rights of children with disabilities. Her commitment to this cause began even before her political career. In 1971, she met her future husband, Frank, while working together to pass a bill allowing children with disabilities to attend public school. Barbara went as far as using her own money to lobby for these children's rights.

When her oldest son was diagnosed with Autism in 1962, experts painted a bleak picture, predicting he would never attend school, work, or live independently. This experience mirrored many parents in the 1960s, who faced a severe lack of resources and support. Public schools lacked programs for children with disabilities, often resulting in these children being sent home or institutionalized. Barbara refused to accept this fate for her son, marking the beginning of her political journey.

Betty Roberts' story is equally compelling. During the Great Depression, her father's disability, caused by tainted bootleg liquor, forced her mother to take in laundry to support the family. This experience, coupled with the impact of President Roosevelt's New Deal, shaped Betty's understanding of the government's role in helping those in need.

Betty's path to politics was not straightforward. She moved to Oregon with her husband and pursued her education. Despite her husband's objections, she insisted on taking a job at a high

school, a decision that led to the end of her marriage a year later. Undeterred, Betty went on to attend law school and eventually entered politics.

These women's stories highlight the long history of disability equity advocacy. However, despite significant progress, the struggle for equal opportunities and rights continues. This module aims to shed light on the trauma experienced by the disability community when their needs are not understood or met.

It is crucial to recognize that the success of people with disabilities does not diminish others' opportunities. Instead, it can complement and enhance society as a whole. It is time for a shift in perspective: Instead of viewing the community's different capabilities as a cost, we should see them as an asset worthy of investment.

The disability rights movement has made significant strides, but challenges persist. Invisible disabilities, for instance, are more common than many realize. According to the CDC, 61 million adults in the US live with a disability, and many of these are invisible.

The history of the disability rights movement is rich and complex, involving numerous milestones and key figures. From the passage of the Americans with Disabilities Act (ADA) in 1990 to ongoing efforts for inclusion and accessibility, the movement continues to evolve.

Ed Roberts, often called the "Father of Independent Living," and Judith Heumann, a lifelong advocate for disability rights, are just two examples of the many individuals who have shaped this movement. Their work and countless others have paved the way for better understanding and accommodation of different abilities in education, employment, and society.

Reflecting on disability history, it is important to recognize that the fight for disability rights intersects with other social justice issues. The movement's success depends on continued advocacy, education, and a willingness to challenge existing norms and structures.

In conclusion, while progress has been made, there is still work to be done. The stories of Betty Roberts, Barbara Roberts, and other disability rights advocates remind us of the power of persistence and the importance of fighting for equal rights and opportunities. As we move forward, we must continue to push for a society that values and includes all individuals, regardless of their abilities.

The Oregon Department of Transportation (ODOT) was sued in 2016 over ADA compliance issues. The case, brought by disability rights groups, highlighted ongoing challenges in accessibility. A settlement was reached in 2017, with ODOT agreeing to improve curb ramps and pedestrian signals.

Vocational rehabilitation programs, while crucial for people with disabilities, face their hurdles. Success factors include education level, age, and type of disability. However, these programs often struggle with long wait times, inadequate funding, and staff shortages.

A 2015 report revealed that only 34% of vocational rehab cases resulted in employment. This low success rate points to systemic issues in the field. Despite these challenges, vocational rehab remains a vital resource for many seeking to enter or re-enter the workforce.

Ongoing efforts aim to address these issues and improve outcomes for individuals with disabilities.

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Chapter Two:
Generational Perspectives

The concept of "generation" is a complex and multifaceted term that has evolved, encompassing not only the biological sense of a group of individuals who have been born within a similar timeframe but also the sociological and cultural implications that shape these individuals' experiences and perspectives of these particular age-cohorts (Spitzer, 1973). A generation is a group of individuals who share a standard set of formative experiences, values, and worldviews often shaped by significant historical events, technological advancements, and socio-political changes during their growing-up years (Brannen, 2014).

In the present context, demographers and social scientists have identified several distinct generations in our world. The "Silent Generation," or traditionalists born between 1928 and 1945, is characterized by its members' experiences of the Great Depression and World War II, which instilled a sense of frugality, civic duty, and deference to authority (Vincent, 2005). The "Baby Boomers," born between 1946 and 1964, are a cohort that came of age during the postwar economic boom, civil rights movements, and counterculture of the 1960s and 1970s, shaping their values of individualism, social activism, and material prosperity (Moreno et al., 2017; Parment, 2013; Vincent, 2005).

Generation X, born between 1965 and 1980, is often described as a more cynical and independent generation, shaped by the economic recessions, the AIDS crisis, and the rise of personal computing and the internet (Busch et al., 2008). The "Millennials," or Generation Y, born between 1981 and 1996, are the children of the Baby Boomers and have been shaped by the advent of the digital age, the global financial crisis, and a heightened focus on social and environmental issues (Horn, 2006; Moreno et al., 2017; Crow & Stichnote, 2010).

The most recent generation, Generation Z, born between 1997 and 2012, is the first generation to have been born into a world with widespread access to the internet and social media, shaping their experiences and worldviews as "digital natives" who are adept at navigating the constantly evolving technological landscape (Said et al., 2020). Then there is the Alpha Generation, born after 2012, which has already made its mark in the consumerism and technology-driven world. The eldest Generation Alpha is still in their school years. It has already influenced the trends of marketing, technology, and priorities of their millennial parents (Generation Alpha: Understanding the Next Cohort of University Students, 2021).

These different generations' distinct characteristics and life experiences have significant implications for various aspects of society, such as consumer behavior, workplace dynamics, political engagement, and how they view accessibility. Understanding the nuances of generational differences is crucial for businesses, policymakers, and social institutions to effectively cater to these diverse age cohorts' needs and expectations and foster greater understanding and collaboration across generational lines (Gentina, 2020).

These generational distinctions are not absolute. Depending on various factors, there can be significant overlap and variation within each cohort. Nonetheless, the concept of generations remains a useful framework for analyzing and understanding many concepts, including how disability and accessibility are viewed along with the changes that shape the human experience

over time (Moreno et al., 2017; Generation Alpha: Understanding the Next Cohort of University Students, 2021; Busch et al., 2008; Gentina, 2020).

Disability has long been a complex and multifaceted issue, with different generations often holding distinct perspectives on its impact and implications. Younger generations, shaped by a greater emphasis on inclusivity and accessibility, may view disability through a more progressive lens, recognizing the inherent value and potential of individuals with diverse needs (Wall & Spira, 2006). In contrast, older generations may be more inclined to hold traditional, medically-focused views, potentially perceiving disability as a deficiency or limitation (Sniatecki et al., 2019). However, even with these different distinctions, biases, and stereotypes can still be held and handed down throughout generations.

These generational differences can have far-reaching consequences, influencing not only personal experiences but also the provision of counseling, educational support, parenting approaches, and workplace accommodations. In personal life, younger individuals with disabilities may feel more empowered to advocate for their rights and actively participate in their communities. In contrast, older adults with disabilities may face more significant barriers to social integration and self-actualization (Nazzal & AL-Rawajfah, 2017). Likewise, the attitudes and expectations of different generations can profoundly impact the counseling and support services available, with younger counselors potentially adopting a more holistic, strengths-based approach and older professionals maintaining a more clinical, deficit-focused perspective (Nazzal & AL-Rawajfah, 2017).

At the same time, educational institutions and parenting styles can reflect the generational difference. Younger educators may be more attuned to the diverse learning needs of students with disabilities, implementing inclusive teaching practices and collaborative learning environments. Conversely, older generations of parents or educators may be less equipped to navigate the implied "nuances" of disability, potentially overlooking the unique strengths and capabilities of their children or students (Sniatecki et al., 2019).

The workplace can be a microcosm of these generational differences. Younger employees with disabilities may advocate more forcefully for reasonable accommodations and inclusive policies, while older employers or coworkers may be less aware of or resistant to such changes (Taub, 2006; Nazzal & AL-Rawajfah, 2017; Chambers & Chambers, 2015).

Ultimately, the way in which different generations view and respond to disability is a complex and multifaceted issue that is vital to tackle and examine. It has significant implications for the personal, professional, and societal experiences of individuals with diverse needs.

Traditionalist

Traditionalist views on disability and women's issues in the United States have often been viewed with a lack of understanding and resistance to progress. The concept of disability has been historically used to justify discrimination against marginalized groups, with disabled bodies being seen as unfit for full participation in society. The view of the unseen disabilities is that they do not exist. Similarly, traditionalist perspectives have long viewed women's issues, such as menstruation, menopause, and maternity, as signs of inherent weakness and that because of this, women are not suitable for specific roles(Chinn & Samuels, 2014).

Disability has been tied to the economics of plantation slavery, the characterization of bourgeois femininity as diseased, and the pathologizing of sexual desires and activities (Chinn & Samuels, 2014). This has led to a narrow focus on independence as the measure of citizenship, leaving

many with disabilities excluded from full civic participation. Disability has also been mainly linked to the construction of the "body politic," with marginalized and impaired bodies seen as incompatible with the ideals of able-bodied citizenship.

Traditionalist views on women's issues have been equally problematic. Men within the power structure have used biological and medical arguments to rationalize traditional sex roles and oppose any deviations from these norms. The so-called "weakness" of American women compared to their European counterparts was often attributed to the perceived dangers of education and the drudgery of too many children. Even as women sought to practice fertility control and move beyond the home, traditionalist perspectives sought to imprison women into baby makers as their destinies, viewing motherhood as the standard and superior role for all women. (Loner & Rosenau, 2022) (Chinn & Samuels, 2014)

The marginalization of people with invisible and visible disabilities and the repression of women's autonomy have been mutually reinforcing in the traditionalist worldview, no matter what gender a person is. Women with disabilities, in particular, have faced compounded discrimination and barriers to full inclusion. (Chinn & Samuels, 2014) (Disability and the Justification of Inequality in American History, 2013) (Smith-Rosenberg & Rosenberg, 1973) (Loner & Rosenau, 2022)

Baby Boomers

Baby Boomer generations were born between 1946 and 1964; as they continue to age, their views on disability and women's issues have become increasingly important to understand (Cornman & Kingson, 1996). This generation, known for challenging societal norms, has significantly shaped attitudes and policies related to these topics.

Disability has gained more attention and awareness in recent years, and the Baby Boomers have played a role in this. As this generation approaches retirement age, many face physical and cognitive challenges, leading them to advocate for improved accessibility and support services. Furthermore, the Baby Boomers' experiences with the independent living movement and the Americans with Disabilities Act have shaped their perspectives on the importance of disability rights and inclusion since they were the forerunners in making the ADA happen (Fredriksen-Goldsen, 2014).

Regarding women's issues, the Baby Boomer generation has been at the forefront of the fight for gender equality. This generation grew up during a time of significant social changes, with the women's liberation movement and the push for reproductive rights shaping their views on topics like menstruation, menopause, and maternity. Baby Boomers have been instrumental in challenging traditional gender roles and advocating for greater access to healthcare, education, and employment opportunities for women (Pruchno, 2012) (Lipschultz et al., 2007).

However, it is important to note that the Baby Boomer generation is not the only one, and there is diversity in their perspectives on these issues. At the same time, some Baby Boomers may still hold more conservative views, while others have embraced a more progressive approach. In conclusion, the Baby Boomer generation's views on disability and women's issues have had an important influence on shaping the social and political landscape in the United States. As this generation continues to age, their views will continue to be a vital factor in the ongoing discussions and policy decisions surrounding these important topics (Lipschultz et al., 2007) (Cornman & Kingson, 1996) (Callanan & Greenhaus, 2008) (Pruchno, 2012).

Gen X

Generation X was born after the Baby Boomers between 1965 and 1980. They have been at the forefront of various societal shifts in the United States.

Generation X has distinct characteristics compared to their predecessors, the Baby Boomers. Economic and social changes, such as high prices, wage inflation, stagnant consumer demands, and increased unemployment, have shaped Generation Xers. They were the first latch-key kids, and because of this, both parents went to work, which made TV an influence on how they viewed the world and their peers. As a result, they may have developed different perspectives and behavioral traits, which could impact their views on disability, women's issues, and accessibility.

Generation X has been noted for their increased awareness and understanding of disability-related issues. They have grown up in a time when disability rights and accessibility have become more prominent in public discourse, leading to a more layered and empathetic approach to individuals with disabilities. This generation's perspectives on disability may be shaped by their exposure to the Americans with Disabilities Act, which happened from childhood to young adulthood, and the broader disability rights movement, which has aimed to promote equal opportunities and remove barriers for people with disabilities.

Generation X's views on women's issues, such as menstruation, menopause, and maternity, may also reflect a shifting societal landscape. This generation has witnessed the continued advancement of women's rights and the growing recognition of the unique challenges faced by women, particularly in the workplace (Ashraf, 2018) (Dunn-Cane et al., 1999) (Yang & Guy, 2006) (Lee, 1996). At the same time, many of them still saw their mother's struggle with sexual inequality and equitable rights. Generation Xers may be more attuned to the need for increased accessibility and accommodations for women, from menstrual product availability to flexible work arrangements for expectant and new mothers.

Generation X has been at the forefront of advocating for greater accessibility in various areas, from physical spaces to digital platforms. This generation's introduction and experience with technology and its rapid evolution instilled a greater appreciation for inclusive design and the importance of ensuring that all individuals, regardless of their abilities, can fully participate in and access the resources and opportunities available in society.

Millennials

Millennials, who ranged from 1981 to 1996, came after Gen X and have been at the forefront of discussions surrounding disability, women's issues, and accessibility in the United States. As a diverse and technologically savvy generation, millennials have confronted major societal challenges, including the Great Recession and climate change, which have shaped their perspectives on these critical topics.

Compared to previous generations, millennials tend to be more educated and racially diverse (Kurz et al., 2018). They are more likely to engage in civic life through non-traditional means, such as online and peer networks, and support causes that reflect their values and interests. However, there are conflicting views on millennials' beliefs and behaviors, with some studies suggesting they may score higher on measures of narcissism than earlier generations.

Regarding disability, studies have shown that millennials tend to have a more inclusive and empathetic view toward individuals with disabilities. Millennials are more likely to advocate for greater accessibility and support corporate social responsibility initiatives that prioritize including

people with disabilities. This effect may be because of their exposure to and awareness of disability-related issues through their educational experiences and social networks.

When it comes to women's issues, millennials have been at center stage in discussions surrounding menstruation, menopause, and maternity. Many millennials have been vocal proponents of destigmatizing menstruation and improving access to menstrual products, especially for those in need. Comparably, millennials have shown more significant support for policies and initiatives that address women's unique health and workplace needs, such as paid family leave and flexible work arrangements (Kurz et al., 2018)(Galeshi & Patterson, 2023). Millennials' perspectives on disability, women's issues, and accessibility are shaped by their unique experiences and the broader social and economic context in which they have come of age. As an up-and-coming generation, their views and actions will continue to significantly impact these critical issues in the years to come.

Gen Z

Gen Z is the generation born between 1997 and 2012. As they come of age, their perspectives on critical social issues like disability, women's health, and accessibility are shaping the discourse and driving change. This group, characterized by their tech-savviness, entrepreneurial spirit, and desire for social impact, is positioned to redefine how these topics are addressed in the United States.

Regarding disability, Gen Z is more open and inclusive in its attitudes, with a growing emphasis on accessibility and empowerment (Gentina, 2020). It is more likely to advocate for people with different capabilities and push for stronger policies and infrastructure to support their needs. This generation's embrace of technology and innovative problem-solving skills have also led to the development of new assistive technologies and digital platforms that enhance the lives of those with different capabilities.

Gen Z is taking a more holistic and intersectional approach regarding women's issues. Like Millennials, they are vocal proponents of menstrual equity, destigmatizing menstruation and improving accessibility to menstrual products. Furthermore, this generation is highly attuned to the challenges faced by women during pregnancy, childbirth, and menopause and is advocating for better healthcare, support systems, and workplace policies to address these needs.

Gen Z's commitment to social justice and their digital fluency have also translated into a heightened awareness of accessibility barriers, both physical and digital. They are pushing for more inclusive and barrier-free environments, from public spaces to online platforms, ensuring that individuals with disabilities can fully participate in all aspects of society. They understand the power of social media and will often use that platform to help raise awareness.

Gen Z's perspectives and actions on these critical issues are poised to have a profound impact on the United States. Their tech-savvy approach, combined with a deep-seated desire for progress and social responsibility, will continue to shape the landscape of disability, women's health, and accessibility (Chan & Lee, 2023) (Mitić & Vehapi, 2021) (Dhinakaran et al., 2020) (Chen, 2023).

Generation Alpha

In recent years, there has been a growing recognition of the diverse experiences and perspectives of Generation Alpha, the group of individuals born after 2012, particularly concerning disability, women's health, and accessibility. This generation, growing up not

knowing what it is like to not have access to technology and information quickly at their fingertips, is in a position to reshape the societal landscape in the United States.

One of the key characteristics of Generation Alpha is their increased access to technology and information, unlike the previous generations; it is like they are growing up with a computer as their blanket (Generation Alpha: Understanding the Next Cohort of University Students, 2021). This has shaped their understanding and awareness of various societal issues, including the experiences of individuals with disabilities. Generation Alpha has been exposed to an overabundant level of information and discussions surrounding disability, leading to a more complex and inclusive perspective. As this generation enters adulthood, they are likely to advocate for greater accessibility and inclusion, challenging the current existing barriers that individuals with disabilities face and moving forward with a change for disability equity that is needed.

Similarly, Generation Alpha's perspectives on women's issues, such as menstruation, menopause, and maternity, are expected to be influenced by their early exposure to these topics. Open discussions and increased awareness surrounding women's health and reproductive rights have the potential to foster a more empathetic and supportive attitude among this generation. There have been a lot of controversial talks in this generation, repeating the social rights that baby boomers fought for being re-evaluated and taken back (Generation Alpha: Understanding the Next Cohort of University Students, 2021). This could translate into tangible changes in how society addresses and supports women's healthcare needs, ensuring greater accessibility and equity.

Furthermore, Generation Alpha's views on accessibility will likely be shaped by their experiences growing up in a world that has become increasingly aware of the need for inclusive design and universal access. TV shows show that disability is expected. This generation has the opportunity to release biases that previous generations held. With people talking more about empathy, work-life balance, and equity, this generation is hearing this information and will be influenced. COVID and the impacts of a pandemic will also impact how this next generation maneuvers disability and women's health. This generation may be more attuned to the challenges faced by individuals with disabilities and advocate for policies and infrastructure prioritizing accessibility, ensuring that public spaces, services, and technologies are designed to accommodate diverse needs.

In conclusion, Generation Alpha's perspectives on disability, women's issues, and accessibility in the United States are expected to be shaped by their early exposure to technology, information, and discussions surrounding these topics. As this generation comes of age, they are poised to drive significant changes in the way society addresses and supports the needs of individuals with disabilities and women, ultimately contributing to a more inclusive and equitable future.

Generational views on different capabilities and women's health affect how one discusses, treats, or acts in life and outside the workplace. As we progress, different capabilities are viewed as more regular and something to be worked with instead of something to be feared or put away. Understanding the generational perspectives regarding the generality of how each age group views these social issues is vital.

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Chapter Three:

Collectivism and Individualism: Cultural Perspectives on Disability

Understanding the differences between collectivism and individualism is crucial when examining cultural attitudes toward disability. These contrasting worldviews significantly impact how various societies perceive and respond to disabilities. Let us explore these concepts and their implications for disability inclusion.

Defining Collectivism and Individualism

Let us start with clear definitions of collectivism and individualism to ensure we are on the same page. We will use Hofstede's framework, which focuses on the relative importance of group versus individual social interests (Hofstede, 2011).
Individualism emphasizes personal independence and self-reliance. In individualistic societies, people are expected to look after themselves and their immediate family members. The social framework is loosely knit, with a strong "I" orientation (Hofstede, 2011).

Cultural Perspectives on Disability

Hofstede's research reveals how these cultural dimensions influence societal views on disability:
- In highly individualistic societies, disability is often seen as a challenge to overcome. There is an emphasis on personal responsibility and independence. Children are encouraged to become self-reliant as early as possible, and social security often comes through insurance systems (Hofstede, 2011).
- In collectivist societies, disability may be viewed as a source of shame for the family or community. Family members are expected to provide lifelong care and support. Social security is typically derived from the extended family or community network (Hofstede, 2011).

It is important to note that these cultural dimensions do not describe individual characteristics but societal tendencies in how people integrate into groups (American Speech-Language-Hearing Association [ASHA], n.d.).

Impact on Accessibility and Inclusion

These cultural perspectives significantly influence approaches to accessibility and disability inclusion:
In individualistic societies:

- People with disabilities may strive for self-sufficiency and independence, sometimes to their detriment.
- There might be reluctance to seek or accept help, viewing it as a sign of weakness.
- Accessibility efforts often focus on enabling individual independence.

For example, in the United States, a highly individualistic society, many older adults resist moving to assisted living facilities, preferring to maintain their independence at home, even when it becomes challenging or unsafe.

In collectivist societies:

- There is often more family involvement in caregiving for individuals with disabilities.
- The community may provide more support, but there might also be more stigma attached to disability.
- Accessibility efforts may focus more on community-based solutions.

A phlebotomist's comment illustrates this difference: "I can tell the differences in culture by how families show up. When older white and black people come, they are usually alone. Nevertheless, when Latinx or Asian people come, they are often accompanied by family members, and their interactions with elders are quite different from what we typically see."

Challenges in Both Systems

Both cultural approaches present unique challenges for disability inclusion:

In individualistic societies:

- The pressure to be independent can lead to overexertion and reluctance to ask for necessary accommodations.
- There may be less community support available for individuals with disabilities.
- Focusing on personal responsibility might lead to a lack of empathy or understanding for those needing assistance.

In collectivist societies:

- The shame associated with disability might prevent individuals from seeking help or admitting their needs.
- Overprotection from family members could limit opportunities for independence and personal growth.
- Stigma might lead to social isolation or exclusion from community activities.

Understanding these cultural differences is crucial for developing practical, culturally sensitive approaches to disability inclusion and accessibility. While neither system is inherently better, awareness of these perspectives can help create more inclusive environments that respect individual needs and community values.

As we work towards greater accessibility and inclusion, we must consider these cultural nuances. By doing so, we can develop strategies that resonate with diverse communities and truly meet the needs of individuals with disabilities, regardless of their cultural background.

Cultural Norms

Cultural norms surrounding disability vary significantly across societies, shaped by their collective or individualistic tendencies. For instance, in Kabbalah, neurodiversity is viewed as a spiritual gift. However, most disabilities are not perceived positively.

The contrast between high and low-individualistic societies is stark in their approach to disability. While both resist labeling, their societal reactions differ significantly. Consider autonomy. The Britney Spears conservatorship controversy in the highly individualistic United States sparked outrage among disability advocates who demanded greater autonomy. Would a more collectivist society have responded similarly?

Take Anna's case, a white female accused of abusing a nonverbal Black man with severe mobility issues. Would her approach to his independence have differed in a more collectivist society? In this case, it was not only American culture but also racial identity that impacted how disability is viewed.

Collectivist cultures often prioritize family and community-focused treatment over individual competence and autonomy. They tend to segregate those with disabilities more than individualistic societies, which typically adopt a rights-based approach emphasizing inclusion and integration (Framing Disability: Comparing Individualist & Collectivist Societies).

A Ukrainian woman I knew, from a more collectivist culture, often isolated her disabled son, believing his care would burden others.

Belonging is a universal struggle for those with disabilities unless they find a like-minded community. The pandemic-induced loneliness complaints frustrated many in the disability community who had long experienced such isolation without acknowledgment.

Brene Brown and Maslow's Hierarchy of Needs emphasize belonging as essential. Individualistic societies expect those with disabilities to create their sense of belonging, while in collectivist cultures, families often take charge. However, shame in collectivist societies may lead to hiding individuals with disabilities, denying them belonging altogether.

Both extremes have pros and cons, highlighting the need for balance to change disability narratives.

Individualistic societies focus on personal independence, expecting those with disabilities to forge their paths. This can lead to isolation and reluctance to seek help. Conversely, collectivist societies may offer more family support but risk overprotection and limiting personal growth.

The shame associated with disability in some collectivist cultures can prevent individuals from seeking necessary assistance or acknowledging their needs. This stigma might result in social exclusion and missed opportunities for community engagement.

Neither approach is inherently superior. The key lies in finding a middle ground that respects individual needs while fostering community support. This balance is crucial for developing effective, culturally sensitive strategies for disability inclusion and accessibility.

As we strive for greater inclusivity, it is vital to consider these cultural nuances. By doing so, we can create environments that truly meet the diverse needs of individuals with disabilities, regardless of their cultural background.

Understanding these cultural differences allows us to develop more comprehensive and practical approaches to disability rights and inclusion. It helps us recognize that there is no one-size-fits-all solution but a need for flexible, culturally aware strategies.

Moreover, this understanding can guide policy-makers and advocates in creating more inclusive legislation and social programs. It can inform educational approaches, workplace policies, and community initiatives to better serve individuals with disabilities across various cultural contexts.

Ultimately, the goal is to foster a society where individuals with disabilities can thrive through personal autonomy, community support, or, ideally, a combination of both. This requires

ongoing dialogue, education, and a willingness to challenge and evolve our existing paradigms about disability and inclusion.

By embracing the strengths of both individualistic and collectivist approaches, we can work towards a more inclusive world that values the contributions of all individuals, regardless of ability or cultural background. This balanced approach can lead to more prosperous, more diverse communities where everyone has the opportunity to participate fully and meaningfully.

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Individualism and Advocacy: The Britney Spears Case

Cultural values significantly influence responses to disability rights issues. The individualistic culture of the United States fueled a strong advocacy movement for Britney Spears' autonomy during her conservatorship controversy.

Collectivism's Impact on Family Support and Integration

While collectivism often promotes strong family support for individuals with disabilities, it may inadvertently lead to community segregation. Individualistic cultures typically emphasize rights-based approaches to disability, striving for inclusion and integration (Meyer, 2010).

A Ukrainian Perspective

The author's encounter with a Ukrainian woman illustrates potential challenges in collectivist cultures. Coming from a higher-collectivism background, the woman expressed concerns about her disabled son's inclusion, fearing it might burden others.

The Universal Need for Belonging

The chapter highlights the fundamental human need for belonging, referencing Maslow's Hierarchy of Needs (Cherry, 2023) and Brene Brown's work (Brown, 2018). It explores how individualistic and collectivistic societies approach belonging differently for those with disabilities.

Building Belonging: Individualistic vs. Collectivistic Approaches

In individualistic cultures, the onus of building belonging often falls on the person with a disability. Collectivistic societies, however, may rely more heavily on families to create support networks. However, shame surrounding disability in these cultures could lead to social exclusion.

Chapter Four:

Perspectives on Disability: How Race, Gender, and Culture Shape Understanding and Attitudes

Visualization

This chapter is going to start with a visual.

Imagine walking into an ice cream shop. Everyone is getting ice cream, yet you do not get it even when it is your turn to go up to the counter. You ask for a step stool to see the flavors but are told it is unfair to the other people in the store. You try to say but how will I know what ice cream to get? Everyone else knows.

The response is good. If you cannot reach it, please tell me what you want. You cannot get any ice cream, and if you do not know what flavors to choose, there is a problem with you; you should just…

However, you do not hear what the person is saying because you have heard these kinds of comments before, so you go without them, and no one around you understands or cares. You walk away again with no ice cream, and you see everyone else get 2-3 scoops, and it is a very hot day with the sun beating down on your body. You would have been ok with one scoop; you did not want much, just something close to fairness.

Take a few moments to feel this, and then I want you to write down what you experienced being the only one who does not get ice cream while watching other people get 2-3 scoops.

Let us go back to the ice cream shop one more time. You notice that everyone looks different from you, whether gender or race. Maybe everyone looks white, and you do not, or maybe everyone is male, and you are female, or maybe everyone looks white and male, and you are not that. What happens when you turn for ice cream and cannot reach to see what flavors you like? Are you afraid to ask for help?

You may hear those same comments, maybe a few others. How it is unfair to others or you should just or why do we always have to cater to… Do you think being tall enough to see the ice cream is being catered to? Do you think you are being catered to if you need a stool?

Take a few minutes to compare the two and write down your thoughts.

When people have to deal with systemic ableism and systemic racism, it can be very harmful to individuals. One of the reasons DEI has struggled at times is because we do not take different capabilities into consideration and intersectionality. When people forget about disability or differing capabilities in race, many times, people are missing a portion of society that has been marginalized even more due to many factors.

Because of culture, disability can be seen differently within that culture. Several cultures will be covered, and cultures can be added anytime.

The Gender of Cis Female

However, first, let us start with gender and accessibility. Unemployment rates are higher among women with disabilities. According to the United Nations, they estimate that 75 percent of women with disabilities are unemployed (Mambula (2022). Women with disabilities who are employed many times will earn less than males with disabilities and women without disabilities. There is also a gender disparity in education.

Females with disabilities often face disproportionately higher rates of gender-based sexual abuse, violence, neglect, exploitation, and maltreatmenAdvancing Women & girls with disabilities government article).

Females have had to be more resilient when it comes to the workplace. Think about the accessibility needs around menstruation or menopause. This automatically can give women a different way of functioning in the workplace than men.

I remember one time talking to a male about menstruation days for women, and he felt if a woman got it, then he should too. Nevertheless, from my understanding, he did not menstruate. It would be like giving a step stool to the person to see the ice cream who does not need the step stool. Studies show that iron levels are affected when blood loss happens, and iron affects energy levels. It is about equity, not equality. If it were equal, the man I talked to would have menstruated.

When it comes to accessibility, women already have a struggle, and if you add a disability, it can add even more challenges. Gender plays a role in how both genders see and view different capabilities.

As you read on, think about gender mixed with race. Think about how identity intersects and, when that happens, how it can make things even more challenging. Think about how menstruation, maternity, and menopause play not only a factor in identity but also accessibility and sometimes even disability. Think about the expectations that come with that.

LGBTQ+

Before we dive into how different races see disability, we need to discuss LGBTQ. According to a survey done by the HRC Foundation, people in the LGBTQ+ community are more likely to have a disability than people who are not in this community. In this community, there are more hate crimes, bias, and discrimination because there can be more oppression due to multiple marginalized groups of people.

Anti-trans activists have used neurodiverse as an excuse, saying they cannot understand, so they cannot be. Neurodiverse people can sometimes be childlike or naive but have a complete understanding. In other words, a lack of understanding of disability and LGBTQ+ identities is being used against the community. This can impact the high suicide rates the trans community is dealing with.

This is just one identity that can intersect with other identities within the disability community. Many times, disability can be confused with LGBTQ+, and that can put different false expectations and identities on individuals.

Overview of Asian Cultures

Even though we are doing an overview of Asian cultures, disability, and its interpretation varies significantly across cultural contexts. Recent research has highlighted the need to move beyond broad generalizations when examining the experiences of individuals with disabilities, particularly in the Asian American community (Hasnain et al., 2020). The Asian dispersion envelopes a vast and diverse population, with individuals hailing from numerous countries, speaking hundreds of languages, and practicing a wide array of faiths (Hasnain et al., 2020). Failure to account for this heterogeneity can lead to simplified understandings that may not accurately reflect the nuanced realities faced by those with disabilities.

In low-income countries, disability is often accompanied by profound experiences of discrimination, stigmatization, and marginalization (Parnes et al., 2009). These issues have far-reaching implications, as individuals and families may bring these cultural perspectives when emigrating to developed nations. Conversely, the lens through which disability is viewed in more affluent nations may differ significantly, shaped by language, history, economic concerns, and common behaviors and practices (Tower, 2003).

Recognizing the vast diversity within the Asian American community is crucial, as academic research often influences government policies, service provision, and outreach efforts. Disability has long been a source of stigma and shame in many Asian cultures, with individuals often viewed as burdens on their families and communities. This cultural framing can create significant barriers to accessing the necessary support and services and perpetuate being excluded from society. However, it is crucial to recognize that views on disability are diverse, with significant variation both within and among Asian communities.

Rehabilitation and disability-related practices ought to evolve to center the lived experiences and self-identified needs of people with disabilities, moving beyond outdated models that stigmatize disability. A critical disability studies framework can provide a foundation for this shift, cultivating greater allyship and support for individuals with diverse abilities.

Because Asian communities tend to be more of a collective culture, disability may be viewed as a family or community concern rather than an individual one. Understanding these cultural nuances is essential for developing practical, culturally responsive interventions and support systems. This is vital in ensuring equitable access to care and services and promoting the full inclusion and participation of individuals with disabilities.

Understanding this also influences how managers approach team members in the workplace. Because of this cultural framing, there may be a reluctance to discuss disabilities or accommodate needs to avoid shame or burdening the group (Tower, 2003). Recognizing the cultural nuances related to disability in Asian communities can guide the development of more inclusive and supportive workplace practices.

This impacts the view Asian communities have on women's health, menstruation, maternity, and menopause. Grasping this concept will result in more sensitive and effective healthcare delivery. This also influences how to discuss these sensitive topics with Asian communities. In Asian communities, women are often viewed primarily as child bearers and homemakers, which affects perceptions of their gender accessibility needs. Understanding this dynamic will enable agencies to support these communities better (Kimura & Browne, 2009).

Exploring diverse cultural perspectives, we begin by discussing an overview of Asian cultures. According to the Journal of Teaching Disabilities Studies, "Within Asian American culture, stigma often implies significant perceptions of deficiency, lack of worth, and incompetence. This affects views on an individual's capabilities, potential achievements, motivations, character, and worthiness of assistance. It may lead to inferior treatment among peers and disciplinary actions from superiors" (Smith & Lee, 2020, p. 45). The journal further states, "Rather than viewing individuals through a strength-based lens, they are seen as having deficits needing correction. This viewpoint often results in neglect, denying individuals the chance to showcase their unique selves, leading to feelings of inferiority. It also questions how individuals can demonstrate their talents and strengths despite perceived weaknesses" (Smith & Lee, 2020, p. 46).

Asian Americans highly value concepts that encouraging hard work and saving face while striving for excellence. This philosophy stems largely from Confucian values, emphasizing diligence to promote and maintain a sense of self. This cultural background explains why Asian Americans are taught to persevere regardless of obstacles, challenges, or setbacks. The Asian cultural view of disability as a weakness and the tendency to hide or deny it can conflict with the principles of the Americans with Disabilities Act (ADA). I have witnessed this firsthand through my Asian friend with a disability.

How does this impact the workplace or therapy? My first TEDx host, who was Asian, was reluctant to seek help. During my talk, he placed a logo over my face, and his need to prove himself affected my and others' presentations. In the workplace, imagine someone needing accommodation but refusing due to fear of appearing weak. Their constant struggle could significantly impact their employment. In coaching or therapy, if a client cannot be vulnerable due to perceived weakness, how can mental health issues or children's needs be effectively addressed?

I suggest demonstrating that seeking help is not a weakness. The TEDx host who struggled spoke seven languages - a feat I cannot match with my processing capabilities. This highlights a strength that can be utilized in numerous ways.

The experiences of individuals with disabilities within Asian communities are multifaceted and shaped by a complex interplay of cultural, historical, and socioeconomic factors. In the following few sections, we will look at several different Asian communities and how they view different capabilities in more depth.

Chinese

From a collective and generational standpoint, the Chinese view on disability has been shaped by a complex interplay of cultural, social, and historical factors (Xun & Cui, 2022). Traditionally, Chinese Confucian culture has emphasized the interdependence and relatedness of family members, with the expectation that family members will provide care for their vulnerable relatives, including those with disabilities. This sense of familial obligation has been further reinforced by the belief that disability is a punishment for family sins, leading to widespread social stigma and discrimination not only against individuals with disabilities but also their family members.

This cultural context has had significant implications for the experiences of individuals with disabilities in various spheres of Chinese society. In the healthcare system, the family-oriented

approach has often placed the burden of care on family members, with limited support from formal healthcare services. This has contributed to challenges in end-of-life decision-making, as Chinese American patients and families may struggle to reconcile traditional cultural beliefs with the expectations of the American healthcare system. (Hsiung & Ferrans, 2007)

Similarly, in the workplace, the social stigma associated with disability has led to exclusion and limited employment opportunities for individuals with disabilities. This is further compounded by the emphasis on filial piety and the expectation that individuals with disabilities will be cared for by their families rather than seeking independence and self-sufficiency (Hsiung & Ferrans, 2007)(Xun & Cui, 2022).

In the realm of education, the traditional Chinese view of disability has also shaped the experiences of students with disabilities. While there have been efforts to improve inclusive education, the legacy of stigma and discrimination has continued to pose barriers to the full participation and integration of students with disabilities within the educational system.

Regarding the Chinese perspective on women, the influence of Confucian values has been equally profound. The traditionally patriarchal nature of Chinese society has placed a higher value on male children and has often relegated women to subordinate roles within the family and broader social structures.

This cultural context has had significant implications for the experiences of women, including those related to menstruation, menopause, and maternity. Menstruation, for instance, has been viewed as a source of impurity and weakness, leading to social taboos and restrictions on women's activities during this time. Similarly, the menopausal transition has been perceived as a period of diminished value and social status for women, reflecting the emphasis on youth and fertility within the Chinese cultural framework.

These cultural norms have also shaped the Chinese perspective on women's roles and experiences in the workplace and family. Women have often been expected to prioritize their domestic responsibilities over their professional aspirations, with limited opportunities for advancement and leadership.

Overall, the Chinese perspective on disability and gender has been heavily influenced by the country's cultural and historical legacies, which have had far-reaching implications for the lived experiences of individuals with disabilities and women across various domains of Chinese society.

Japanese

A complex interplay of historical, social, and economic factors has shaped Japan's cultural and societal views on disability and women's health. From a collective standpoint, the Japanese emphasis on social harmony and interdependence has profoundly influenced the way disability and women's health issues are perceived and addressed within the healthcare system, family, workplace, and education.

Regarding disability, there is a prevailing belief in Japanese culture that individuals with disabilities are to be cared for and supported by their families and communities. This Confucian-influenced perspective has led to a strong emphasis on family responsibility, where family members are expected to provide care and support for their loved ones with disabilities.

However, this can also contribute to a social stigma, which can lead to discrimination against individuals with disabilities, as they are sometimes seen as a burden on the family and society. This cultural view of disability as a family matter has also shaped the healthcare system, where the focus is often on integrating individuals with disabilities into their families and communities rather than on promoting independence and self-determination. Healthcare professionals may not always prioritize the unique needs and lived experiences of people with disabilities, leading to a lower standard of care and limited access to essential services. In other words, the family and the doctor decide, and the patient with different capabilities has no voice.

In the workplace and education, people with disabilities have faced significant challenges in achieving full inclusion and equal opportunities. The COVID-19 pandemic has worsened these challenges for people with different capabilities. They have encountered even more significant obstacles in maintaining employment, accessing educational opportunities, and participating fully in community life.

Next is women's health; the Japanese perspective has been heavily influenced by traditional gender roles and expectations. Women's health, menstruation, menopause, and maternity have often been viewed through the lens of their reproductive capacity and social role as caregivers. This has led to a culture of women being silenced. There is still a stigma surrounding women's health issues, particularly menstruation and menopause. Many women feel uncomfortable discussing these topics openly, even within their own families, due to the persistent social taboos and cultural beliefs that view these natural processes as shameful and unclean (Furth & 陳淑月Shu-Yueh, 1992).

These restrictive attitudes and practices play a significant impact on women's participation in education, work, and community life, as they may be excluded from certain activities or face discrimination during these crucial stages of their lives.

In recent years, there have been efforts to challenge these traditional norms and promote more inclusive and equitable practices in healthcare, the workplace, and education. However, deeply rooted cultural beliefs and societal structures continue to pose significant barriers for people with different capabilities and women to achieve true inclusivity and empowerment for individuals with disabilities and women in Japan.

Korean

The Korean community's views on disability and women's health come from their culture and experiences. These views mix old and new beliefs, challenges, and changes. Healthcare access, family dynamics, education, and work shape them. Koreans especially understand these issues because of their unique society.

Disability is often seen through the lens of collectivism and filial piety. This means that people with disabilities are viewed as needing care from their family members. This idea comes from Confucian beliefs about interdependence. However, this can also lead to social stigma against both the person with a disability and their family. Korean families often face challenges in getting the right healthcare services because of language barriers and not knowing the system well. Korean mothers often work hard to find ways to help their children with disabilities (Lee & Park, 2016).

In the healthcare system, Korean Americans often face significant barriers, including language and cultural differences, that can hinder their ability to access and navigate the necessary services for their children with disabilities. The disparities in public policy, social services, and available resources between Korea and the United States can further exacerbate these challenges, leading to a process of transformation and adaptation for Korean American parents. Cultural norms and generational differences also influence women's health issues like menstruation, menopause, and maternity. These topics have traditionally been taboo, making it hard for women to discuss them or seek help (Frost et al., 2016). However, younger Korean women are now speaking up more and pushing for better awareness and resources. Religion, especially Christianity, plays a significant role in shaping how Koreans think about disability and women's health. It provides comfort, support, and a framework for understanding these complex issues. For many, faith communities offer a space where these topics can be discussed more openly, helping to reduce stigma and promote acceptance.

A complex interplay of cultural influences and generational experiences shapes the Korean community's perspectives on disability and women's health. From healthcare access to family dynamics, education, and the workplace, Koreans navigate these issues with a nuanced understanding rooted in their unique societal context. Persons with disabilities are seen as vulnerable individuals who should be cared for by their family members, reflecting the Confucian emphasis on interdependence. This cultural representation can lead to a widespread social stigma not only against the person with a disability but also against their family members. Navigating the healthcare system and accessing appropriate services can be particularly challenging for Korean families due to language barriers, unfamiliarity with the system, and a lack of culturally competent providers. Communism can also serve as a motivating factor, as Korean mothers have been found to take a proactive approach in seeking ways to meet the needs of their children with disabilities (Lee & Park, 2016).

The Korean community's perspectives on women's health issues, such as menstruation, menopause, and maternity, are also shaped by cultural norms and generational differences. Traditionally, these topics have been shrouded in stigma and taboo, making it difficult for women to discuss and seek information or care openly (Frost et al., 2016). However, younger generations of Korean women are becoming more vocal in addressing these issues, advocating for greater awareness and access to resources.

Overall, the Korean community's views on disability and women's health reflect a complex interplay of cultural, generational, and societal factors. Understanding these nuances is crucial for healthcare providers, educators, and policymakers to effectively address the needs of the Korean community and promote inclusive, culturally responsive practices (Xun & Cui, 2022; Frost et al., 2016; Park et al., 2001; Lee & Park, 2016).

The experiences of Korean women in the realm of health are equally nuanced, with cultural taboos and stigma surrounding topics like menstruation, menopause, and maternity. Discussions around these sensitive issues are often suppressed within Korean families and communities, as they are seen as private matters that should not be openly discussed (Frost et al., 2016).

Filipinos

Filipinos harbor a rich and nuanced perspective on the experiences and challenges encountered by individuals with disabilities and women within their dynamic and culturally vibrant society, reflecting the multifaceted nature of their collective outlook and the generational shifts over time.

From a collective standpoint, the Philippines has long grappled with the inequities and stigma faced by persons with disabilities, who often confront barriers to accessing healthcare, obtaining gainful employment, and fully integrating into their communities (Olavides-Soriano et al., 2011). Filipinos living in the Philippines have cited financial constraints and inaccessibility of services as key impediments to seeking help for mental health issues. At the same time, those residing abroad have also faced challenges related to immigration status and lack of health insurance. This influences families' views of disability care (Martinez et al., 2020). The government has enacted legislation and policies to promote the rights and wellbeing of persons with disabilities. However, the implementation and effectiveness of these initiatives remain uneven, with a dearth of data and surveillance on the provision and impact of occupational rehabilitation services (Olavides-Soriano et al., 2011).

Culturally, Filipinos often turn to close family and friends for support, reflecting a strong emphasis on collectivism and the centrality of the family unit. Religion also plays a factor in how people with disabilities are viewed. Disability may be seen as a test of faith or a punishment, leading to stigma and the reluctance to seek professional help, which is often viewed as a last resort.

The generational perspectives on women's health and experiences have also evolved, though traditional gender norms and expectations continue to exert a significant influence. Historically, Filipino women have often been portrayed as meek, submissive, and passive, with a special homage paid to the male gender. However, contemporary literature and media depictions have begun challenging these stereotypes, showcasing the rise of the "alpha female," who embodies a more unconventional, equal, and headstrong persona (Diva, 2022).

As the country grapples with deeply entrenched patriarchal structures, Filipino women continue to face barriers to accessing healthcare, particularly in the realms of menstruation, menopause, and maternity, where social stigma, lack of education, and limited resources persist. Efforts to address these disparities, such as the passage of the Responsible Parenthood and Reproductive Health Act, have faced resistance from conservative and religious groups, underscoring the complex interplay between cultural, political, and social forces that shape the lived experiences of Filipino women. Women here have been held to a higher level of responsibility regarding disability.

Many times, they are forced into careers that are degrading to women because of the poverty levels and the responsibility they carry. Women also face violence in various forms, ranging from domestic abuse to sexual harassment, which are often normalized or dismissed due to the culture of victim-blaming and the prioritization of family reputation over individual safety and wellbeing. (Valdez et al., 2022) (Abesamis, 2022) (Diva, 2022)

Despite these challenges, the Filipino collective and generational perspectives on disability and women's health are evolving, as seen in the emergence of more progressive and inclusive

narratives that celebrate the diverse experiences and contributions of these marginalized groups.

In conclusion, understanding Filipino culture around disability and how to approach an individual from this culture in the workplace is important to know that they will be more team-oriented and family-centered in any decisions around the accommodation. Women will bear a higher burden for caregiving duties in the family and are less likely to speak up for their needs.

Thailand

The experiences and perspectives of Thai people on disability and gender have evolved considerably over time, shaped by societal attitudes, policy changes, and generational shifts. From a cultural standpoint, the influence of Buddhism has been significant, with some believing that disabilities are a result of past sins, while others view them as a source of good fortune. Many Thais view disability as a result of past actions in a previous life, leading to the belief that individuals with disabilities must endure their condition as part of their karmic journey (Fulk et al., 2002; Naemiratch & Manderson, 2019).

This view has often resulted in people with disabilities being treated with pity rather than being seen as equal members of society. Families of individuals with disabilities often bear the primary responsibility for their care, with a strong emphasis on family support rather than institutional or community-based care (Vorapanya & Dunlap, 2018).

Over the years, Thailand has made strides in addressing disability rights and inclusion, though significant challenges remain. The medical model of disability has historically dominated, with the government primarily focusing on providing care and rehabilitation rather than empowering individuals with disabilities and ensuring their full participation in society. This has led to the persistent marginalization of the voices of people with disabilities in policy-making and implementation (Bualar, 2010).

Thailand has made progress in implementing inclusive education policies in the educational realm, though the transition from policy to practice has been slow and uneven. Stigma and cultural perceptions about disability continue to hinder the effective implementation of inclusive education, with some schools and families still reluctant to fully integrate students with disabilities into mainstream classrooms.

Across various domains, including healthcare, family, the workplace, education, and daily life, the Thai people's attitudes and practices have transformed, though challenges persist. For instance, access to quality services and integrating disability-specific care remain areas of concern in healthcare. Within the family structure, the belief that disability is a result of past sins can lead to stigmatization and isolation of individuals with disabilities, though some families may view them as sources of good fortune (Vorapanya & Dunlap, 2012; Kosuwan et al., 2014).

In healthcare, there has been a gradual shift towards greater inclusivity and accessibility for individuals with disabilities. The government has made efforts to establish special schools and promote the integration of students with disabilities into mainstream educational settings. However, cultural perceptions about disability continue to pose barriers, with some families still believing that having a child with a disability is a punishment. At the same time, there is still family obligation due to this Asian culture leaning towards more of a collective societal

standpoint. Additionally, the availability of trained educators and appropriate facilities remains a significant challenge (Alshehri, 2021; Kosuwan et al., 2014).

In the workplace, individuals with disabilities often face discrimination and limited opportunities, with societal attitudes and a lack of accessibility hindering their full participation. This makes people with disabilities more dependent on their families, creating more fear and family responsibility.

Regarding gender, traditional Thai culture has often reinforced patriarchal structures, with women facing various forms of discrimination and limited opportunities in the workplace, education, and public life. Thai women have traditionally played crucial roles within the family and community, though cultural norms and expectations have shaped their experiences. Menstruation, menopause, and maternity have been viewed through both traditional and evolving lenses, with some progress made in addressing related issues, but persistent challenges remain.

Society has traditionally held distinct expectations and norms for women. Menstruation, menopause, and maternity have long been viewed through a cultural lens, with some beliefs and practices rooted in traditional gender roles and power dynamics. Over time, attitudes have gradually changed, with more open discussions and efforts to empower women. However, persistent challenges remain as cultural perceptions and societal structures continue to shape the experiences of Thai women, including those with disabilities (Kosuwan et al., 2014; Bassoumah & Mohammed, 2020; Fulk et al., 2002).

In conclusion, the perspectives on disability and gender in Thailand reflect a complex and evolving landscape shaped by the interplay of cultural, social, and policy-driven factors. As the country continues to grapple with these issues, it is crucial to foster greater understanding, accessibility, and inclusivity, ensuring that all individuals, regardless of their abilities or gender, are empowered to thrive and contribute to their communities (Alshehri, 2021; Kosuwan et al., 2014; Fulk et al., 2002; Vorapanya & Dunlap, 2012).

Pacific Islander

As Pacific Islanders, we have a unique and multifaceted understanding of the experiences of individuals with disabilities and the intersections of gender within our communities. Our collective perspective is rooted in a deep respect for family, community, and traditional cultural practices that shape our worldviews and approaches to healthcare, education, and the workplace.

Disability is not viewed through a lens of deficit or limitation within our communities but as a natural variation of the human experience. We recognize that individuals with disabilities possess inherent strengths and valuable contributions to make to our families and society. Our holistic approach to health and wellbeing encompasses physical and spiritual dimensions, emphasizing balance and harmony within the individual, the family, and the broader community. (George et al., 2021)

In healthcare, we advocate for culturally responsive and inclusive practices that honor our traditional healing modalities and value the expertise and wisdom of elders and community leaders. We strive to ensure that individuals with disabilities have equitable access to

rehabilitation services and assistive technologies that enable them to thrive and participate fully in all aspects of life.

Within our families and communities, individuals with disabilities are cherished and supported. We believe in all people's inherent dignity and worth and work to create environments that foster a sense of belonging, acceptance, and mutual care. Our values of reciprocity, collectivism, and interdependence are at the core of approaching the needs and experiences of individuals with disabilities.

In the workplace and educational settings, we advocate for inclusive policies and practices that recognize and accommodate the diverse needs of individuals with disabilities. We believe that the unique perspectives and enhanced strengths that often accompany disabilities can be immensely valuable in the workforce and academic settings, and we work to cultivate an environment where "cook abilities" are celebrated and leveraged (Nordfors et al., 2019).

Our views on women's health and experiences are similarly grounded in cultural traditions and a holistic understanding of the female life cycle. Menstruation, menopause, and maternity are respected as natural and sacred processes that are integral to the feminine experience. We believe in providing comprehensive, culturally appropriate support and education to women throughout these transitional periods, honoring the wisdom and guidance of elders and traditional birth attendants.

Our community's collective perspectives on disability and gender are rooted in a deep respect for the inherent worth and dignity of all people, regardless of ability or identity. We strive to create inclusive, supportive, and empowering environments that enable individuals with disabilities and women to thrive and contribute to improving our families, communities, and society. (Bassoumah & Mohammed, 2020) (Nazzal & AL-Rawajfah, 2017)

Black/ BIPOC Communities

Many times, people think that Black people are African American. That is not always the case. One of our family members found out she was a Black German. Depending on how they perceive their identity, a person with darker skin will be addressed in how they choose. That being said, because I can not ask each person who has a darker skin color than me how they would like to be identified, I am going to use the term Black.

How do Black or BIPOC communities view disabilities? Many are not conscious of the oppressive belief that people with disabilities are inferior members of their community and should not be seen. In other words, they subscribe to the idea that people with disabilities should not be seen or heard. They are treated as if showing a person with a disability slows down the progress of the rest of the community. What matters is progress and the rest of the community. In a way, they are treated as if they should accept their fate as less than the good of everyone else (Miles, 2020).

Black people who have disabilities have a fear of being marginalized even more if they disclose their disability identity. The extreme fear of discrimination strongly drives some Black people to hide their disabilities and alter or cod-switch their language to sound less Black around people who are white.

When Black disability stories are told in the mainstream media, it is often overlooked or made not to sound Black. This does not recognize the experiences of BIPOC individuals and

examines the intersectionality and sociopolitical ramifications of being Black and having a disability (Yusuf).

In some cases, Black people are organizing around something that is really about disability, but because of the system, it is being framed as a race issue. An example of this is something like police violence (Schalk).

At this point, you may say most people see disabilities or accessibility similarly. Nevertheless, if you look at the history of culture, there is a difference between Asian and Black cultures. In the United States, many people who are Black do not know their ancestry. Many were kidnapped, not knowing their heritage, and their tribe forced into slavery; weakness is seen differently. Disability oftentimes is seen as a weakness or a less desirable attribute (s) because it is different from what is considered "normal" functioning in society. This is society's definition and or the race and culture definition that also plays into it. People often fear what is different from them, and that fear can create stories or ideals that impact how others are viewed.

Think about the narrative of the Me two movement. Many people thought it was a white woman who started it. However, the courage of a black woman named Tarana Burke started the movement. This validates the point that many times, people who are black are not able to hold their heritage narratives while telling their stories. They are not able to fully identify with their racial and cultural identity. This is very sad because it creates more profound harm to individuals when they are not allowed to be themselves.

Somali

From the collective and generational standpoint of Somali people, the perspectives on disability and women's health encompass a complex interplay of cultural, religious, and socioeconomic factors (Al-Aoufi et al., 2012). Regarding disability, Somali communities often view it through a lens of resilience and community support. Religion also plays a crucial role, with the Quran and Sunnah providing a framework for understanding and responding to disability (Al-Aoufi et al., 2012). This is vital to understand how they view their disabled family members and how they interact with their disabilities in their families. Disability is not seen as a personal tragedy but rather as a test of faith, and the community is expected to provide support and accommodate the needs of individuals with disabilities.

In the workplace and education, Somali attitudes towards disability are often shaped by cultural norms and beliefs. Somalis may be less likely to advocate for accommodations or seek formal support services due to a desire to maintain their dignity and self-reliance. However, this does not mean that Somali communities are unaware of the importance of inclusive education and employment for individuals with disabilities.

Regarding women's health, Somali perspectives are deeply rooted in cultural and religious traditions. Menstruation is often viewed as a natural and sacred process, with girls receiving guidance and support from female elders. Menopause is also seen as a significant life transition, with women receiving respect and care from their families and communities (Frounfelker et al., 2020).

Maternity is highly valued in Somali culture, and Somali women often have strong social support systems during pregnancy and childbirth. However, Somali women may face challenges in accessing and utilizing maternal healthcare services in host countries due to language barriers,

cultural differences, and perceived insensitivity from healthcare providers (Straus et al., 2009). Additionally, the practice of female genital mutilation can create unique challenges for Somali women seeking gynecological and obstetric care (Danjuma et al., 2009).

Somali views on women's health, including menstruation, menopause, and maternity, are heavily influenced by cultural and religious norms. While Islam emphasizes the importance of women's dignity and health, cultural practices may sometimes deviate from these principles. Modesty and privacy are highly valued, leading to preferences for female healthcare providers and the involvement of family members in decision-making. In the context of maternal healthcare, Somali women have reported challenges in navigating the healthcare system, with issues such as language barriers, continuity of care, and stereotypical views of Somali women posing significant hurdles (Straus et al., 2009; Mheta & Mashamba-Thompson, 2017; Tackett et al., 2018).

Overall, the Somali perspective on disability and women's health is a complex tapestry of cultural, religious, and socioeconomic factors. Disability is viewed through a lens of resilience and community support, while women's health is deeply rooted in cultural and religious traditions.

However, cultural practices and beliefs can sometimes deviate from the proper Islamic perspectives, leading to varying attitudes and reactions toward individuals with disabilities. Similarly, Somali women may face unique challenges in accessing and utilizing maternal healthcare services, including language barriers, cultural differences, and perceived insensitivity from healthcare providers (Straus et al., 2009).

Somali individuals may encounter challenges in accessing appropriate services and understanding the Western medical system in the healthcare realm. Healthcare providers' lack of cultural competence and insensitivity to the specific needs of individuals with disabilities can create barriers to care (Ganle et al., 2016). Additionally, the perception that women with disabilities should be "asexual" can further compound the difficulties they face in seeking maternal healthcare services.

Latinx

From a collective and generational standpoint, the Latinx community's perspectives on disability and the related experiences of individuals span a broad spectrum, encompassing healthcare, family dynamics, workplace environments, educational settings, and the broader social fabric (Miller, 2020; Abes & Wallace, 2018; Transformative Translanguaging Espacios, 2021).

Within the healthcare domain, the Latinx community has grappled with the historical marginalization of individuals with disabilities, who have often been perceived as "evolutionary laggards" or "throwbacks," leading to discriminatory practices such as experimentation, isolation, and even extermination (James & Wu, 2006). Due to the historical influence of Catholicism, some Latinx individuals have viewed disability as a divine punishment or a test of faith, creating additional barriers to seeking and accessing appropriate medical care. Disabilities are often not recognized or accepted, leading to delayed diagnosis and treatment, particularly among older generations (Fujiura, 2000).

In the family context, disability can be seen as a source of shame or a burden, with caregiving responsibilities often falling disproportionately on female family members. Autistic children are

sometimes seen as angelic, with families believing that prayer will resolve the disability. Family support dynamics and the integration of individuals with disabilities into the broader Latinx community can vary greatly. Some families embrace and advocate for their loved ones, while others struggle to come to terms with the reality of the situation (Ganle et al., 2016; Hills & Meteyard, 2013).

In the workplace, Latinx individuals with disabilities may face significant challenges, including discrimination, limited access to accommodations, and a lack of understanding from employers. Similarly, in educational settings, Latinx students with disabilities may encounter barriers to equal opportunities, such as inadequate resources, cultural misunderstandings, and language barriers.

Regarding the experiences of Latinx women, views on menstruation, menopause, and maternity are often shaped by cultural norms, religious beliefs, and traditional gender roles. Many Latinx women face stigma and taboos surrounding menstruation, and their access to accurate information and healthcare services related to reproductive health may be limited. Latinx women with disabilities, in particular, often encounter additional obstacles in accessing and utilizing maternal healthcare services due to factors such as insensitive healthcare providers, negative attitudes, and a lack of disability-friendly infrastructure.

Ultimately, the Latinx community's perspectives on disability and women's health are complex and multifaceted, reflecting the diversity of experiences and the ongoing need for greater understanding, inclusion, and equitable access to resources and support.

The perception of women with disabilities as "asexual" can further compound the challenges they face in accessing maternal healthcare services and being viewed as capable of having children (Ganle et al., 2016). There is a need for increased awareness and sensitivity among healthcare providers, as well as the provision of disability-friendly facilities and services to address the specific needs of Latinx women with disabilities.

Latino Perspectives on Disability:

Tradition and Evolution In Latino cultures, disability perceptions are shaped by cultural, religious, and social influences. Historically, attitudes have mixed compassion with stigma, often viewed through family duty and faith. However, these views are changing, especially among younger, urban Latinos.

Recent data highlights the growing prevalence of disability in Latino communities. According to the National Coalition for Latinxs with Disabilities, citing the Behavioral Risk Factor Surveillance System (BRFSS) from 2016 to 2018, approximately 11.8 million Latinos now identify as having a disability (National Coalition for Latinxs with Disabilities, n.d.). Mobility impairments (15%) and cognitive impairments (13%) are the most common, exceeding rates in the general U.S. population.

Latino families often pride themselves on self-reliance, sometimes rearranging their lives to support disabled family members. However, this can lead to complex dynamics where individuals with disabilities may be hidden, pitied, or overly protected. Religious beliefs play a significant role, with some families seeking prayers for "cures" or viewing certain conditions, like Down syndrome, as a divine blessing.

Many disabled Latinos become dependent on their families, primarily if language barriers exist. There is often a firm reliance on medical professionals as the primary source of information, which can limit individual autonomy and self-determination.

Research indicates disparities in access to services. The California Health Report notes that Latino families are less likely than white families to receive support through Regional Centers, which coordinate care for people with disabilities (California Health Report, n.d.).

Traditional Views on Disability In many Latino communities, disability is viewed through a familial and religious lens. Families often take on primary caregiving roles, emphasizing protection within the home. Catholic beliefs, prevalent in many Latino communities, can frame disability as a test of faith or divine will. While well-intentioned, this protective attitude may inadvertently lead to social isolation for individuals with disabilities.

Modern Perspectives and Accessibility As Latino communities evolve, so do attitudes toward disability. Younger generations and those in urban areas are increasingly advocating for inclusivity and accessibility. There is a growing recognition of the need for culturally competent services and support systems that respect both disability rights and Latino cultural values. This shift reflects a broader societal move towards viewing disability through a social model, emphasizing the removal of societal barriers rather than focusing solely on medical interventions. As these perspectives continue to evolve, it is crucial to ensure that Latino individuals with disabilities have access to appropriate resources and opportunities for full participation in society.

Impact of Cultural Values on Disability In recent years, there has been a shift towards greater recognition of disability rights in Latino communities, especially among younger generations. Advocacy for accessibility and rights is growing, particularly in countries with vigorous civil rights movements. However, significant barriers to full social inclusion persist. Cultural norms prioritizing family care over public support can sometimes limit access to external services and opportunities.

Hernandez and Barrera (2018) highlight these changing attitudes and ongoing challenges in their study on disability and social inclusion in Latino communities.

The strong family focus in Latino cultures often leads to a deep sense of duty to care for disabled relatives. This can be both supportive and challenging. While fostering a close-knit support system, it may also restrict opportunities for disabled individuals to engage in broader social activities or access independence-promoting services. There is often tension between traditional values and modern, inclusive approaches to disability (Aranda & Knight, 2017).

Conclusion Latino views on disability blend traditional values, religious beliefs, and evolving social norms. The emphasis on family care can be beneficial but may contribute to social isolation. However, as disability rights awareness grows and inclusive policies emerge, these views gradually change, especially among younger urban generations.

The strong family-centered approach in Latino cultures means relatives often feel deeply responsible for caring for disabled family members. This can create a supportive environment but may also limit opportunities for independence and broader social engagement. An ongoing balance exists between maintaining cultural traditions and embracing more inclusive, rights-based approaches to disability.

As awareness grows and policies become more inclusive, perspectives are slowly shifting. This change is most noticeable in younger generations and urban areas, with increasing advocacy

for disability rights and accessibility. However, the journey towards full social inclusion and equal opportunities for disabled individuals in Latino communities is ongoing, requiring continued efforts to bridge cultural values with modern disability rights principles.

India's class system and its three major religions—Hinduism, Islam, and Christianity—profoundly shape the lives of its people, particularly those living with disabilities and women (Haq, 2013). Each religion brings unique cultural traditions and norms that influence perspectives and experiences.

Disability in India is often viewed through a lens of stigma and misunderstanding. Locomotor disabilities, which affect mobility, are the most prevalent, with higher rates among men than women (Saikia et al., 2016). However, disabilities are more common among women. Despite the significant population of individuals living with disabilities, only a tiny fraction receive government assistance, leaving many to face severe socioeconomic disadvantages and poverty.

Women with disabilities in India face particularly challenging circumstances, enduring the "triple burden" of discrimination based on gender, disability, and social status (Ghai, 2002). They are often socially invisible, with their sexual and reproductive health needs primarily ignored. This lack of recognition and support extends to broader healthcare access, employment opportunities, and educational attainment.

Deeply rooted cultural and religious norms also shape women's health in India. Menstruation, for instance, is often shrouded in taboos and stigma, with many women facing restrictions and exclusion during their monthly cycles (Singh et al., 2019). Menopause, too, is a transition that is not well understood or supported, with women frequently facing social isolation and psychological distress.

Maternity holds a revered position in Indian culture, with women often expected to prioritize their roles as mothers. However, this focus on motherhood can also marginalize women who cannot conceive or choose not to have children (Sharma & Sivakami, 2018; Casebolt et al., 2023). Across generations, perspectives on disability and women's health in India reflect the complex interplay of cultural, religious, and socioeconomic factors. Addressing these challenges requires a multifaceted approach that challenges deep-rooted biases, improves access to healthcare and education, and empowers individuals with disabilities and women to assert their rights and advocate for their needs (Sharma & Sivakami, 2018). While India tends to be a collective society, the influence of the United States is bringing change. Women's rights are receiving closer scrutiny, and the roles of women with disabilities are being examined more closely by the younger generation.

India

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Arab

In a more collective society, cultural and religious influences in Arab societies, disability is often perceived through a combination of cultural—religious, and social factors. Historically, disability has been linked to the concepts of fate and divine will, often seen through the lens of Islam. Many Arabs believe that disability is a test or a form of predestination, leading to attitudes of pity and charity (Thani & Semreen, 2020).

Families are typically expected to care for their disabled members, which can result in a strong sense of protection from societal judgment. However, this protective approach can sometimes lead to further marginalization and isolation of individuals with disabilities (Thani & Semreen, 2020). Arab cultures are characterized by strong family ties, where the extended family plays a significant role in supporting and caring for individuals with disabilities, particularly children. However, having a disability can be viewed as a source of stigma, and may face discrimination in various aspects of life (Alallawi et al., 2020).

In Arab culture, being born with a disability is often seen as a "failure." Disabled individuals are not considered equal members of society and are encouraged to deny their disability instead of embracing it (Ray al-Jadir). People with intellectual, psychosocial, or developmental disabilities are seen as a source of shame or burden to their families (Hissa AL Thani). There is much fear of having a visible disability and a strong preference for concealing disability as much as

possible within the family (Alallawi et al., 2020). There is much shame associated with having a member of the family with a member of the family with a disability.

Women with disabilities face compounded discrimination, especially in Arab societies. When a woman is Arab, the discrimination is even more pronounced, leading to triple the challenges compared to their male counterparts (Hissa AL Thani).

Traditional gender roles and expectations often place significant emphasis on women's roles as wives, mothers, and caretakers. When it comes to menstruation, Arabs believe that a woman is unclean during menstruation and not allowed to pray, fast, or have intimate relations with her husband (Al-Dababneh et al., 2016). Menopause is seen as a natural transition in a woman's life, and it is not stigmatized.

Equity in education and healthcare is increasing in many Arab countries, though traditional views of women's roles in the family and society persist. Maternity is highly valued with emphasis on bearing children and raising them within the family, though women's autonomy in decisions around pregnancy and childbirth may be limited (Al-Dababneh et al., 2916).

There has been a growing awareness in recent years in some Arab countries about the rights and inclusion of people with disabilities. This shift is more noticeable in urban and progressive regions, although some challenges in accessibility and social inclusion remain prevalent across many Arab countries (Thani & Semreen, 2020).

Governments in countries like the United Arab Emirates, Qatar, and Saudi Arabia have begun implementing policies and initiatives to improve accessibility and social inclusion. For instance, the UAE has launched several programs under the "National Policy for empowering people with disabilities" to enhance the quality of life for individuals with disabilities (Thani & Semreen, 2020).

Despite these efforts, the implementation of accessibility standards remains inconsistent, and cultural attitudes toward disability still carry a degree of stigma in many parts of the Arab world (Thani & Semreen, 2020).

Advocacy groups and non-governmental organizations like NGOs are increasingly active in promoting disability rights and challenging societal norms. These organizations are crucial in raising awareness and pushing for more inclusive policies and practices (Thani & Semreen, 2020).

The perspective on disability and women's health within Arab countries is complex and rooted in cultural traditions, religious beliefs, and evolving social norms. However, this is one of the cultures that has more consequential discrimination for having a disability and being a woman.

Africa

African culture is more collective, strongly emphasizing community and family bonds (Al-Dababneh et al., 2016). In Africa, it is common to have tribes and clans where the individual is viewed not just as a person but as part of a larger social unit (Aju & Beddewela, 2019). This communal mindset influences how disability and women's health issues are perceived and addressed in African societies.

Regarding disability, many African cultures have traditionally attributed physical and mental impairments to supernatural causes such as witchcraft, improper familial relationships, or divine punishment (Al-Dababneh et al., 2016). This can lead to stigmatization and social exclusion of

individuals with disabilities. For example, in Ghana, the birth of a child with a disability is sometimes interpreted as retribution from the gods for sins committed by the family. As a result, families may hide or isolate their disabled members, denying them access to education, healthcare, and full participation in community life.

Though these beliefs slowly change with modernization, they persist in many African contexts. Recent studies have shown that the unemployment rate for people with disabilities in developing African countries like Ghana remains stubbornly high, especially for women with disabilities who face compounded marginalization (Reyes et al., 2012).

Traditional cultural norms and gender roles also shape women's experiences in Africa. In many African societies, women are expected to fulfill domestic responsibilities like childcare and household management, with less access to education and economic opportunities than men. Menstruation and menopause, in particular, are often viewed as taboo or "dirty" topics, with women facing social stigma and isolation during these natural biological processes.

Maternal health is another area of concern, as women in Africa face risks associated with limited reproductive healthcare access and high rates of childbirth complications. Underlying factors like poverty, weak health systems, and gender inequalities contribute to unacceptably high maternal mortality ratios in sub-Saharan Africa specifically.

Overall, the perspectives on disability and women's health in many African contexts are still primarily shaped by traditional cultural beliefs and social structures. Incorporating a more inclusive, rights-based approach to these issues will be crucial in addressing the barriers and inequities faced by Africans with disabilities and women (Charlson et al., 2014) (Azuh & Ogundipe, 2017) (Al-Dababneh et al., 2016).

Eastern European

Eastern Europe is commonly defined as everything east of Germany, Austria, and Italy. This includes countries such as Poland, Hungary, Romania, and Ukraine. Growing up in Eastern Europe, individuals often develop a unique perspective on matters of disability and the role of women in society, shaped by their region's historical, cultural, and socioeconomic factors.

Many Eastern Europeans view disability through a lens of pragmatism and resilience. The region has faced significant economic and political upheaval, leading to limited healthcare and social services resources. As a result, individuals with disabilities are often expected to be self-reliant and to find ways to adapt and contribute to their communities. This mindset can create a culture of acceptance, as disabilities are a natural part of the human experience. However, it can also lead to a lack of comprehensive support systems. In these countries (Spitzer & Weber, 2019), self-reported health data may not fully capture the challenges faced by those with disabilities, as cultural norms encourage stoicism and self-reliance. These societies tend to be more collectivist, placing a high value on the family and community, which can positively influence the integration of individuals with disabilities (Spitzer & Weber, 2019) (Waters et al., 2008).

Regarding women, Eastern Europe has a complex and often contradictory history. During the communist era, women were actively encouraged to participate in the workforce and were granted legal protections, such as guaranteed maternity leave. However, this progress was often undermined by persistent traditional gender roles and the double burden of paid work and

unpaid domestic labor. (Aksoy et al., 2020) In the post-communist era, some countries have seen a regression in gender equality, with policies that reinforce traditional family structures and limit women's economic and political participation. At the same time, the legacy of the Soviet era has left a relatively strong tradition of women in STEM fields and leadership positions, though significant gender gaps persist. (Aksoy et al., 2020)

The views on menstruation, menopause, and maternity vary across the region but are often shaped by a mix of traditional beliefs and the legacy of communist-era policies. In some cases, menstruation may still be stigmatized, while in others, there is a more open and pragmatic attitude. Menopause is often seen as a natural process but may still carry some social stigma. Maternity is highly valued, but the support systems for working mothers can be limited, leading to challenges in balancing work and family responsibilities.

Overall, the Eastern European perspective on disability and the role of women is complex and nuanced, reflecting the region's unique historical, cultural, and socioeconomic context. (Ganle et al., 2016) (Malouf et al., 2017) (Mukherjee et al., 2020) (Holmes et al., 2021).

Western Europe

Western Europe encompasses the regions of northern Europe, southern Europe, Central Europe, and the British Isles. This includes The United Kingdom, Luxembourg, Ireland, the Netherlands, Monaco, Belgium, France, and the United Kingdom.

From a collective and generational standpoint, the views of Western Europeans on disability in healthcare, family, the workplace, education, and life can be characterized as somewhat progressive but with lingering challenges and stigma.

In healthcare, there are generally strong legal and policy frameworks to protect the rights of persons with disabilities. However, more can be done to ensure full accessibility and accommodations. Many countries have instituted anti-discrimination laws, mandatory quotas for employing people with disabilities, and social protection programs. (Waddington, 1994)

However, disabled individuals still face barriers to accessing quality and inclusive healthcare, with disparities in disability-free life expectancy remaining between Western and Eastern European countries. (Stonkute et al., 2023)

Western Europeans tend to be more of a collective society than individualism, which is more common in North America. Families and communities often play a central role in supporting and integrating those with disabilities. However, the traditional medical model of disability that views it as an individual problem persists, rather than a social model that recognizes disabling barriers in the environment.

In the workplace, anti-discrimination laws exist, but employment rates for people with disabilities remain lower than the general population. Employers may be hesitant to hire or accommodate workers with disabilities, and negative stereotypes and stigma still create challenges.

Education systems have made strides towards inclusive practices, with more students with disabilities integrated into mainstream classrooms. However, segregated special education tracks and schools remain commonplace, and the quality and accessibility of inclusive education varies widely between and within countries. (Waddington, 1994) (Vanhala, 2015) (Tschanz & Staub, 2017)

Regarding views on women, Western Europeans generally have more progressive attitudes than other regions. Women have achieved greater legal equality, political representation, and participation in the workforce. However, gender discrimination, the glass ceiling, and barriers to economic and social empowerment persist.

Attitudes towards menstruation and menopause, while improved, can still be marked by taboo and stigma. Maternity is more accepted, with generous parental leave policies in many countries, but work-life balance challenges remain. Overall, while Western European societies have made significant advances, there is still work to be done to fully integrate and empower those with disabilities and achieve true gender equality (Malouf et al., 2017) (Tschanz & Staub, 2017) (Stonkute et al., 2023).

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Chapter Five- Chapter Understanding Invisible and Visible Disabilities: The Differences in Struggles They Face

To start, just because someone has a disability doesn't mean they are disabled or that they may need reasonable accommodation. For example, if a speaker is using a microphone and there is an older person in the audience who has hearing aids, are we offering them reasonable accommodation, or are they getting what everyone is getting?

Many times, we see disability as debilitating. In some cases, it can be, yet it is a different way of doing things in many cases. Having a hearing aid is a different way of hearing. Sometimes, a person can see the hearing aid, and sometimes, the hearing aid is not as visible. This distinction is crucial because it highlights how society often overlooks the needs of individuals with disabilities, particularly those that are not immediately visible.

Four main categories define disabilities: behavioral/emotional, physical, sensory impaired disorders, and developmental. Each category encompasses various conditions that can affect individuals in various ways. For instance, someone with a behavioral or emotional disability may struggle with anxiety or depression, which can impact their daily functioning. On the other hand, a person with a physical disability may have mobility challenges that require assistive devices, such as wheelchairs or crutches.

An invisible disability can be defined as a physical, neurological, or mental condition that is not visible from the outside but can still limit or challenge a person's movements, activities, or senses. Examples of invisible disabilities include chronic fatigue syndrome, fibromyalgia, and mental health disorders like depression and anxiety. Sadly, the fact that these symptoms are invisible can lead to misunderstandings, judgments, and false perceptions. People may assume that someone with an invisible disability is simply lazy or not trying hard enough, which can further exacerbate feelings of isolation and frustration.

A physical disability is a disability one can see. Both come with biases, stereotyping, and stigmatization. However, with visible disabilities, there can come an understanding that often escapes those whose disabilities are not visible. For example, a person in a wheelchair may receive assistance from others, while someone with an invisible disability may struggle alone, as their challenges are not immediately apparent. This discrepancy can lead to feelings of inadequacy and the need to prove oneself, which can be emotionally taxing.

A study done in 2011 showed that 88% still did not feel comfortable disclosing their disability (Fisk, 2011, BBC). In an article by the BBC, a woman who had epilepsy would say she was sick instead of saying she needed to stay home because of her epilepsy. She knew taking sick time was easier for her employer to digest than saying, "If I come into work today, I am more likely to have a seizure." This highlights the stigma surrounding disabilities, particularly invisible ones, and the lengths to which individuals may go to avoid discrimination or misunderstanding.

This poses an interesting question when hiring people with conditions, such as temporary conditions that need accessibility and women's health (3M). How should that be approached in

the workplace and/or school, and should sick days be used for them, or should certain days be allotted to them, like FMLA? The conversation around reasonable accommodations is essential, as it can significantly impact the well-being and productivity of individuals with different capabilities. Employers and educational institutions must recognize the diverse needs of their employees and students and create an inclusive environment that fosters understanding and support.

Between 2005 and 2010, the most commonly cited employment disability discrimination charges filed with the Equal Employment Opportunity Commission were invisible disabilities. This research was done by Cornell University's employment and disability institute (NPR, 2015). The prevalence of these charges indicates a significant gap in awareness and understanding of invisible disabilities in the workplace. Many individuals with invisible disabilities face challenges in securing employment, as potential employers may harbor misconceptions about their capabilities.

Because people do not see the disability, the biases can be different. Writing about invisible disabilities was relatable to my personal experience. Similarly justifying limitations, even when they were beyond my control. This pressure can lead to a cycle of self-doubt and anxiety, making it even more challenging to navigate daily life.

Many times, when people hear someone has a disability, they often think of something they can see, like someone in a wheelchair or someone with a cane or some physical sign that shows they have a disability. An invisible disability can be characterized as a chronic condition that interferes with a person's activities of daily living. However, no clues or outward physical signs suggest limitations to someone casually observing. This lack of visibility can lead to a lack of empathy and understanding from others, which can be incredibly isolating for those affected. Years ago, watching a coworker at her job and noticing that she brought her dog to work and took a lot of time off, how could she keep her job? The rumor was that she had mental health issues. There was much negative connotation around her. While this should have been kept private, many times rumors fly around people's disabilities.

In the article from Ysasi et al., she discusses a study where nurses were taking care of three different groups: older adults, people with physical disabilities, and people with intellectual disabilities (i.e., invisible disabilities). The two other groups were given priority, but the ones with invisible disabilities were treated like they were peculiar and perceived with poor expectations. The group was treated with fear, and it was expressed that they ought to be put in a side ward (Ysasi,2018). This example illustrates the biases that individuals with invisible disabilities often face, as they are frequently misunderstood and marginalized.

People with invisible disabilities are often presumed to be like everyone else, which can lead to masking or trying to fit in where they cannot, which leads to emotional stress due to a lack of identification and contact with people similar to them. I have experienced this. It wasn't until a couple of years ago that I met someone with the same learning disability as me. Feeling inferior, hating oneself, internal obstacles of identity concerns, and significant shame impact one's self-esteem. This private shame diminishes self-esteem so much that it impacts self-doubt, affecting education, employment, and social interaction. Self-efficacy, which can be defined by an individual who believes they are capable of functioning, is impacted. In other words, these beliefs impact how a person will function in the world (Ysasi,2018).

The journey toward acceptance and understanding of both visible and invisible disabilities is ongoing. It requires a collective effort from society to challenge stereotypes, promote awareness, and foster an inclusive environment. By sharing stories and experiences, we can help bridge the gap between those with visible disabilities and invisible disabilities, creating a more empathetic and supportive community for all.

It is essential to recognize that disabilities come in many forms, and each individual's experience is unique. By understanding the challenges faced by those with both visible and invisible disabilities, we can work towards creating a more inclusive society that values diversity and promotes understanding. This journey begins with open conversations, education, and a commitment to empathy and support for all individuals, regardless of their abilities or challenges.

The Cost of Proof

People with invisible disabilities often face significant challenges when it comes to proving their condition. Many times, I have encountered individuals who have called me a liar regarding my disability or have suggested that my situation is unfair to others. This kind of judgment and assumption placed upon those of us with invisible disabilities creates an immense burden and a considerable amount of stress. It frequently forces us to disclose our disabilities and provide proof of our conditions, which can be an uncomfortable and invasive experience. This unnecessary stress not only draws increased attention to our disabilities but also produces limitations that can exacerbate our symptoms, intensify our pain, and further augment our disabilities (Ysasi, 2018).

The consequences of these stigmatizing attitudes are profound. People with invisible disabilities often feel pressured to pass as if they do not have a disability at all. I tried to do this for many years. My mother's side of the family was filled with cheerleaders and beauty queens, and at one point, one of my uncle's bosses was Michael Jordan. In this environment, disability was not accepted. I constantly felt the pressure to conform, to pretend to be someone I was not, even when I could not do so. This created a great deal of stress, and to this day, I still do not feel accepted by that side of the family. Even with documentation proving my disability, I am often told that it does not exist.

Part of the struggle for those with invisible disabilities comes from the internal judgments they face, which are often influenced by societal stigma. These external messages can lead individuals to create harsh judgments about themselves. Such internal judgments can result in low self-esteem, inadequacy, and a sense of not belonging. This internal conflict can be just as damaging as the external stigma, creating a cycle of self-doubt that is difficult to break.

When it comes to employment, individuals with invisible disabilities are often viewed as less desirable candidates in the job market compared to those with visible disabilities. Society tends to assume that if a person is injured on the job, they will take time off work, which is generally accepted. However, if someone with a mental health issue, such as depression, calls in sick, they may be perceived as lazy or unprofessional. This reinforces negative attitudes that lead to discriminatory discrimination by employers and coworkers.

Moreover, people with invisible disabilities are frequently seen as objects of charity rather than individuals with rights and the ability to participate fully in society. This societal mindset is

harmful and has hindered those with invisible disabilities in various aspects of life, including transportation, education, employment, and social participation. The perception that individuals with disabilities require pity rather than respect can create barriers that are difficult to overcome.

Visible

Many people mistakenly believe that all individuals with disabilities experience the same kind of discrimination. However, this is not always the case. For instance, let us consider the hypothetical scenario of Ms. Wheelchair gracing the cover of Sports Illustrated for their swimsuit edition. In 2016, there was a significant uproar when a plus-size model appeared in the magazine. Can you imagine the kind of uproar that would ensue if a Ms. Wheelchair were to be featured on the cover?

Our society, regardless of gender, heavily emphasizes physical beauty. We are naturally drawn to it, and people often receive jobs, promotions, or ratings based on their physical appearance. I recall walking into job interviews in my youth and being hired based solely on my appearance. When someone has a physical difference from the norm, it can create discomfort and impact their body image. Those in the presence of someone with a visible disability may experience anxiety about acquiring a disability themselves, leading to discomfort and even callous attitudes. Often, people express more negative attitudes toward individuals with more severe disabilities. The more visible the disability, the more pronounced these negative attitudes can become. Many individuals fear physical differences because they serve as a reminder of their mortality, which can lead to avoidance and insensitivity.

Another experience that individuals with visible disabilities often face is the assumption that they are helpless or in need of pity. People frequently do not ask if assistance is needed; instead, they assume that help is required. I recall attending a convention where I spoke with a person who had a visual impairment. When her assistant left, she needed to get to another location. I approached her and asked if she needed help.

She responded affirmatively, and I then asked if it was okay to touch her and offer my arm for guidance. This situation highlights a common issue: many people do not ask before they act, which can be jarring for someone with a visible disability. They may or may not want or need assistance, and asking for permission and explaining one's actions is vital to making them feel comfortable and respected.

However, it can also be where people are more seen and told, "You are an inspiration." An inspiration for being able to navigate a conference or go to the grocery store?

Another typical response is that people will avoid it because they are afraid or do not know how to interact. Having a disability can create so many different experiences that can cause one to feel uncomfortable because society has not been trained on how to be around a person with a visible disability.

Combo

So, what happens when someone has both visible and invisible disabilities? They can experience both types of trauma simultaneously. The visible aspects of their disability may

become the primary focus, while the invisible challenges may be overlooked or forgotten entirely. This duality can create a complex and often overwhelming experience for individuals navigating their daily lives.

Understanding this information is vital for fostering empathy and support for individuals with disabilities. It is essential to recognize that the experiences of those with invisible disabilities can be just as challenging, if not more so, than those with visible disabilities. The stigma surrounding invisible disabilities can lead to feelings of isolation and frustration, as individuals may feel compelled to justify their limitations to others.

For example, a person with chronic fatigue syndrome may struggle to explain their condition to friends or family who do not understand the debilitating nature of their symptoms. Similarly, someone with anxiety may find it challenging to articulate their struggles in a way that others can comprehend. This lack of understanding can lead to further isolation and a sense of being misunderstood.

In conclusion, it is crucial to acknowledge that disabilities come in many forms, and each individual's experience is unique. By understanding the challenges faced by those with both visible and invisible disabilities, we can work towards creating a more inclusive society that values diversity and promotes understanding. This journey begins with open conversations, education, and a commitment to empathy and support for all individuals, regardless of their capabilities.

Understanding the Outcome

Because it causes trauma in different ways, being pitted against others is different than being told you should know better. Being seen as disgusting because of your physical appearance is different from being seen as weird because of the way you are performing.

When we understand how biases and stigmas work, we can start to know how to heal those stigmas and biases. Would you say Stephen Hawking is someone who ought to be pitied? Nevertheless, he is in a wheelchair, and his brilliance transcends his physical limitations. Would you say Daryl Hannah is too weird and should not be employed? Nevertheless, she falls under the neurodiverse category, showcasing that her unique perspective adds value to her work.

If we can start educating ourselves and others, we can release stigmas, biases, and stereotyping around disabilities. We can begin to see them as different ways people function. For instance, individuals with invisible disabilities, like chronic pain or mental health issues, often face skepticism about their conditions. They may be told they look fine, which can invalidate their experiences. On the other hand, those with visible disabilities, such as mobility impairments, may be treated with pity or assumed to be helpless, which can be equally damaging.

By sharing stories and examples, we can foster understanding. For example, a person with fibromyalgia may struggle to explain their fatigue. At the same time, someone with a visible disability might be constantly asked if they need help, even when they do not.

This education is crucial for dismantling harmful stereotypes. It allows us to appreciate the diverse experiences of individuals with disabilities, both visible and invisible. Doing so can create a more inclusive society that values all individuals for their unique contributions and challenges.

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Chapter Six: When Different Capabilities Conflict, how do you navigate?

Many conflicts arise regarding various capabilities, particularly in the context of disabilities. This section will explore a few of these conflicts and discuss possible ways of resolving them. Specific duties are in place in schools and workplaces regarding treating individuals with disabilities. Defining these duties, especially concerning providing reasonable accommodations, is essential. When a person with a disability is qualified for a position, there are important statutory requirements established by the Americans with Disabilities Act (ADA) that must be adhered to (National Employment Law Institute, n.d.).

Let us focus on the conflict between employees and their employers. This conflict often stems from misunderstandings or a lack of awareness regarding the needs of employees with disabilities. Employers may not fully grasp the importance of reasonable accommodations, leading to tension and dissatisfaction in the workplace.
Late will discuss why there are still struggles regarding reasonable accommodations (RA) and how employers and employees perceive these accommodations. It is crucial to recognize that not all accommodations or accessibility issues are related to disabilities. Conflicts can arise in accessibility that do not involve disabilities at all. For instance, some companies have poor policies regarding bathroom breaks, which can create significant challenges for all employees, regardless of their physical abilities.
Here are a few stories that women have shared about their workplace experiences. One hairdresser worked for a company that scheduled her back-to-back appointments throughout the day, leaving her no time for bathroom breaks. The situation became so dire that during her menstrual cycle, blood would drip down her leg. She was told to deal with this issue when she attempted to address it with her employer. Another female teacher recounted how it was highly discouraged or even frowned upon, to use the bathroom during class hours. This made it particularly difficult for her when she was menstruating.
Additionally, a woman who worked in food service shared her experience of being denied bathroom access. When she eventually had an accident, and blood began to drip down her leg, her manager became angry with her.
In frustration, she confronted her manager, saying, "What do you want from me?
I asked you, and you refused. I cannot help what my body needs."
These stories highlight the urgent need for better understanding and policies regarding bathroom breaks and personal needs in the workplace.
Sometimes, it is vital to test how companies respond to accessibility. A local company was hiring for a call center. During the interview, it was important to ask about bathroom breaks. The interviewer said they preferred employees to use the bathroom only during designated break times. However, they also emphasized that they were a family-oriented company. Any parent

who would treat their five-year-old that way is not family-oriented. Telling them they could only use the bathroom during designated times? That hardly seems family-oriented. Unsurprisingly, there was no call back for another interview.

These policies can be harmful because employees must stay hydrated to perform their jobs effectively, yet they cannot use the bathroom when necessary. This creates a direct accessibility issue. The law states that employees are entitled to only a 10-minute break every four hours, which is often insufficient for many workers. If a reasonable accommodation is requested before employment or during the hiring process, the individual may not be hired, even if they are fully capable of performing the job. If they ask for accommodations after being hired, conflicts with employers with rigid policies can lead to conflicts.

In conclusion, the conflicts surrounding reasonable accommodations in the workplace are complex and multifaceted. Employers need to recognize the importance of accommodating the needs of all employees, whether those needs stem from visible or invisible disabilities. A more inclusive environment can help alleviate conflicts and create a more supportive workplace.

The issues discussed above are not disability-related. However, in the case of *Morrissey v. Laurel Health Care Co.*, the court upheld a situation where an employer had a blanket policy that denied accommodations for all non-work-related disabilities. This policy forced an employee, a nurse, to work beyond her 12-hour physical restriction. In this case, it was as if the employer was violating the ADA (National Employment Law Institute, n.d.).

This situation can also impact children in school, limiting bathroom breaks or asking them why they need to go. We ought to consider human needs, including women's needs, as part of accessibility, too. If we look at it differently, this can be an avoidable conflict.

It is not about squeezing every ounce of time out of people so the employer can get every penny's worth from their employees. They are not robots. They are human beings with needs. Companies must understand that when working with humans, we must allow this and not punish people or have unreasonable expectations of them.

When companies have a mentality of treating people like numbers, they act like numbers. When this happens, the company is setting itself up for failure. Treating people like numbers creates a toxic culture, and we all have seen what toxic cultures lead to. It leads to less innovation, turnover, customer satisfaction, and more.

If we had more healthy companies, we would not have to have terms like reasonable accommodations or laws to enforce accessibility in schools and the workplace. We would give people what they needed. Nevertheless, that is not the case, so we have reasonable accommodations.

When considering reasonable accommodations issues, it is helpful to remember that they are about removing barriers. It is also vital to understand that the Supreme Court has ruled that reasonable accommodations can include preferences for employees with disabilities so that they can obtain the same workplace opportunities that those without disabilities naturally get. It is also vital to remember that reasonable accommodations are not to be demanded by the employer's employee. A reasonable accommodation is not to cause an employer undue hardship. What does it mean by undue hardship? Undue hardship has to do with ROI or return on investment. For example, a company will not move to warmer weather because an employee has pain issues due to the weather. That would cause an undue hardship. However, having an

alternative shift for medical reasons when a company has different shifts is not an undue hardship, even if it causes conflict with other employees.

Some typical undue hardships include infringing on other employees' rights, hurting employee benefits, reducing workplace safety, breaking another law, and lowering job efficiency in other business areas. If an undue hardship presents itself, the employer should brainstorm a solution with the employee. There are a few exceptions, and those are for companies smaller than 15 employees and government agencies (UpCounsel, 2020).

Conflicts of Noise and Space Conflicts in the Workplace

The office environment can often be challenging for employees, especially when it is noisy. In such situations, employees may struggle to concentrate and perform their tasks effectively. This lack of focus can lead to frustration and decreased productivity. In response to this issue, employees demand that the office be soundproofed or provided with a private office in a quieter corner of the workplace. However, the existing office policy states that only managers are entitled to private offices, with limited space for additional offices.

What should be done in this scenario? Is this situation an example of undue hardship for the employer? To answer these questions, we can refer to the Undue Hardship list, which outlines various factors that can impact a company's return on investment (ROI). It is essential to consider whether this scenario affects any of those factors.

Is it truly an undue hardship to provide a private office when limited offices are available? Or does granting a non-manager an office amount to preferential treatment? These questions require careful consideration of the company's policies and the needs of the employees.

Let us examine another example to illustrate these conflicts further. Imagine an employee who uses a wheelchair and requests that the company purchase a special vehicle for them to use for workplace-related activities. Would fulfilling this request place an undue hardship on the company? What steps should the employer take to address the situation if it does?

Additionally, it is important to consider other conflicts between employers and employees. For instance, students and instructors often face misunderstandings regarding reasonable accommodations. Many instructors may not fully understand the concept of reasonable accommodations and may attempt to negotiate with students to prevent them from receiving them. They may even express concerns about fairness, arguing that it is unfair for one student to receive accommodations while others do not. However, it is crucial to recognize that reasonable accommodations are based on individual needs, not on a sense of fairness.

For example, is it fair for a person 5 feet tall to receive a ladder while a person 6 feet tall does not? The answer is no; it is about providing the necessary tools for each individual to succeed. Society often places unrealistic expectations on individuals, expecting them to be perfect and self-reliant. This mindset can create a culture where individuals feel vulnerable when they ask for reasonable accommodations. When society fails to acknowledge this vulnerability, it can lead to various issues, including individuals not sharing their needs or feeling traumatized when requesting accommodations.

Moreover, there are often deadlines for submitting documentation for reasonable accommodations. However, individuals may struggle to see a doctor within that time frame.

Additionally, there can be confusion about what type of documentation is acceptable for requesting accommodations (askJAN webcast).

Consider the following example: Aaron needs frequent stretching breaks and provides a note from their chiropractor to their employer. However, the employer refuses to accept the note because they do not view the chiropractor as a legitimate medical professional. Is the employer acting in accordance with the law?

According to the Job Accommodation Network, the medical letter must come from someone treating the individual. However, it does not necessarily have to be a traditional Western medicine doctor.

Another example shows how misunderstandings can lead to conflicts in the workplace. Employers must recognize the importance of reasonable accommodations and create an environment where employees feel comfortable requesting the support they need. By doing so, they can foster a more inclusive and productive workplace for everyone.

The Conflict Tyrell dealt with

Tyrell needs to be able to sit on his shift at work. He has had several surgeries, but his subsequent appointment to see his doctor is in 2 months, and he cannot get in sooner. The employer has asked Tyrell to sign a medical release form to access all his medical records and has requested that he obtain a doctor's note within 1 month. Tyrell explains his situation, emphasizing the challenges he faces. However, the employer insists that this is policy and cannot make exceptions. They warn Tyrell that the doctor's note will not matter if he misses the deadline.

Nevertheless, Tyrell has taken time off work for his surgeries before, and this is an ongoing condition that requires understanding and flexibility. The employer's insistence on strict adherence to policy raises two significant concerns:

1. The employer has access to all of Tyrell's medical records.
2. The employer does not work within the time frame of Tyrell's doctor's office.

You are correct if you recognize that the employer has access to all of Tyrell's medical records and does not accommodate the time frame of Tyrell's doctor's office. According to the Job Accommodation Network (JAN), working with Tyrell while he is trying to obtain his doctor's note is in the employer's best interest. Furthermore, it is not the employer's business to have all of Tyrell's medical information. What is needed for the company is the reasonable accommodation that Tyrell requires to perform his job effectively.

The employer knows Tyrell's medical condition because he previously took time off work. The insistence on an updated note, despite the chronic nature of his condition, seems unnecessary. The bottom line is that the focus should be on what the employee needs to fulfill job requirements while allowing the company to maintain productivity. Knowing an individual's medical records does not determine their ability to perform their job. It can lead to biases against that individual.

Another conflict can arise when an instructor or manager must keep a reasonable accommodation confidential. What does confidentiality mean in this context? Only those who need to know should be informed, and discussions should occur with the person requesting the accommodation. Sometimes, rumors can spread, leading to misunderstandings. It is our

responsibility as managers to protect under-represented individuals. When reasonable accommodations are not handled properly, it can create a situation where individuals are bullied in the workplace. This bullying can create hardship for employees, coworkers, and employers. The employee with a disability may feel bullied or uncomfortable. At the same time, the employer may face a discrimination case, and coworkers may feel that things are unfair because they did not receive the same accommodations.

Additional Insights on Reasonable Accommodations

Many times, people with disabilities have heard the argument that it is not fair to the other students or employees. However, individuals with differing abilities tend to be one of the most marginalized groups in society due to the prevailing ideals surrounding disability. These biases significantly increase the chances of unemployment, underemployment, and poverty (Bezyak et al., 2020). I believe this particular bias—that it is not fair to others—is one of the contributing factors to the challenges faced by individuals with disabilities.

According to the National Employment Law Institute, in *Holly v. Clairson Industries LLC*, the court stated that a reasonable accommodation (RA) does not mean treating a person without a disability the same as a person with a disability. The Supreme Court agrees with the ADA's mandate of preferences regarding treating people with disabilities.

This means that if a person with disabilities is treated differently, it may appear as preferential treatment, but the individual must perform their tasks effectively. This is mandated by law. In the United States, we often think it is unfair to me if I do not get it. We tend to intrude into matters that are none of our business. When a person needs an RA, it is not that they are receiving something unique that other employees are not; instead, they are getting something they need to perform their job.

Consider the example of a ladder: a 5-foot person is not receiving special treatment because they are shorter. They are being given equity to do their job and reach the shelf. They are provided with what they need to be on equal footing with a 6-foot person.

Let us look at a few examples:

Joe's RA

Joe comes late to work because he suffers from extreme anxiety and cannot drive or ride the bus during heavy traffic. He is required to be at the office, or he can work from home. His RA is to come in an hour later. His co-workers notice this and complain about how Joe gets to come in an hour later. They feel it is unfair that they have to be there an hour earlier than Joe. They forget that Joe also stays later than the rest of them. He works the same amount of hours. Joe hears this and faces backlash; he feels uncomfortable and unsupported because no one is defending him, including his manager.

No one is defending him because no one has received training on handling RA conflicts. The manager does not know what to say to Joe's co-workers. The manager understands they cannot disclose Joe's differing capabilities. However, how can this be resolved so that Joe feels safe and the other co-workers are not disgruntled?

In this context, it is crucial to recognize that reasonable accommodations are not about giving special treatment but about ensuring the equity and support of all employees.

Alex's RA

Alex is a tech. The department is set up so that the doctor is the head. Alex has coworkers who have managerial duties but are not managers but are regular techs. Their managerial duties have nothing to do with Alex's RA. Alex has an RA and tells the doctor.
The doctor responds that people in medical care do not have disabilities; those who do have disabilities are people who work at Goodwill.
Alex is so shocked by the response that they are afraid to tell HR. Who would believe a tech over a doctor, anyway?
The doctor tells the coworkers who have managerial duties without talking to Alex. Suddenly, things start changing, and people start whispering when Alex walks by. Alex feels like the whole department knows and is now treating Alex differently. Alex cannot prove anything but feels uncomfortable.
Should the doctor have looked more closely at the RA and the managerial responsibilities before telling the tech with these responsibilities about Alex's RA?
Should the doctor have talked to Alex and told Alex who he would tell regarding Alex's RA?
How would you have handled this situation as Alex? If you said quit, remember people with disabilities have a 2x higher unemployment rate.
How do you think the doctor ought to have handled things?

Deb the Conflict of Time Zones

Deb works with clients in a time zone that starts her day at 6 am. Her daycare does not open until 7 am. Deb can do most of her work from home. Deb has talked with her manager and has arranged to spend 95% of her job working from home. She is the only one in the office who has this accommodation. She is also the only single mom with children under 10 in her office. A co-worker who has been there 5 years longer than Deb says she wants to work from home but is told no. She gets upset and says it is not fair. I have worked here longer than Deb, and she gets to work from home. How come I cannot? However, the office policy is that everyone comes to work. Deb and another person have taken on the early morning clients, and it is not the other early morning co-worker complaining.
How would you handle this one?

Aaron's RA Conflict

Aaron needs frequent stretching breaks; they bring a note from their chiropractor to their employer. Their employer will not accept the note because they do not see the chiropractor as a real doctor. Is the employer following the law?
Write down your answer.

According to the Job Accommodation Network, the medical letter must be from someone medically treating, not necessarily a Western medicine doctor. Does that mean his employer ought to accept the letter?

RA Student Conflicts

A student gets an RA to take quizzes and tests in the testing area, which is a quiet space. The testing center is only open during certain hours. The class is a night class, and the testing center is closed during that time, so the students can not take quizzes or tests during class time. The instructor does not like the hours of the testing center. The instructor does not like that the student can take quizzes at the testing center. The instructor feels all this RA stuff is unfair to the other students and inconveniences the instructor when working with the testing center. The instructor tries to negotiate with the student outside of their RA.

The student gets upset and says something to those handling their RA. The instructor gets upset and says that if the student does not comply with their wishes, the instructor will not pass the student, threatening their grade.

Is working with the testing center undue hardship for an instructor?

What would you say if you were the dean of this particular instructor?

What would you say if you were people handling the RA?

How would you respond as the student?

Write down your answers.

This happened. In an email, the department dean told the student that what the instructor did to negotiate the student out of their RA was okay. The student did not handle things as well; they were upset and constantly called the people in charge of her RA. The people in charge of the RA educated the instructor and the dean that it is inappropriate to negotiate students out of their RA. The dean asked the student to return to class. The student refused, stating the instructor was untrustworthy because they threatened her grade. The student then asked for a refund for the class and asked that the next class be paid for. The student was upgraded in classes and was given what she asked for.

I want to see how much work that caused people because one person thought it was not fair. The student was traumatized. There were two people from disability services at the college: a dean and two instructors. It cost the college because they refunded and paid for her next class. She did not pay for that class. None of this would have happened if the instructor had just given her her RA. Not working with people with capabilities costs more in the long run. In 2021, an ADA case against Walmart cost 125 million dollars.

There is a difference between brainstorming to find a solution that works for both parties versus bullying someone not to take an RA they need. The instructor above was not negotiating with the students; they were bullying them to give up their RA because it was too inconvenient. The instructor also told the students they believed they would cheat if they did not do things their way. Telling a person with a disability that they will automatically cheat is not okay. It is a bias and puts a stereotype on someone. The instructor bullying the student from the RA was like asking the 5ft person to climb the shelves because buying or getting a ladder is too inconvenient.

Sam's Job story

Sam was at a job fair at their local college, and they made eye contact with a rental car service. The recruitment team started talking to Sam and thought Sam would be perfect for the job. Sam said I do not park other people's cars. The recruitment team thought Sam was joking. Sam was not. Sam got hired. Sam was working the front desk, doing a great job, but her co-workers did not like Sam because when things got busy, Sam stayed at the front desk and did not help park cars. Sam had an RA stating she did not have to park cars. Sam's coworkers started getting upset and picking at Sam. They put gum on Sam's car and garbage behind Sam's car. When Sam reported it, they moved Sam to a slow lot where Sam had nothing to do. Nevertheless, this time, Sam was told to keep quiet about their sexual orientation.

Sam finally had enough and quit. When it came time for unemployment, Sam filed for it and got it even though they should not have. The reason they got it was because Sam had documented all the bullying that went on with their co-workers, how they had been moved even though they did a good job but were not protected in their RA, and because of being told they had to be quiet about their sexual orientation.

As a manager, what would you have told Sam's coworkers to prevent bullying?

A person's job description is between the individual employee and the company, not the employee's coworkers, not the whole company, unless the company chooses to make job descriptions public. Sam did their job well. Because of the systems Sam implemented, the company ran smoothly. However, Sam's colleagues wanted Sam to do their and her job. That was not in Sam's job description. Sam made that clear in the hiring process: Sam would not have taken the job if parking cars had been a part of the job.

Employment is an agreement between employee and employer. In other words, it is not a coworker's business what their coworkers are doing. A manager can say this at any time to someone's coworker who is struggling. There are laws put in place to protect gender, sexual orientation, race, and disability if people do not understand that giving individuals rights based on these may cost them as an employer.

We must train our managers and HR how to skillfully handle co-workers of people with disabilities and people with disabilities. This is vital so that biases and stereotyping of people with different capabilities are changed and so that people with different capabilities are not traumatized.

When people do not feel safe, they are less likely to ask for a reasonable accommodation they may need. If people feel unsafe in other areas they identify, it also creates a place where someone will not speak up for what they need. I discuss the need for safety in being trauma-informed, which most companies do not understand, and how it impacts retention.

Visualization

In this next part of what conflicts can look like in accessibility, I want to start with a visualization, so grab something to write about.

If you are listening to this, close your eyes, pause, and write down your answers. If you are reading this, take a few minutes after reading to think about what you read and write down your answers.

You are the manager of a team. Two people come to you with complaints. One needs the lights brighter; one needs the lights dimmer. The one who needs the lights brighter because they are older and cannot see as well in dimmer lighting. The one who needs the lights dimmer gets migraines under really bright lights.

What do you do?

Pause for a moment and write down your answer.

What did you come up with?

We are not finished yet; here are some added complexities. They both brought doctor's notes. They are union, so you cannot fire them (which does or can happen), and you cannot separate them because teams are rotating.

How do you resolve the conflict in this situation?

What if only one of them brings a doctor's note and the other does not? How do you handle that?

Do you tell the one who did not bring a doctor's note to bring you one because their co-worker brought a doctor's note?

What if neither of them have a doctor's note?

What do you do?

Do you see how complicated this has become?

How would you advise a manager in any, if not all, of these situations?

Pause and write down your answers.

What did you write down?

Let us look at a few similar situations of conflicting disabilities and how they were navigated.

Workplace Accommodation Conflict

Scenario: A financial institution workplace office had an employee with a visible disability who used a wheelchair and needed wide, unobstructed pathways. Another employee had an invisible disability, fibromyalgia, which caused severe pain and fatigue. The employee with fibromyalgia requested a standing desk to reduce the strain on her body, but the standing desk obstructed the pathway needed by the employee using the wheelchair.

Resolution: The company talked with employees and occupational health specialists to resolve the conflict and find a solution. The parties rearranged the workspace to provide a standing desk for the employee with fibromyalgia and a clear pathway for the wheelchair user. The solution provided accessibility for both employees while respecting their different needs (Hunt & Carter (2018).

Seating Conflict

Scenario: In a college classroom, a student with a visible disability (mobility impairment) needed a seat near the door for easy access. Another student with an invisible disability (severe anxiety) required a seat near the door as well to manage their anxiety symptoms. Both students had valid reasons for needing the same seat. So who would win out?

Resolution: The professor, who worked with the disability services office, arranged for both students to have preferential seating near exits in different room parts. The classroom was

reorganized to ensure that both students could manage their needs without conflict (Gabel & Connor (2014).

Conference Room Conflict

Scenario: In a corporate setting, an employee with a visible disability (hearing impairment) needed the conference room's noise level to be low and required to be close to the speakers so they could better read their lips. Another employee with an invisible disability (chronic migraines) was highly sensitive to fluorescent lighting and needed dimmer lights to prevent migraine triggers.

Resolution: The company installed adjustable lights in the conference room and provided a portable microphone system to enhance the sound for employees with hearing impairments. This allowed both employees to participate in meetings, and their needs were met by adjusting the lights and amplifying the sound (McGregor & Campbell, 2017).

Housing Conflict

Scenario: In a shared housing environment, a resident with a visible disability (mobility impairment) needed the installation of handlebars in the shared bathroom for safe use. Another resident with an invisible disability (OCD) found the handlebars to be a source of significant distress due to contamination fears and anxiety, making it difficult for them to use the bathroom.

Resolution: The housing manager arranged for each tenant to have a separate bathroom and for it to be modified for each of the residents' disabilities. In other words, the original bathroom was left the same for the residents with OCD, and the other resident was given another bathroom to meet their needs without compromising their safety (Berquist & Pedersen, 2019).

Therapy Conflict

Scenario: In a group therapy setting, there were two participants with conflicting disabilities. Sam, with a visible disability (severe visual impairment), required bright lighting to read and participate in activities. Aaron, with an invisible disability (PTSD), found bright lighting to be triggering, leading to heightened anxiety and flashbacks. How would you resolve this one?

Resolution: The therapist decided to facilitate a discussion within the group to address the conflicting needs. They agreed to adjust the lighting before and after sessions to accommodate both participants. During the sessions, all materials were provided in large print and audio formats to support the participant with visual impairment. At the same time, the lighting was kept dimmer to prevent triggering the participant with PTSD. Additionally, the group decided to take breaks to adjust to the environment as needed (Wilson & Cleary, 2017).

Many years ago, I was in a similar situation with a group of business people. We had different speakers come in. Some of us were sensitive to lights, and others were not. We had a group discussion on how to make it work. It was remarkable how we all collaborated. This is how you resolve conflicts and how teams can learn to work together.

However, lawsuits can happen when people cannot learn to work together, or leadership does not know how to reach out. Remember that the 2008 conflict cost companies 359 billion (CCP, 2008). Do you or your clients want to be part of those statistics?

Court Conflicts in RA

LNL Lawyers wrote an online article about a similar case of conflicting accommodation. In an Ohio federal court, there was a case of a reasonable conflict at Ohio State University. A sophomore at OSU was recognized as having a disability under the ADA. She had a service dog to assist her. She informed the college of her disability, and OSU accommodated her, allowing her dog to accompany her to areas and campuses where dogs were usually not allowed. She was also allowed to live with her dog on campus, which generally did not allow dogs. However, OSU's ADA coordinator advised her that her dog was limited to her bedroom and the formal living room of campus housing.

However, female two, who was another resident of the same campus housing, complained that she was highly allergic to the dog and said it exacerbated her diagnosed Crohn's disease and her allergies and asthma.

OSU ADA coordinator investigated the situation. The coordinator felt that accommodation needs were at odds and could not be worked out. The coordinator decided that the person who secured her lease first was the person who could stay, which was female two. The other party had a choice to stay in the house without their accommodation or move.

Female one filed a lawsuit against the college, saying they violated the ADA. The court stated that OSU must permit the use of service animals unless they pose a direct threat or the animal is out of control. The court also found that the OSU ADA coordinator did not perform adequate inquiries under the ADA. The court also found that the female two did not request an accommodation but strongly objected to modifying the no-animal policy. If she had requested an accommodation, OSU should have engaged in the interactive process.

This shows that once a student or employee self-identifies as having a disability that requires an accommodation, the governing authority must interact with the individual to determine whether an accommodation acceptable to both may be made. In competing requests for accommodations, the interactive process may be more complicated. Nevertheless, it must be performed by each governing authority, whether an employer or school. The employer can suggest alternative accommodations that will not result in undue hardship.

Attorney Poe gives another example of conflicting accommodations. What happens if a person brings a dog to work that detects seizures, yet their co-worker is allergic to the dog? How can the employer balance this conflict?

The two employees can be moved to opposite sides of the building, where they will not come into contact with each other. Another could be working opposite shifts, or one could work from home. However, the employer should make every attempt to resolve the conflict, and regardless of the outcome, the employer needs to document it thoroughly. Most situations ought to be resolvable. However, if they are not, be prepared to defend yourself in court, which is why keeping good records of all your attempts is vital.

Let us look at one more conflict that can happen. People are waiting for an elevator. The elevator is small, and there is one person who has a wheelchair. Who goes first? What happens if everyone is running late? Who gets the elevator?

You may say the person with the wheelchair, but what if one of the people there is 80 years old, and what if one is a pregnant woman who looks close to giving birth or a parent with three kids?

In this section, we have seen several conflicts that can occur with accommodations. We have looked at the many kinds of conflicts that can happen in many settings where accommodations might be needed. When you look at all these conflicts, hiring or working with people may be overwhelming and scary. However, there are many benefits to hiring people with different capabilities. Before moving on to that section, we will discuss why people with different capabilities struggle.

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Chapter Seven:
Studies in Trauma: Unpacking Disability, Resilience, and Systemic Barriers

Talking about trauma and disability is an essential component of understanding disability. Many consultants have been trained in how to be trauma-informed; however, even though trauma can be similar, it is still vital to discuss trauma and disability.

Disability can involve many factors: race, invisible, visible, both visible and invisible, gender, and culture. This can impact the levels of trauma individuals have to unpack. In this, we also have not discussed how generational norms impact trauma. For example, if someone is born in the 70s with Autism, they may not have gotten their diagnosis, versus someone born in the early 2000s. These play a factor of acceptance and belonging, which can impact not only someone's accessibility to healthcare but also gainful employment. We are not going to dive deeper into that aspect of disability; although you can look at the history of disability and see how it has progressed, there still needs to be changes in equity. However, in this chapter, we are going to discuss what the definition of trauma-informed is, a visualization of different traumas people with disabilities go through, and go over the steps to being trauma-informed.

Trauma-informed

Why is trauma-informed important to consulting?

Before we answer why it is important to consult, let us define trauma-informed care. According to the National Library of Medicine, Trauma-informed care is a strength-based approach that focuses on the impacts that trauma has on people's lives. It stresses psychological, physical, and emotional safety while aiming to assist people in regaining control over their lives. Trauma-informed care focuses more on what happened than on what is wrong with you. This concept is vital to understand because many people who have experienced systemic ableism have struggled with the concept that something is wrong with them.

This whole belief that something is wrong with someone because they function differently than others can cause trauma. Mainly when it is implied or spoken over and over again. Most cultures view having a disability is seen as having something wrong with the person or shameful. Nevertheless, if we look at people through a different lens, An example of a different lens might be because they have to navigate a world that is not set up for them. To be successful, they have to be innovative or more creative. Alternatively, maybe they are more resilient or more resourceful. It is changing the perspective around how someone navigates the world instead of blaming or traumatizing them because that individual does not function as society tells them they ought to.

Visualization

Let us take a few minutes to go into a visual. Please close your eyes as I share this story.
You live in Colorado. You have a Toyota Corolla. However, you do not like it. In your opinion, it does not work well for the weather. It is not like everyone else's car. Everyone else has a Subaru Outback. This is upsetting. It is not fair that a Corolla should even be allowed on Colorado roads; how dare they take up tax dollars? You decide to go out and tell your Corolla it needs to change. It must be a Subaru Outback because it will improve in the snow. It will fit the climate of Colorado.

Nevertheless, the Corolla sits there and does not change for you. This makes you mad, so you kick the tires and scream at them. You need to fit in. You need to be an Outback!

Interestingly, some people have come out and joined you, agreeing that the Corolla can change. While mechanics and car dealers shake their heads knowing that a Toyota is a Toyota and a Subaru is a Subaru, no matter what, you cannot make either of them conform or change.

Now, you may say this is a silly analogy. But it isn't because people with disabilities are the Corolla living in a land of snow. Sometimes, they can't drive in snow, and sometimes, they need chains. Chains are like reasonable accommodations.

Society is the people agreeing with the person trying to get the vehicle to change. They struggle with paying for people with disabilities in school. They struggle with paying for people with disabilities on the system and struggle with giving them the same opportunities as others, even when there is no cost involved. It is often heard that it is unfair to society when a person with a different way of doing something wants equity; they do not want a handout; they want to do the same things as people who can fit in society's box.

When a person struggles and then is told over and over again that they do not have the same rights as others, it creates trauma. When they are told that they cannot have a job, cannot have living wages, have to be in poverty, and then are criticized for taking government money because taxpayers pay for it, it causes trauma.

Causes of Trauma

Trauma for people with disabilities can be caused by a multitude of factors, many of which stem from systemic barriers, social stigmatization, and a lack of appropriate support. Here are some of the factors:
- **Discrimination and Social Stigmatization**: Individuals with disabilities often face prejudice, discrimination, and harmful stereotypes, leading to social isolation and feelings of inadequacy. Social stigmatization can be deeply traumatic, especially when it is experienced repeatedly in various aspects of life, such as education, employment, and healthcare (Emerson & Roulstone, 2014).
- **Lack of Access to Needed Services**: When individuals with disabilities do not have access to the services they need, such as healthcare, education, or reasonable accommodations, it can often lead to feelings of helplessness, frustration, and despair. The lack of access can exacerbate existing disabilities, making things worse and leading to additional mental health issues, including trauma (Emerson & Roulstone, 2014).
- **Physical and Sexual Abuse**: People with disabilities have a higher risk of experiencing physical and sexual abuse. The increased vulnerability is often due to dependence on

caregivers, communication barriers, and social isolation. The trauma from this kind of abuse can have long-lasting psychological effects, including PTSD, anxiety, and depression (Hughes et al., 2012; Mitra et al., 2016).

There was a Netflix special called "Tell Them You Love Me." It was about a person named Anna who took the role of helping a person with a disability who was nonverbal communication. She fell in love with him and, in so many words, had nonconsensual sex with him. It was nonconsensual sex because he could not communicate. In other words, she raped him and justified in her mind that they were in love. In the documentary, the mother of the person with a disability said that after having sex, he started masturbating, and he would not stop. Before the rape, he did not masturbate. The man was in diapers, making it more difficult for his family to care for him. It was a heartbreaking story (August-Perna,2024).

- **Medical Trauma**: Medical settings can be a source of trauma for individuals with disabilities, especially when their autonomy is not listened to, or they are subjected to invasive procedures without proper consent or communication. The experience of being treated as a "problem to be fixed" rather than a person can be very dehumanizing and traumatic.
- **Institutionalization**: The experience of being institutionalized, often in environments that are very restrictive and lack privacy or autonomy, can be profoundly traumatizing. Institutionalization often leads to a sense of powerlessness, loss of identity, and disconnection from community and family, all of which contribute to trauma(Powers et al., 2002).
- **Barriers to Communication**: For individuals with communication disabilities, not having access to communication aids or being understood can be a source of chronic stress and trauma. This barrier can lead to feeling angry, social isolation, and an inability to express needs or report abuse, further compounding the trauma (Powers et al., 2002).

Case Studies

Trauma and Intellectual Disability

Jan had an intellectual disability (ID). She was exposed to repeated physical abuse in the residential care facility she lived in. The trauma exacerbated Jan's anxiety and behavioral issues, making it difficult for Jan to engage in daily activities. Trauma-informed care was implemented by recognizing the signs of trauma. The environment was adjusted to be more predictable and safer. The staff members were given specialized training to work with Jan non-threateningly, and Jan was given opportunities to make choices, which made her feel like she had a sense of control (Mildon, Sellen, 2019).

Samatha's Struggle in the Workplace

A determined individual, Samantha found herself navigating the challenging terrain of workplace accessibility. Diagnosed with a spinal cord injury that left her wheelchair-bound, Samantha's

journey has a series of obstacles and frustrations as she struggles with the lack of accommodations and understanding within her workplace. The lack of accommodations impacts her wellbeing and professional growth.

In her current workplace, Samantha is eager to contribute her expertise and skills and is determined to thrive. However, she quickly encountered several physical barriers that impacted her ability to participate fully in her job activities. (Kavanagh, 2012) (Nelson & Kleiner, 2001) The lack of wheelchair-accessible workstations, limited mobility within the office, and inaccessible restroom facilities were constantly reminded of the disconnect between her needs, the organization's infrastructure, and the workplace was not inclusive.

Samantha's struggles extend beyond the physical environment because she also had to contend with the attitudes and perceptions of her colleagues. Despite her professionalism and competence, Samantha often encountered discrimination, micro-aggressions, and a general lack of understanding about her challenges. (Nelson & Kleiner, 2001) (Hofmann et al., 2020) As she navigated the workplace, she was often met with assumptions about her capabilities, which led to missed opportunities for professional development and advancement.

This caused much frustration, which impacted Samatha's well-being and sense of belonging. The constant need to advocate for her rights and to fight for basic accommodations took a toll on Samatha's mental health. It left her feeling isolated and undervalued.(Hofmann et al., 2020).

Sarah's Struggle in Education

Sarah, a 27-year-old woman with Autism, had long battles to be heard and understood. Growing up, she faced a constant uphill battle to have her disability recognized, which led to years of trauma and disappointment.

When Sarah decided to get her education, she found herself in a new predicament, trying to secure reasonable accommodation for her education. Despite her diagnosis and how autism impacted her daily life, she was repeatedly dismissed and disbelieved by her university administrators.

From the moment Sarah disclosed her diagnosis, she encountered skepticism, no empathy, and a lack of understanding. University officials often attributed the challenges she had to personal shortcomings rather than recognizing that this was due to her expression of Autism.

This was very frustrating for Sarah, who had worked tirelessly to develop effective coping strategies and self-advocacy skills. However, when an ill-equipped system constantly undermined her efforts to support students with high-functioning autism, she was exhausted. (Cox et al., 2017)

Sarah's experience shows the overwhelming barriers that individuals with autism face in accessing the accommodations and support they need. This lack of awareness and understanding among decision-makers leads to dismissing their legitimate needs, further exacerbating the challenges they already confront and making it even more challenging to succeed (Sperotto, 2016) (Cox et al., 2017) (Taylor & Johnson, 2020) (Cheriyan et al., 2021).

Jessica's Housing Difficulties

Jessica is a Latina Woman who has both invisible and visible disabilities. Jessica is 32 years old and has been grappling with the intersectional challenges of systemic racism and ableism in her search for affordable and accessible housing. She was born with a congenital heart condition, a visible disability; Jessica also experiences chronic pain and cognitive difficulties, which constitute invisible disabilities. Jessica's story shows individuals' compounded barriers at the intersection of multiple marginalized and misunderstood identities. (Frederick & Shifrer, 2018) (Erevelles & Minear, 2010)

Jessica's journey began when she relocated to a new city; she hoped to find a more inclusive and supportive place. However, her housing search was brought with discrimination and inaccessibility. Landlords often overlooked her application or cited concerns about her ability to maintain a household, using both her visible and invisible disabilities against her. As a Latina woman, Jessica also encountered implicit biases and stereotypes that compounded the challenges she faced to find a home. (Erevelles & Minear, 2010)

The literature on the intersection of race and disability reveals how these identity markers can compound experiences of marginalization and exclusion that she experienced. This does not also address Jessica's cultural perspective as a Latina woman. Jessica's story reflects the reality that individuals with multiple minority identities may face "spirit murder," a phenomenon in which devalued social characteristics result in profound psychological and emotional harm. Despite her qualifications and determination, Jessica navigated an inherently biased system against her, causing pain and frustration. The "minority model" of disability rights, which has often centered on the experiences of white, middle-class disabled individuals, has been critiqued for failing to account for the unique challenges faced by disabled people of color. This model does not examine how people of different cultures and races experience disability. Instead, it lumps all disabilities into one group, one size fits all.

Jessica's case also highlights how the racialization of disability can lead to disproportionate representation in specific disability categories, with dire long-term consequences for educational and employment trajectories, which impacts self-esteem and identity along with mental health. (Artiles, 2013)

Ultimately, Jessica's story demonstrates the pressing need for a more intersectional approach to addressing systemic barriers in housing and beyond. Policymakers, scholars, and advocates must work to untangle the complex web of racism and ableism that perpetuates the marginalization of individuals like Jessica, whose lived experiences demand urgent attention and action (Pugach et al., 2020) (Erevelles & Minear, 2010).

Jamel's Therapy

Jamal, a 35-year-old Black male, has been navigating the complexities of systemic racism and ableism in his journey toward mental health and wellness. Diagnosed with a physical disability, Jamal's experience shows the profound impact of intersectionality on an individual's access to and experience within the healthcare system.

Jamal's story represents the importance of recognizing the compounding effects of multiple marginalized identities. As a Black man living with a disability, he has faced the intersecting challenges of racial discrimination and ableism; both of these have profoundly shaped his interactions with the healthcare system.

Jamal sought support for his mental health and encountered biases and a lack of understanding within the therapeutic community. Jamal's experiences demonstrate the broader societal patterns of racial disproportionality in disability categories, as well as the gendered nature of mental illness narratives. (Connor, 2013)

Despite the complexities of his situation, Jamal demonstrated resilience in navigating these challenges. Jamal's journey allows us to understand intersectionality and its implications for marginalized individuals seeking mental health care.

By exploring Jamal's story, we can gain valuable insights into how intersectional identities shape an individual's access to and experience within the healthcare system. By learning about Jamal's story, we can address where change ought to happen so others do not have to experience what Jamal did. (Connor, 2013)

The case study of Jamal gives a better understanding of the complex interplay of race, disability, and mental health. It works towards more inclusive and equitable healthcare systems that address the unique needs of individuals. (Artiles, 2013)(Connor, 2013)(Heard et al., 2019)(Erevelles & Minear, 2010).

What Happened with Jane

The challenges faced by individuals with disabilities are often compounded by the intersection of gender, as exemplified in the case of Jane, a hardworking professional whose gender and disability made her uniquely vulnerable to harassment and discrimination in the workplace. Jane is a talented engineer with a physical disability. She joined the prestigious Acme Corporation and was eager to contribute her expertise. However, her excitement was short-lived. She encountered a very hostile work environment, where her coworkers frequently made inappropriate comments about her appearance and abilities, which undermined her confidence and professional standing.

Despite her high recommendations and qualifications, Jane found herself denied reasonable accommodations that would have enabled her to excel in her role. Her requests for adjustments to her workstation or flexible scheduling to accommodate her disability were repeatedly dismissed by her manager, who cited concerns that this would cost the company and impact productivity. (Collier, 2016) As a result, Jane struggled to perform her duties effectively, which further fueled the prejudices of her colleagues.

The situation got worse when a male coworker, emboldened by the lack of consequences, began to openly harass Jane openly, making unwanted advances and touching her without consent. Jane's attempts to report the harassment were met with skepticism and victim-blaming, as her superiors and coworkers questioned her ability to "handle" the situation, blaming her disability.

The impact of this toxic work environment devastated Jane, both professionally and personally. Jane's career stagnated, and she experienced a significant decline in her mental and physical health, which made her disability worse. (Corrigall & Cirka, 2014) (Gill, 2006) (Blattner, 2020) (D.S. et al., 2013)

The intersection of disability and gender created a unique and troubling vulnerability for Jane, where her rights and dignity were repeatedly violated in a workplace that failed to provide the necessary accommodations and protections. When a person has a disability, it makes things 2-3 times more challenging to fight a system that is already set against them.

Addressing How Trauma Can Be Different for People with Disabilities

Trauma-informed care has gained significant attention in recent years as a viable approach to supporting individuals who have experienced trauma. However, the specific considerations and needs of individuals with disabilities have often been overlooked. (Sweeney et al., 2018) Trauma-informed care for people with disabilities goes beyond the general principles of trauma-informed care because it requires a nuanced understanding of the intersections between disability, systemic ableism, and traumatic experiences. What also may need to be addressed is gender vulnerability and racial and cultural norms. Many times, when dealing with disability trauma, these aspects are left out, yet they play a huge factor in how people view or interpret their ideology of having a disability and the trauma that can come with it.

The core tenets of trauma-informed care, as outlined by the Substance Abuse and Mental Health Services Administration, include recognizing the prevalence of trauma, understanding its impact on individuals, and actively resisting retraumatization (Marsac et al., 2016). This approach emphasizes the importance of creating a safe that empowers and creates a collaborative environment for individuals to heal and recover. However, for individuals with disabilities, the implementation of trauma-informed care must also account for the unique challenges and barriers they face. (Sweeney et al., 2018) Many times, reasonable accommodations may need to be included in trauma care, and sometimes those are left out, or if a therapist, coach, or consultant does not understand the need, it can take away the place of safety. Healthcare professionals must realize that not having accessibility or understanding accessibility needs may retraumatize the individual.

Here is an example of how that might look

Sarah was seeing a therapist. She told the therapist she was suicidal because she felt unstable in her home environment due to fear regarding her landlord. Her landlord was doing loud maintenance on the building, and Sarah worked from home. She had nowhere to go. She was sensitive to sounds, and her landlord constantly engaged in illegal activities. Sarah told her therapist this. Sarah told her therapist she had a court hearing later that day with her landlord; that same day in therapy, her therapist told Sarah she was concerned for her and did not have the resources to help her. The therapist stated that Sarah needed to be more stable for therapy with her. The therapist told Sarah she needed to use her DBT skills better and that she needed to find another counselor who could help her.

This is NOT trauma-informed. This counselor did not understand the timing of the situation and what Sarah was going through. Sarah was going to court that day with her landlord. Her landlord was bullying her and harming her with her disability. This does not create a safe place in therapy. This is not how you handle a person with disabilities.

If the therapist could not help Sarah, she ought to have waited for better timing for when Sarah could have handled the news. She should have created a safe place for Sarah and set up resources for her, not leave her floundering in an abusive situation that was harming her disability.

Individuals with disabilities often experience systemic ableism, which can manifest in various forms, such as inaccessible environments, discrimination, abuse, and marginalization. This systemic oppression can in itself be a source of trauma, compounding the experiences of

individuals who have also faced other traumatic events or other systematic oppressions. Trauma therapy for people with disabilities, therefore, must not only address the immediate trauma that they have experienced but also the broader societal and institutional factors that have contributed to their trauma.

In contrast, trauma-informed care that does not explicitly consider the needs of individuals with disabilities may fall short in addressing the unique challenges they face, which can cause more feelings of not being understood. For example, a healthcare setting that is trauma-informed but lacks accessible features or accommodations for individuals with physical or sensory disabilities may still inadvertently retraumatize these patients, which many times can leave a patient feeling hopeless or angry or an array of emotions.

To effectively support individuals with disabilities who have experienced trauma, a multifaceted approach is necessary. This includes not only trauma-informed practices but also a deep understanding of the intersection between disability, ableism, and trauma and the other intersectionalities they experience (Goddard et al., 2022) (Grossman et al., 2021) (Sweeney et al., 2018) (Marsac et al., 2016). Practitioners must be attuned to the specific needs and experiences of individuals with disabilities as they actively work to create an environment that is physically, emotionally, and psychologically safe for this population.

Trauma-Informed Combined With NVC

According to Copley, there are eight key principles to being trauma-informed: safety, first, trustworthiness and transparency, empowerment and choice, cultural sensitivity, avoiding retraumatization, understanding the impact of trauma, collaboration, and coordination, and self-care for those who have not been traumatized.

When people are in charge of guiding others, they need some skill training around being trauma-informed. One might argue that HR or instructors are not therapists or are too busy or that everyone claims to have some form of trauma.

Let us explore a couple of examples to illustrate why it is vital for instructors, HR professionals, managers, etc., to have access to this training.

A student provides a doctor's note to the college's disability services and is granted extra time on tests. They take a Tuesday night class, but the testing center is closed during class hours. The student works the day before and the day of the class, so they can only take the test on their day off, the first appointment on Wednesday morning.

The instructor insisted that the student take the test a week early, giving them less time to study than their peers. The instructor states it is because it is not fair to the other students, implying judgment and bias. The instructor is also concerned the student may cheat. Going into judgment demonstrates mistrust of the student based on their accommodation needs. This removes the student's autonomy and creates an environment where the student cannot collaborate with the instructor. It would be similar if the student had a family emergency or a pre-planned vacation and the instructor was unwilling to accommodate them.

However, things could be different if the instructor knew how to implement Nonviolent Communication (NVC). We will use the four steps of NVC and Copley's first step in trauma-informed practices:

1. Observe: Notice the student's schedule and how it conflicts with class.
2. Feelings: Recognize the feelings of both parties. The instructor wants to maintain integrity and fairness in the class. The student, like all students, gets nervous about tests. Both can state their feelings about this.
3. Needs: Both the student and instructor have needs. The student must pass the class to graduate and get their degree, which they are paying for. They must take the test at a time that suits their schedule. The instructor needs all students to take the same test.
4. Request: The student requests to take the test the next day because they cannot take it at the same time as everyone else. They would take it early that day, but they work. They would take it the day before but work on Monday, and the testing center is closed on weekends. They can only take it the day after, first thing in the morning when the testing center opens.

The instructor can trust the student and recognize the extenuating circumstances. This creates safety and trust for the student. When the student feels the instructor is safe, they will relax and perform better on the test. It erodes trust if the instructor goes into judgment instead of observing nonjudgmentally. The student had to jump through several hoops to get reasonable accommodations. Accusing or judging them because the testing center is not open when the instructor wants it to be does not create a place of safety.

However, if the instructor continues to judge, things can escalate. This can retraumatize the student, which will impact how they will handle future instructors and employers regarding getting their needs met.

Oftentimes, when discussing trauma-informed modalities, it can be beneficial to include conflict resolution modalities as well.

Let us dive deeper into how this story can impact being trauma-informed.

How does this relate to cultural sensitivity?

Disability has its own culture. An instructor who collaborates with the student, disability services, and the college while being mindful of language can prevent re-traumatization and foster a sense of belonging within the disability culture and the college itself.

The instructor must make extra effort to send the test to the testing center and be aware of the student's systemic ableism and potential triggers. It is crucial that the instructor also have a self-care plan.

This is an excellent example of why trauma-informed should be taught in schools.

Nevertheless, why should it be taught in employment?

Kris, a Black woman, was always taught to be resilient. She excelled as a software engineer, but her worsening eyesight required adaptive technology. River, her white male manager, noticed Kris squinting and making costly mistakes.

There are three key factors here. First, Kris needs reasonable accommodations (RA) but may not realize it due to her cultural upbringing or racial identity. Second, the gender dynamics between a white male boss and a Black female employee can historically hinder trust. If River is wise, he will consider these factors.

When River noticed Kris' struggle, he wanted to be culturally sensitive. He had talked to her enough to know that his approach needed to focus on her resilience while acknowledging the exhaustion that comes with it. He knew it would be a challenging and vulnerable conversation. River wanted to approach Kris with care, making her feel like she belonged and that it was okay.

He wanted to convey that adaptive technology was a tool to help, not something that made her less of a person. It was like saying wearing shoes makes you less of a person- shoes are a tool we all use to walk, and adaptive technology is the same. River aimed to avoid retraumatizing Kris, understand her past traumas, and empathize with her current struggles. He did not want to dictate what technology she should use but wanted to collaborate with Kris to find the best solution for her.

River wanted to handle the situation wisely and knew he needed to take care of himself. Over the weekend, he planned to visit one of his favorite locations, surround himself with nature, and take a hike.

When being trauma-informed regarding systemic ableism, many factors come into play, as seen with Kris and River. Cultural sensitivity involves not only accessibility culture (how will I belong if I cannot or what will happen if I cannot) but also gender and race. Being trauma-informed can become very complex when dealing with multiple cultural sensitivities.

When we understand or attempt to empathize from a cultural perspective, we are less likely to re-traumatized individuals and perpetuate systemic patterns that cause harm.

Let us look at the NVC Steps:

1. Observe: River observed Kris Squinty making mistakes without judgment
2. Feelings: River acknowledged that Kris might feel exhausted and vulnerable.
3. Needs: River recognized Kris's need for adaptive technology and a supportive work environment.
4. Requests: River planned to collaborate with Kris to find the best adaptive technology for her.

Trauma-Informed-

1. River observed without judgment what he needed to say to create a place of safety for Kris.
2. By doing this, he started to show Kris that he was trustworthy.
3. River empowered Kris to collaborate with her on finding technology that would help her do her job.
4. River was culturally sensitive to Kris. He listened to her and did everything he could to avoid retraumatizing her because he understood the impact of trauma.
5. River collaborated and coordinated on finding the technology that would work best for making sure Kris felt accomplished as an employee. This impacted retention and helped with innovation because Kris was more creative and innovative with her job.
6. River went out of his way because he knew Kris was an outstanding employee. He knew she was worth keeping. However, this took a lot of work, and because of this, he had to do some self-care. So, on the weekend, he took a hike and enjoyed the beauty he saw.

Trauma-informed care can impact retention in a company because it builds trust with your employees. Retention costs companies. It can also help with innovation because when people feel safe, they can be more creative. Because people with disabilities have had to learn how to navigate a world that is not meant for them, creating a place of safety can encourage both individuals with disabilities, and this is another reason why it is vital to learn.

As one can see, trauma for a person with disabilities is much more complex than dealing with trauma in other cases. When it comes to being trauma-informed and working with trauma with a person with disabilities, reasonable accommodations (RA) are a must. When there is not an RA

being adhered to or a lack of understanding around RA needs, safety is immediately lost. When safety is lost, trust can not be built, which means no trauma is informed. Many times, this is one of the reasons why people with disabilities feel left out in the cold and that they are not understood. This is still one of the biggest struggles we face.

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Chapter Eight:

A More in Depth Look into Why There is Still a Struggle

This section will cover the many reasons people with disabilities struggle in various aspects of life, particularly in the workplace and society. Throughout this training, you may have already discovered and seen some of the biases and stereotyping that people with disabilities often face. Many people with different capabilities encounter struggles daily. There can be so many, so there will be a few key issues that will be focused on and discussed in detail.
The disability community is often referred to as the forgotten tribe. It does not matter what age, gender, or race a person is; they can join this community anytime. A person can be born with a disability, develop one due to illness, or acquire a disability based on an injury. This diversity within the community highlights the need for a more inclusive society that recognizes and addresses the unique challenges faced by individuals with disabilities.

Lack of Police Training in Disability

One of the main reasons people with different capabilities are still struggling today is because of police brutality. Now, you may say that this issue is mostly a race issue. However, throughout history, people with different capabilities have been the target of discrimination by law enforcement. Much of this discrimination stems from biases and a lack of training among police officers.
According to the Office of the United Nations High Commissioner for Human Rights (OHCHR), individuals with disabilities are subjected to police force 30-50% of the time, even though they only make up about 20% of the population. It is estimated that one-third to one-half of people who are killed by police have some form of disability. The risk factors for police violence increase when disability intersects with other identities such as class, race, gender, and LGBTQ+ status (NAMI).
There are other challenges that people with different capabilities face when they are in police custody, such as being denied access to reasonable accommodations. Accommodations could include sign language interpreters, wheelchairs, or other tools individuals with disabilities may rely on for safety and mobility. Unfortunately, it gets worse; in some instances, caregivers have been injured or even killed while trying to assist individuals with disabilities during police encounters.
It has been recommended that police receive specific training to address the needs of people with disabilities better. There are still ongoing discussions about police brutality and the intersection of disability, race, and class (OHCHR). These discussions are crucial for creating a more just and equitable society.

I had a family member high up in the police force, and I have had conversations with people who were either entering the police force or were already police officers themselves. I remember one particular instance where I spoke to someone planning on entering the police academy. We were both in our undergraduate studies at the time. I mentioned that the conflict resolution department at our school was terrific. He replied, "I do not need it." Many police officers echo this sentiment I have spoken with over the years, who often feel they do not require additional training.

A notable example of the issues surrounding police interactions with vulnerable populations is the Netflix special "Victim/Suspect." This documentary highlights how women who reported rape were often arrested and accused of making false claims, while the individuals they accused frequently went uninvestigated. It showcased the power dynamics within law enforcement and how officers were not only uneducated regarding the trauma these women experienced but also how they re-traumatized individuals who were already suffering.

How Fair/ Equity is interpreted

Another significant reason why people with disabilities continue to struggle is that many individuals do not understand the difference between equal and equitable treatment.

For instance, I was having a conversation with a white male who was unaware that some countries provide menstruation days for women. He told me that if the United States implemented menstruation days, he should receive them because it would be "fair." I was too shocked to respond at that moment.

How is it fair to give menstruation days to someone who does not menstruate? What would need to happen to make it fair? I wanted to ask the person who identified as male what he was willing to change to receive equal treatment. Was he willing to experience menstruation and endure the associated cramps?

It would be akin to me asking for an accessible parking spot when I can walk perfectly fine. This scenario takes away a vital resource from someone who genuinely needs it. Would you remove a ladder from a 5-foot person and give it to a 6-foot person when the shorter individual cannot reach the shelf but the taller person can?

When we compare situations and claim they are unfair, we will always struggle to achieve equity. A good example is when students require reasonable accommodations for testing, and the instructor either refuses or gives the student a hard time, making comments like, "It is not fair to the other students."

A person with a disability faced this exact situation where an instructor made such a comment; their response was powerful: "It is not fair to me that I have brain damage and the other student does not. We could give everyone brain damage to make things equal."

However, the instructor dismissed this perspective, stating it was still unfair.

When a person has to obtain a doctor's note to prove their disability, this process often takes time and money. That is one hoop to jump through. After that, they must submit it to the school or workplace, where the institution can take additional time to figure out reasonable accommodations. Then, someone tells you it is not fair?

Do you think someone would go to the trouble of setting up a doctor's appointment or undergoing testing, attend an appointment that might even cost them money, obtain a note, and

then face the shame and embarrassment of having to justify their needs, only to hear that it is not fair? Who do you think is being mistreated when comments like that are made?

In addition to the issues mentioned, there are several other challenges that people with disabilities face in the workplace and society. For example, many individuals with disabilities encounter barriers to employment, such as inaccessible job applications, lack of accommodations during interviews, and workplace environments that are not designed to be inclusive. According to the U.S. Bureau of Labor Statistics, the employment rate for individuals with disabilities is significantly lower than that of their non-disabled peers. This disparity highlights the systemic issues that continue to marginalize people with disabilities in the workforce.

Moreover, societal attitudes and misconceptions about disabilities can further exacerbate these challenges. Many people still hold outdated beliefs about the capabilities of individuals with disabilities, leading to discrimination and exclusion. For instance, some employers may assume that a person with a disability is less capable of performing job tasks, even when they possess the necessary skills and qualifications. This bias can prevent individuals from being hired or promoted, perpetuating a cycle of disadvantage.

Now think of the man who thinks he has the right to menstruation days. If he bled like a woman did monthly, what would happen? Would he be in the hospital? This thought experiment raises important questions about empathy and understanding. When people are already going through something that creates a struggle, it is not time to say it is unfair to others who do not have that. It is time to have compassion and work with them, giving them what they need to have equity. When people do not understand the difference between equal fairness and equity, it creates a place of comparing and wanting the so-called 'benefits' without the struggle the other person is having. In other words, the individual sees that the person is getting special treatment instead of something that gives them equal footing.

Why give a man a fan for a hot flash when he does not get hot flashes? Why tell the woman that she should not need a fan because her male coworkers do not, and there is no room for one? Why would a man say it is unfair that she gets a fan and I do not when he does not get hot flashes?

Again, equality is not equity; when people think they ought to have something without the struggle, it goes into privilege. The person needs the accommodation because of a need. Comparing/ judging instead of having empathy and understanding continues this vicious cycle.

Standardized Testing

Standardized testing is known to be discriminatory towards people with disabilities. Standardized testing was meant for white privileged people. In other words, they were meant to keep people of color and people with disabilities out. Because of this, it has kept or limited people with disabilities from having a college education. Without higher education, it makes it more challenging for people with disabilities to have the same opportunities as others to enter college.

Someone who tries to take the GRE must jump through many hoops to get a reasonable accommodation. They will often deny reasonable accommodations, even with a doctor's note. If the college requires the GRE, the student will not get accepted. Now, think about if a student

wants or needs to live close to home due to a disability, but all the colleges in their area require a standardized test. They cannot get reasonable accommodations because the testing center does not accept their documentation.

I met a dark-skinned person years ago who was in a wheelchair. He went to take his GMAT. The elevator was broken. He knew that he would most likely be penalized for not showing up for his test, even though the test was on the second floor. He knew how much money he would lose. He knew how many hoops he would have to jump through if he did not take the scheduled test that day. To solve the problem, his fraternity brother hosted him on the second floor so he could take the test.

He was fortunate to overcome the barriers to testing difficulty because he had a community. However, not everyone with a disability is fortunate to have a community to help them in situations like these.

Isolation

Another aspect people with disabilities struggle with is isolation or segregation. Think about schools where they often put the more severe kids with disabilities. Separate from the others. By doing this, what they are teaching the children is that people with disabilities do not belong in "normal" society. I remember when the pandemic happened, and people complained about how difficult it was to be in isolation. I was so angry because I thought, how many years have people with disabilities had to be in isolation, and you have to deal with it for less than six months, and you are whining when they have dealt with it for years?

When I first moved to my neighborhood, a man in his 40s was nonverbal. He liked to sweep. Understanding his lack of belonging and isolation, I would say hi to him. There were neighborhood kids within our community. Understanding that kids need to see him as normal, when I would give them stickers, I would encourage them to give him a sticker, too. One day, the man started to engage more in the community.

Everyone needs belonging. We all must learn that people who function differently are worth being included. We should not have all sight-impaired people only hang out with sight-impaired people. It ought to be a mixture of people. That would be no different than saying that only black people should hang out with black people.

It is time we learn to stop segregating or making people with disabilities feel isolated and alone. It is time we stop making people with disabilities feel like they do not belong or that they ought to act a sure way to belong.

The Impact of Misunderstanding Disability in Agency Practices

One of the major issues I have noticed is that agencies like Vocational Rehabilitation (VR) that are supposed to help people with disabilities often do not know what they are doing, and this can make things worse for a person.

I remember going to and trying to explain to my counselor what an I/O did. I pulled out a Google definition. Several people tried to explain it to her, and she could not figure it out until I said it could be similar to HR. Then, all she could do was talk about HR. On top of that, she sent me to

a job developer, who said I should drive a taxi for a living. Now, I have a spatial disability. I limit my driving because of that. Think of parking/driving and struggling with measuring distance. Would you want that person driving you?

I had a coach at the time who understood disabilities, and when she saw the job description, she fell over laughing. What is sad is that these types of things are common for VR clients. They will often tell clients or suggest to clients jobs they cannot perform. When clients want to do things, they are treated stupidly and told they cannot. VR treats barriers to employment as barriers, not like a SWOT in a business plan.

SWOT stands for Strengths, Weaknesses, Opportunities, and Threats. We can discuss this more in the benefits of working with people with disabilities and how a SWOT can assist clients. 2015, the Office of the Inspector General (OIG) audited VR in California. The audit showed that VR failed to effectively assist many people with disabilities in accessing and finding employment. The audit found that 60% of the cases received showed that clients did not receive adequate or timely services, leading to poor employment outcomes. This audit highlighted issues with a lack of personalized services, poor case management, and insufficient follow-up, which resulted in clients being left without meaningful job opportunities, even though they were enrolled in VR services (OIG, 2015).

In 2016, Iowa's VR (IVRS) was audited. The audit revealed that they had significantly mismanaged federal funds. The audit found that IVRS failed to properly designate and spend federal funds to assist people with disabilities. The mismanagement resulted in VR's reduced capacity to serve its clients effectively, which meant many people did not receive the necessary support to secure employment. As a result, people with disabilities were left without the resources they needed to transition into the workplace. This undermined the purposes of VR services (OIG, 2016).

This has been going on for a long time in many different states. I am going to go back to 2012 and look at a case from New York, where it was revealed that there were systemic barriers within the state's VR and education services for people with disabilities (VESID). The report showed that VESID had serious issues with long wait times and inadequate service provisions. Several clients experienced delays in receiving job training and placement services. This hindered their ability to find employment. The report also found that VESID's services did not always align the client's needs with the job. In other words, mismatched job placements which led to poor employment outcomes (New York State Office of the State Comptroller, 2012)

This is still the case in many situations. I experienced mismatched needs when trying to place me in jobs that did not fit. The problem is that when explaining this to a VR counselor, they often argue and tell the individual how wrong they are.

VR often wants instant results and instant success stories. Think of it this way: Would you expect a first-year high school student to graduate tomorrow and get a job the next day? No. As long as agencies that are working with disabilities do not understand that success takes time and how to assist people in overcoming their personal and societal barriers, they will continue to fail. Individuals with disabilities do not need another barrier. They need a system that understands the barriers and how to overcome them.

In 2014, there was a scandal with the Department of Veterans Affairs due to how they handled disability claims. The reports indicated that veterans with disabilities were waiting months, sometimes years, for their claims to be processed. In some cases, the delay was so impactful

that it led to severe financial problems and worsened health conditions. There was an investigation done by the Government Accountability Office (GAO), which found that the backlog affected veterans with disabilities, exacerbating their challenges (U.S. Government Accountability Office, 2014).

Here are a few stories to emphasize people's battles when working with VR. These challenges can often cause trauma.

The Story of Jessica

Jessica was a young woman who had a learning disability. She sought assistance from her state VR to help her find employment that she could do with her disability. However, Jessica encountered several issues with VR.

Jessica's VR counselor frequently changed her appointments, sometimes with little notice. The counselor assigned to Jessica seemed overwhelmed with other clients' needs and could not provide Jessica with the personalized attention she needed. Because of this, Jessica felt that her challenges were not being understood and addressed.

After being in VR for several months, Jessica was only offered a few job leads, and none of those leads matched her qualifications or career goals. The positions they offered her were low-wage jobs with little potential for growth, and they did not work with the training she had done.

After Jessica accepted a part-time job through the program, she expected her counselor to follow up on her progress and provide ongoing support. However, once she got the job, there was very little follow-up support, making it challenging for her to navigate the new position independently.

Jessica left the job because it did not fit her and because of VR's lack of support. She felt that VR did not do what they promised and was disappointed. She is now trying other avenues to help her find career assistance (NDRN, 2017).

Tom's Story

Tom was in the U.S. military. He has a service-related disability, so he decided to ask VR for help to find work after he was discharged. However, like others, he experienced difficulty with the program.

Tom had long delays when it came to receiving services after his initial intake, even though he was classified as a priority due to being a veteran and having a disability. He waited several months before action was taken on his case. This delay left him without income, which caused financial distress. To make matters worse, the job opportunities that VR offered Tom were unrelated to his skills or experience. Based on his condition, the jobs were physically demanding, which he could not do. Even though Tom continued to ask for appropriate job placements, VR could not offer better options.

Tom discovered that VR was highly bureaucratic and challenging to navigate. He had to do extensive paperwork, there were lots of miscommunications, and he had to deal with multiple counselors. These obstacles made it very challenging for him to advocate for himself, which made it difficult for Tom to receive the support he needed.

In the end, Tom left VR frustrated and sought help from a private career coaching service, which was able to find him a suitable job. Tom felt that VR's program was not equipped to meet the needs of veterans like him (VWF, 2019).

When I think of Tom's story, it reminds me of mine. On the customer service end, they would not help me, yet the head of VR in my state was willing to ask for my advice on improving the program. He wanted to ask for my expertise as an I/O and pass me around using my experience and knowledge for free, while on a customer level, they were blocking me. I went to their board meeting and told them that what they were doing was harmful. I was promised that there would be a follow-up. No one ever followed up. Later, I ran into an independent contractor and told him the story and the research I was doing. He told me that was very sad and that VR needed my research to help them. His team could use the information I currently have.

Sarah's Story

Sarah's different capability is being Deaf. She went to her state VR to help secure employment as a graphic designer. However, like many, her experience with VR was not pleasant.

First, Sarah experienced communication barriers. She told VR she needed an American Sign Language (ASL) interpreter. However, Sarah often found herself in meetings without the RA she needed. In these cases where no ASL was present, Sarah's VR counselor communicated through lip-reading or written notes. This was not effective because misunderstandings happened, which led to Sarah feeling frustrated.

In addition, Sarah's VR counselor was not familiar with the needs of a Deaf person in the workplace. For example, the counselor suggested jobs that required a lot of verbal communication, which did not work with Sarah's different capabilities. The counselor also did not provide guidance on requesting RA when working with potential employers.

Things got worse because the job leads provided to Sarah were in fields unrelated to graphic design. The lack of understanding of Sarah's career goals, her working as an independent contractor, and her owning her own business made the process even more frustrating.

Sarah gave up on VR and went to get support from a local Deaf advocacy organization. She believed VR did not provide the support she needed, and the program was not set up to serve Deaf clients who wanted to start their businesses(NAD, 2018).

These examples highlight agencies' ongoing challenges in effectively supporting people with disabilities. Despite the intentions behind these programs, systemic issues such as poor management, inadequate resources, flawed assessment processes, and lack of oversight can lead to significant harm. Ensuring that these agencies fulfill their missions requires continuous evaluation, reform, and a deep commitment to understanding and addressing the unique needs of disabled individuals.

In conclusion, the struggles faced by people with disabilities are multifaceted and deeply rooted in societal attitudes, systemic barriers, and a lack of understanding. We must recognize these challenges and work towards creating a more inclusive and equitable society. By addressing issues such as police brutality, misconceptions about equity, and barriers to employment, we can begin to dismantle the obstacles that prevent individuals with disabilities from thriving. It is our collective responsibility to advocate for change and ensure that everyone, regardless of their abilities, has the opportunity to succeed and be treated with dignity and respect.

Complaint-Based System and Lack of Education

The ADA has been set up to be a complaint-based system. In other words, instead of being proactive, the system is set up to be reactive. Why doesn't the ADA teach people so they understand? I have found a lack of education on disability laws and/or equity being taught to Resourcepeople going to school to be teachers, contractors, brick-and-mortar business owners, human resources managers, and the list goes on.

In the news, there was a story of a law firm from Tennessee finding people with disabilities on Facebook to go into business, more Asian-based businesses. The firm would take notes on the businesses and give their notes to the attorneys. The attorneys would then write these businesses a letter threatening them with thousands of dollars for not being ADA compliant (Koin News, 2024).

This shows that lawyers found loopholes in the laws to attack underrepresented business owners. However, had there been training, would these business owners have been better prepared for this?

This also shows how the disability community has been used. The lawyers were paying people with disabilities around $200 while they were making $10,000 or thousands.

The ADA is not that strict. Many people with disabilities are not able to get their needs met. For example, wheelchair requirements are often too small as wheelchairs are oversized.

Fair Housing's latest findings show that discrimination based on disability accounted for most complaints filed in 2022. The percentage was 53.26, and in New York, disability discrimination accounts for the most significant number of complaints (FHJC, 2023).

What would happen if people were required to have training on disability equity? Would we have so many complaints? Would lawyers learn loopholes to take advantage of people with disabilities and businesses?

The Small Business Association, which the government funds, is facing lawsuits in California for not being ADA-compliant (Grande, 2023). This agency is supposed to help small businesses, but it is currently struggling to understand how to be ADA-compliant.

What this does is it creates fear. What I mean is that people who start businesses hear stories like this and become afraid of people with disabilities. It also impacts how people with disabilities receive housing and how they are treated in the workplace. If someone is seen as a cost or a liability, the situation becomes more defensive, which creates more barriers.

Poverty

Individuals with disabilities often face significant barriers to economic stability, which can lead to exacerbated poverty levels. The relationship between disability and poverty is multifaceted and complex because it involves several factors, like inadequate access to education and healthcare, job discrimination (that is oftentimes hard to prove), and an insufficient social and governmental support system. Recent research has highlighted how these challenges persist and can even intensify in modern economies.

Employment

People with disabilities are less likely to be employed compared to those who do not have disabilities. When they do find employment, they are often delegated to lower-paying jobs, lack opportunities for career advancement, and face discrimination. The employment gap is a consequential contributor to the higher rates of poverty among people with disabilities. There is still a lack of adequate workplace accommodations, along with persistent stereotypes further exacerbate these disparities (Schur et al., 2021).

Education

Lack of access to quality education is a critical factor in determining economic opportunities. Individuals with disabilities often face significant challenges when they try to access education due to physical barriers, lack of inclusive policies, learning disabilities that impact learning styles, and insufficient resources. These educational disparities contribute to people struggling with getting their education, which in turn limits employment opportunities and perpetuates the cycle of poverty (UNESCO, 2020).

Healthcare

People with disabilities often require more healthcare services than those without disabilities but will frequently encounter barriers to accessing these services. These barriers include discrimination within the healthcare system, higher healthcare costs, and lack of accessible facilities. The financial burden of healthcare, mixed with limited income, can push people with disabilities further into poverty (Krahn et al., 2015).
I have a friend who is black and in a relationship with a white partner. She has a disability. Her white partner often has to advocate for her in her healthcare, or her healthcare needs do not get met. This is not only frustrating and sad but shows the intersectionality and how race, gender, and disability play a factor in healthcare discrimination.

Inadequate Social Support Systems

Social support systems many times are insufficient in addressing the unique needs of people with disabilities. In many cases, disability benefits are inadequate to cover the cost of living for a person without a disability but add additional expenses such as healthcare, assistive devices, and specialized services. COVID made things more challenging for people without disabilities; however, imagine what it did for people with disabilities (Brucker & Houtenville, 2020).

Intersectionality of Disability and Other Forms of Discrimination

The experience of poverty among people with disabilities is often compounded by other forms of discrimination, such as those based on age, race, and gender. Intersectional discrimination can result in multiple disadvantages, leading to even more significant economic hardship for people with disabilities who belong to several marginalized groups (Emerson & Hatton, 2020).

The struggle of poverty for people with disabilities is deeply rooted in systemic barriers that have limited their access to education, employment, healthcare, and social support. Addressing these barriers requires a comprehensive approach that includes policy changes, workplace accommodations, and efforts to eliminate discrimination. The intersectionality of disability with other forms of discrimination further creates complications, which makes it essential to consider the diverse experiences of people with disabilities when developing solutions to reduce poverty.

Women and Different Capabilities

Due to biological, social, and institutional factors, women face serious challenges in achieving workplace equity. Issues such as menstruation, maternity, menopause, and disability play critical roles that can hinder their professional advancement. I will expand on these concepts below regarding why we struggle with different capabilities.

The Stigma Around Menstruation in the Workplace

Menstruation remains a stigma and often a taboo subject in many workplaces, which leads to inadequate support and a lack of understanding. Some women experience pain, fatigue, and other symptoms that can impact their productivity. The lack of accommodations, such as flexible work hours or even access to menstrual products, can make these challenges more difficult. There is still a stigma around discussing menstruation, which can also prevent women from seeking support, which further creates marginalization in the workplace (Chrisler et al., 2016).

Maternity and the Impacts on Career

Maternity poses a momentous barrier to workplace equity due to career interruptions, lack of adequate parental leave policies, and understanding of parental responsibilities. Women often face the difficult decision between advancing their careers or starting a family. The absence of understanding and comprehensive maternity leave can force women to either leave the workforce temporarily or return to work before they are ready. This impacts their long-term career trajectory and feelings towards society and their employer. Additionally, the "motherhood penalty" often results in discrimination against mothers in hiring, promotion, and salary decisions because the workplaces see that mothers cost. In contrast, men with children are good providers and are more moral (Budig & England, 2001).

Menopause

Menopause is the phase that comes when a woman is going through another transition in life, but it is rarely acknowledged or supported in the workplace. Symptoms such as sleep disturbances, hot flashes, and mood swings can significantly affect a woman's work performance as well as their well-being. The lack of understanding, awareness, and support for menopause in the workplace can lead to increased stress, absenteeism, and even early

retirement, further contributing to gender inequity, even though women are still competent while going through menopause and after (Griffiths et al., 2013).

Women's Disability Workplace Barriers

Women with disabilities face unique challenges with the combination of barriers to workplace equity. Disabilities, whether visible or invisible, can result in discrimination, limited access to opportunities, and inadequate accommodations. Women who have disabilities are often doubly marginalized due to gender and disability biases, which can lead to lower employment rates, reduced earnings, and limited career advancement. Moreover, when the intersectionality of gender and disability are added together, that often means that their specific needs are overlooked in workplace policies and practices, further hindering their ability to thrive (Schur et al., 2005).

Intersectionality

In addition to the biological factors mentioned above, women continue to face systemic gender bias and discrimination in the workplace. These biases are multiplied for women with disabilities, who may experience a "double jeopardy" of discrimination. Stereotypes about women's capabilities during menstruation, maternity, menopause and their ability to perform tasks due to a disability often result in even more discriminatory practices. These biases manifest in unequal pay, lack of promotion opportunities, and exclusion from decision-making roles, which makes it even more difficult for women with disabilities to achieve workplace equity (Heilman & Caleo, 2018).

Inadequate Workplace Policies

Many workplaces lack adequate policies to support women during menstruation, maternity, menopause, and in managing disabilities. For example, many workplaces do not have paid menstruation leave, insufficient maternity leave, lack of menopause support policies, and inadequate disability accommodations contribute to an environment where women's health and accessibility needs are not met, which can exacerbate women's health. This can result in women being forced to choose between their health and their jobs, leading to decreased productivity and increased turnover rates (Dunivan (2017).

Achieving workplace equity for women needs to address both the biological and social challenges they face, including the intersectional barriers related to disability. Menstruation, maternity, menopause, and disability are important factors that impact women's ability to achieve equity in the workplace. To foster an equitable environment, workplaces must start looking at how to support women and implement policies around women's health, challenge gender and disability biases, and provide accommodations that acknowledge and address these unique challenges.

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Chapter Nine: The Benefits of Different Capabilities

Every person has something to offer this world. I often say this to people. We never celebrate Dr. King's Mom's Day, friend's Day, wife's Day, or Teacher's Day, yet if it were not for the people who spoke into his life or came around him, he would not have been able to do what he did. Many years ago, I moved to a new place where I had a neighbor with a visible disability. He would sit in a chair in his yard, watching the school activity, away from everyone. It was like he was there but did not belong. Children next door walked by him every day as if he were invisible. I felt this was sad, so when I gave the kids stickers, I told them to give him one, too. Soon, he started engaging with the rest of us, even though he was nonverbal.

I do not think I would have thought about this if it were not for my disability and my aunt with a visible disability growing up. However, by doing this, it not only impacted the neighbor kids but also the person with the disability. He felt love and belonging. The kids learned that no matter a person's capability, they belonged. This helped the kids not go into judgment regarding him. Interacting with individuals with disabilities can be a profoundly enriching experience, offering invaluable insights and opportunities for personal growth. Beyond the practical benefits of understanding different needs and perspectives, engaging with this community can foster empathy, compassion, and a deeper appreciation for human diversity (Stainton & Besser, 1998; Sniatecki et al., 2019).

Impact on Education

Children are not the only ones who experience positive outcomes from exposure to people who have different capabilities. When people interact with people who are different, there can be an increase in empathy and understanding for those who do not have a disability. The research also shows that being around people who function differently as children grow into adolescents is impactful.

One study found that non-disabled high school students in inclusive educational settings were likelier to recommend inclusive practices and have more positive attitudes toward their peers with disabilities than those in traditional, self-contained classrooms (Fisher et al., 1998). This highlights the significant impact that the educational environment and opportunities for interaction can have on shaping attitudes and perceptions.

Inclusive educational programs promoting active engagement and meaningful interactions have been shown to benefit students with and without disabilities. Collaborative teaching, individualized instruction, and visual supports and manipulatives can foster a positive and supportive learning environment for all students. Additionally, research suggests that the inclusion of students with a range of life experiences, including disabilities, can lead to the development of essential skills, such as collaboration, empathy, and problem-solving.

In conclusion, the positive impact of nondisabled children interacting with individuals with disabilities extends beyond the academic realm, influencing personal growth, social development, and the fostering of a more inclusive and accepting society.

Research has shown that college students with disabilities often experience positive outcomes, such as personal growth, self-acceptance, and opportunities to advocate and teach others. These experiences not only benefit the individuals themselves but can also shape the perspectives of their peers, fostering a more inclusive and understanding campus community. For those pursuing careers in therapy or other helping professions, working with individuals with disabilities provides an invaluable opportunity to develop a deeper understanding of their unique needs and challenges. This understanding can inform more effective and empathetic interventions, enabling therapists to support their clients better and contribute to their overall well-being (Santilli et al., 2019).

In conclusion, the benefits of knowing individuals with disabilities extend far beyond the individual level. By embracing these relationships, we can cultivate a more inclusive and compassionate society where diversity is celebrated, and everyone is empowered to thrive.

Resilience

The workplace is changing, and the importance of having a resilient workforce cannot be overstated. Resilient employees are better equipped to navigate the challenges and uncertainties that organizations often face and contribute significantly to an organization's ability to bounce back from crises and maintain profitability (Kim, 2020). Resilience, defined as the ability to use positive mental skills to remain psychologically steady and focused when faced with challenges or adversity, is a crucial asset for employees in demanding work environments (Shatté et al., 2017). Resilient employees can better manage stress, adapt to change, and maintain high-performance levels, even in the face of significant obstacles. This resilience can directly impact an organization's bottom line, as resilient employees are less likely to experience burnout, absenteeism, and turnover, which can significantly increase costs.

Moreover, resilient employees are more likely to exhibit proficiency, adaptivity, and proactivity in their work, contributing to organizational effectiveness and profitability. Furthermore, resilient organizations are better equipped to manage key operations, processes, and capabilities, enabling them to mitigate the impact of unexpected circumstances. This is particularly important in the healthcare industry, where organizations have critical responsibilities and complex networks requiring high resilience. Strong leadership, talented employees, awareness of the work environment, managing security defects, communication skills, and adaptability are all key factors in developing organizational resilience (Doğrusöz et al., 2022). Organizations that invest in cultivating these characteristics among their employees are more likely to weather crises and emerge stronger, ultimately enhancing their cost-effectiveness and profitability.

Individuals with disabilities often face significant challenges in their daily lives, but many demonstrate remarkable resilience in the face of adversity (Levitt & Barnack-Tavlaris, 2020). This resilience can have far-reaching benefits, particularly for women with disabilities who must also navigate the unique experiences of menstruation and menopause (Hunter et al., 2020). Resilience, defined as the ability to maintain or regain mental health despite significant hardship (Stewart & Yuen, 2011), is a crucial factor in the lives of people with disabilities. Research has

shown that psychological factors such as self-efficacy, self-esteem, internal locus of control, optimism, and coping strategies are key components of resilience in the physically ill. Additionally, social support has been identified as a highly predictive and associated factor in promoting resilience.

For women with disabilities, the experience of menstruation and menopause can add additional layers of complexity. These biological processes can be particularly challenging, both physically and emotionally, for women with disabilities. However, the resilience developed through navigating the challenges of disability can serve as a valuable resource in managing the difficulties of menstruation and menopause. Additionally, research on the resilience of transgender individuals has shown the importance of pride in one's gender identity, recognition and negotiation of oppression, and the cultivation of supportive communities. These strategies may also benefit women with disabilities as they are explored within the intersections of identity and experiences.

By cultivating resilience, women with disabilities have often been better able to navigate the challenges of menstruation and menopause, both in their personal lives and in educational and professional settings. This resilience can lead to improved mental and physical health and increased opportunities for success and fulfillment in all areas of life (Hunter et al., 2020; Singh et al., 2011; Stewart & Yuen, 2011; Augusto et al., 2014).

These are clear benefits of hiring and accommodating individuals with disabilities. The growing recognition of the value that individuals with disabilities can bring to the workplace is an important aspect to consider. By fostering a culture of inclusion and providing the necessary accommodations, organizations can unlock the full potential of their employees with disabilities, creating a workplace that is more diverse, resilient, and successful (Collier, 2016).

One of the key benefits of hiring individuals with disabilities is their resilience in the face of adversity. Those with disabilities have often had to overcome significant challenges throughout their lives, developing coping mechanisms and problem-solving skills that can translate well to the workplace (Collier, 2016). This resilience can help employees with disabilities better navigate the work environment's ups and downs, demonstrating a level of adaptability and perseverance that can be invaluable to their employers. Moreover, including individuals with disabilities can foster a more empathetic understanding of workplace culture. When coworkers and managers are exposed to the unique experiences and perspectives of their colleagues with disabilities, they may develop a greater appreciation for the diversity of the workforce and the value that each individual can bring to the table.

In addition to the benefits of the workplace culture, accommodating individuals with disabilities can provide tangible advantages for the organization. By implementing accessible policies and practices, employers can not only support their employees with disabilities but also tap into a previously underutilized talent pool. Furthermore, research has shown that accommodating individuals with disabilities can increase productivity, reduce absenteeism, and even save the organization money.

In a meeting, I saw firsthand the resilience of people in wheelchairs. I saw how they had to learn how to navigate places that were hard to navigate, yet they still figured out how to make it work. I learned how they were resourceful and innovative when their wheelchair tires broke and the insurance company would not pay for a new tire. Imagine bringing that to the workplace.

Resourceful

People with disabilities are often overlooked as valuable contributors to the workforce, but their resourcefulness can be a significant asset to organizations and society. Contrary to common misconceptions, individuals with disabilities possess unique skills and perspectives that can significantly benefit the workplace. (Collier, 2016)

One prime example of people with disabilities' resourcefulness is their ability to adapt and overcome challenges. When people with disabilities face barriers, they are often forced to find creative solutions to navigate their environments. For instance, individuals who use wheelchairs may partner with local bike shops when they encounter issues with their wheelchair tires due to insurance coverage limitations. This problem-solving ability can be invaluable in the workplace, where employees face unexpected obstacles.

Moreover, people with disabilities often possess a heightened sense of empathy and understanding, which can foster a more inclusive and collaborative work environment. By embracing the diverse perspectives and experiences of employees with disabilities, organizations can tap into a rich talent pool and unlock new avenues for innovation.

When people with disabilities face poverty, they have to find ways to be resourceful and live. When they have issues with mobility or how to get around due to their disability, they have to be resourceful to find ways to get to where they need to go. When they have challenges finding work, they have to find resources to get gainful employment and find resources to keep that employment.

People with disabilities struggle to find work and work with a system that is not set up to work with them, and they often have to find resources or be resourceful to make it in society. It is learning how to navigate. For example, think about a person who is blind and is in an elevator that does not let you know what floor you are on by saying what the floor is. How do you think they know what floor to get off on? They cannot see the floor, and often, they are conversing with people, yet they still get off at the correct floor. They must be resourceful, finding another way to make things work without the proper accommodation they need.

Finding another way is not always easy. However, many people with disabilities have to find other ways to make it work. We need to recognize this resourcefulness and utilize it in the workplace (Collier, 2016). Think about how this could help with budgeting or task-solving.

What about sound-sensitive people? Many times, they can be in noisy locations. They cannot run out of the building screaming too much stimuli. They cannot yell at people to quiet down. However, they can be resourceful and use earplugs. I have been resourceful because I have a clip on my wallet, so I can carry them everywhere I go. They are small and discrete.

If people with disabilities were encouraged and empowered to bring their resourcefulness to the workplace and society, how could this change the landscape for everyone? (Collier, 2016) Would profits increase, or would costs go down? The potential benefits are significant (Collier, 2016)(Bennett et al., 2018).

In conclusion, the resourcefulness of people with disabilities is a largely untapped resource that can significantly benefit the workplace and society.

Ultimately, the resourcefulness of people with disabilities is a testament to their resilience and adaptability. Embracing and valuing this resourcefulness can lead to a more inclusive and

innovative workplace, benefitting the organization and society. (Procházková, 2015) (Bennett et al., 2018) (Blattner, 2020) (Collier, 2016).

Innovative

People with disabilities have long been a driving force behind groundbreaking innovations, as their unique experiences and needs have inspired the creation of transformative technologies. These advancements, initially designed to enhance accessibility, have often transcended their original intent, benefiting broader populations in unexpected ways (Lamirande, 2022; Lowry et al., 1951).

One prime example is the automatic door opener, originally conceived to assist individuals in wheelchairs (Lowry et al., 1951). However, these doors have proven invaluable for many individuals, from parents pushing strollers to those carrying heavy loads. Similarly, curb cuts, initially implemented to provide smoother transitions for wheelchair users, have become essential for pedestrians, cyclists, and even those pushing shopping carts (Imrie & Luck, 2014). These innovations, which were born out of the need to accommodate people with disabilities, have seamlessly integrated into their daily lives, benefiting both people with disabilities and non-disabled members of society and enhancing convenience and accessibility for all.

The positive impact of disability-driven innovation extends beyond the physical realm, as advancements in assistive technologies have revolutionized communication and digital accessibility. Speech recognition software, designed to aid individuals with hearing impairments, has become an indispensable tool for transcription, voice-to-text dictation, and hands-free computing, benefiting many users (Morris, 2019; Morris, 2020). Similarly, screen readers, which were initially developed to enable access for individuals with sight impairment issues, have become integral to the digital landscape, improving the user experience for those with and without disabilities.

These inclusive design principles not only enhance accessibility but also foster a more equitable and inclusive society. By prioritizing the needs of individuals with disabilities, designers and engineers must think beyond the "one-size-fits-all" approach, leading to more adaptable, flexible, and inclusive solutions for all users (Bennett et al., 2018).

These are reasons why we should stop examining disability based on cost and instead consider how innovation's outcome benefits so many people.

The workplace, in particular, has seen significant gains from implementing disability-driven innovations. Accommodations such as adjustable desks, ergonomic chairs, and voice-to-text software have not only empowered employees with disabilities but have also improved overall workplace productivity and comfort for all. Nevertheless, ergonomics has also helped individuals who do not have disabilities as well have a more comfortable workspace, leading to more productivity. Moreover, the increased focus on inclusive design has positively impacted the bottom line. Companies prioritizing accessibility and inclusive design often enjoy higher customer satisfaction, brand loyalty, and market share, as they can cater to a broader and more diverse customer base.

Beyond the workplace, educational institutions have also benefited from disability-driven innovations. Assistive technologies such as text-to-speech software, audiobooks, and adaptive learning tools have made learning more accessible for students with disabilities. These tools

have also proven beneficial for students without disabilities, offering alternative ways to engage with and absorb information. This inclusive approach to education supports diverse learning needs and promotes a culture of acceptance and understanding among students.

In public transportation, innovations like low-floor buses, tactile paving, and audible traffic signals have significantly improved accessibility for individuals with disabilities. While essential for those with mobility or sensory impairments, these features also enhance the overall safety and convenience of public transportation systems for all users. By considering the population's diverse needs, urban planners and transportation authorities can create more inclusive and user-friendly environments. If transportation companies work to employ people with these different capabilities, more innovation could flow because they have an understanding that people without these particular needs do not have them.

When the Portland Airport was being remodeled, they asked people with autism to give input on the design. Going to the airport can be stressful, yet walking into the Portland Airport is quiet. There are noise dampeners, and it is a place many people would want to work because they took accessibility as a factor in the design process.

In today's rapidly evolving business landscape, the importance of fostering a culture of innovation cannot be overstated. As the marketplace experiences rapid changes, businesses must be agile and forward-thinking, constantly seeking new ways to remain competitive and relevant (Kuratko, 2009). Innovation is a buzzword and a strategic imperative that can mean the difference between success and stagnation.

The entrepreneurial imperative of the 21st century has transformed the nature of business, with innovation serving as the driving force behind economic development (Kuratko, 2009). Dramatic and ongoing changes in the global economy force executives to regularly re-examine their organizations' fundamental purpose and to become more flexible in their approach to serving multiple stakeholders.

Innovative employees are the lifeblood of thriving businesses, as they possess the creativity, critical thinking, and problem-solving skills necessary to navigate the complex challenges of the modern marketplace. Innovation encompasses technological advancements and the development of novel services, products, strategies, and business models that can significantly impact an organization's customer service, employer mindset, and value co-creation.

Furthermore, the importance of innovation extends far beyond the business realm. Innovation is crucial in education, where it can drive the development of more effective teaching methods and learning environments. In therapy, innovation in techniques and approaches can lead to better patient outcomes and more personalized care.

Ultimately, the ability to innovate is a key determinant of an organization's long-term success and resilience. As the world continues to evolve, businesses that foster a culture of innovation and empower their employees to think creatively will be better equipped to adapt, thrive, and lead in their respective industries (Oe et al., 2022; Tushman & Nadler, 1986).

So, if people with disabilities often drive innovation, how come they are still overlooked when it comes to employment?

The ingenuity of individuals with disabilities has been the driving force behind some of the most transformative innovations in modern society. By embracing the principles of inclusive design, we can continue to create environments, products, and services that empower and uplift all

members of our communities, fostering a more equitable and inclusive future (Morris, 2019; Lamirande, 2022; Imrie & Luck, 2014).

Helps with Customer Service

Accessibility is a crucial aspect of modern business that can significantly enhance customer satisfaction and contribute to a company's overall success. By prioritizing accessibility, businesses can tap into a vast and underserved market—individuals with disabilities—and provide them with the necessary services and products (Strategies, 2019).

Recently, I have noticed women's bathrooms providing menstruation products, a simple yet impactful way to meet accessibility needs. Women notice these efforts.

One of the primary benefits of accessibility is its ability to enhance the customer experience. When a company ensures that its services and infrastructure are accessible, it demonstrates a commitment to creating a welcoming environment and a willingness to meet the needs of all customers, regardless of their abilities. For example, a transportation company that trains its staff to assist passengers with disabilities or a building with an elevator with clear floor announcements can create an accommodating environment for customers with special needs. However, if they hire staff who do not understand these needs, mistakes can occur. It is akin to only hiring white people to educate Black people on Black History Month.

By hiring people with disabilities, companies show that they care about their customers' needs, value people with disabilities, and are committed to equity.

Moreover, accessibility can directly impact a company's bottom line. By making their digital spaces and physical locations accessible, businesses can attract a more extensive customer base, including a sizable market of people with disabilities. This expanded customer base can lead to increased revenue and a stronger competitive position in the industry (Zahran et al., 2022; Valdez et al., 2020; Gonzales et al., 2020; Djunaid, 2023).

As the world becomes more connected and technology-driven, accessibility is increasingly crucial for businesses to maintain a good reputation and stay relevant. Accessibility improves the customer experience and demonstrates a company's commitment to social responsibility and inclusion.

Hiring individuals with disabilities can also be a valuable strategy for enhancing accessibility and customer satisfaction. These individuals often have unique insights and experiences that can inform the development of more accessible products and services. They can provide valuable feedback on the user experience and suggest improvements that cater to the needs of customers with disabilities.

By prioritizing accessibility, companies can create a more inclusive environment, attract a more extensive customer base, and demonstrate their commitment to social responsibility.

Ultimately, accessibility is a compliance requirement and a strategic advantage that can propel businesses toward long-term success (Zahran et al., 2022; Valdez et al., 2020; Gonzales et al., 2020; Djunaid, 2023).

Loyalty

Employees with disabilities consistently demonstrate higher employee loyalty and retention than their peers without disabilities. This phenomenon can be accredited to various factors, including their unique challenges and the organizational cultures that often shape their experiences (Schur et al., 2009).

Research indicates that individuals with disabilities often exhibit greater workplace loyalty due to the social stigma and barriers they have overcome (Collier, 2016). They often feel a stronger sense of appreciation and commitment to organizations that provide opportunities and accommodations for their needs. Additionally, the resilience and problem-solving skills developed through navigating daily challenges contribute to their loyalty and dedication to their employers.

A study analyzing nearly 30,000 employee surveys from 14 companies found that disability is linked to lower average pay, job security, training, and participation in decision-making, as well as more negative attitudes toward the job and company. However, these disparities can be alleviated in workplaces with corporate cultures that are responsive to the needs of all employees, including those with disabilities.

Deliberately Developmental Organizations, which are committed to employees' continuous learning, growth, and development, have been identified as especially effective in countering ableism and fostering belonging environments.

Notably, the higher retention rates of employees with disabilities may also extend to their relationships.

Research indicates that employees with disabilities can be valuable assets to organizations due to their elevated levels of loyalty, unique perspectives, and problem-solving skills.

People with disabilities are often highly devoted to their jobs and willing to work hard to excel. Their experiences navigating daily challenges have equipped them with valuable problem-solving skills and a strong work ethic, which can be an asset to employers (Schur et al., 2009). People with disabilities tend to take fewer days off than other employees and are less likely to quit their jobs (Kwon, 2020). This can be attributed to their intense loyalty and appreciation for the opportunities provided to them and their recognition of the challenges they may face in finding alternative employment.

Research suggests that the loyalty and retention of employees with disabilities are heavily influenced by the corporate culture and attitudes within the workplace. Workplaces that foster a sense of belonging and are responsive to the needs of all employees, including those with disabilities, are more likely to see higher levels of loyalty and retention among this group. Employees with disabilities may show gratitude and have lower turnover rates. When an organization goes out of its way to accommodate its needs and provide opportunities for growth and development, employees with disabilities may feel a stronger sense of loyalty and commitment to the organization.

In other words, the research suggests that employees with disabilities are more loyal and have higher retention rates than their peers without disabilities. This can be attributed to their resilience, problem-solving skills, and a strong appreciation for the opportunities provided and the influence of corporate culture and attitudes towards disability. By fostering an environment where they feel belonging and are responsive, organizations can effectively harness the talents and loyalty of this valuable workforce segment.

ROI

Building a disability-inclusive environment is a competitive advantage as it adds new ideas, viewpoints, and approaches to solving business challenges. For every dollar invested in making an accommodation, a company can earn an average rate of return of $28 (Inspiring HR, 2016). WOW, think about that. According to a survey by Job Accommodation Network, 56% cost employers $0, 37% said there was a one-time cost averaging about $300, and only one surveyed said there was an ongoing cost. Think about the return of $28 for every dollar, which is not always guaranteed on one sale. Additionally, retention rates among people with disabilities are higher than average, thus reducing training costs (Inspiring HR, 2016).

According to a study by Accenture, companies that hire people with disabilities have 28% higher revenue, 30% higher profit margins, and 111% higher net income (Levit, 2023). There are also plenty of resources available to help. The Job Accommodation Network has a directory of accommodations that can be searched by disability. Each state has an assistive technology office to help find the right assistive technology for the work required. Joshin offers services to employers to assist with the hiring process and provide accommodations and support at work (Levit, 2023).

According to the Arizona Department of Economic Security, customers with disabilities and their families, friends, and associates represent a trillion-dollar market segment that purchases products and services from companies that best meet their needs. Hiring individuals from this demographic can help companies bypass marketing costs to influence this customer base, who often prefer patronizing businesses hiring people with disabilities (Arizona Department of Economic Security, 2022). Employers may also qualify for a Work Opportunity Tax Credit (WOTC) for every individual with a disability who is hired (Arizona Department of Economic Security, 2022).

With all this information out there, it makes me wonder why people with disabilities still live in poverty, have lower-paying jobs, and have a 2x higher unemployment rate. (Bureau of Labor and Statistics, 2024).

Tools to Help Clients

In this chapter, I will discuss two tools. First, I am going to start with SWOT. SWOT stands for strengths, weaknesses, opportunities, and threats. It is something people write in their business plans. However, this would be an excellent tool for agencies like Vocational Rehabilitation to use when helping companies or people with disabilities around employment. I am putting this in the benefits section and adding it here because there has been so much discovery on different capabilities throughout this journey. This is a great tool that can be used with business, a client in coaching, or consulting to show where a person fits regarding different capabilities.

Example One:

Precious walks into her local VR office. She was recently diagnosed with traumatic brain injury from a car accident. She has a bachelor's degree in business. She recently got laid off from the

bank where she was working. She wants to do something in business with less risk. She is very intelligent and has 5 years of experience. VR decides to do a SWOT.

Strengths	Weakness
● Has a job history ● Has her degree ● Is Resilient ● Is resourceful, because she found VR	● Only worked in banking as a teller ● This is the only job she worked ● She has no volunteer experience
Opportunities ● She can explore other jobs that she can use her degree in. ● She can use her banking experience to go into financial ● She can coach or consult ● She can go back to school and get more education ● She can change careers ● She can do internships	**Threats** ● The employer wasn't good and isn't giving her a good reference. (not her fault and there are ways to work around this)

As you can see, Precious's strengths and opportunities outweigh the threats and weaknesses. This gets the client thinking, giving them autonomy.

Remember, people with disabilities often have trauma and need to see the benefits themselves on why they are hirable. Many times, because of stigmas and biases that society has passed down for generations about people with disabilities, people cannot see the benefits. Hence, things like SWOT analysis are great tools to help.

Another way to assist a person with a disability is to ask them what barriers they believe they are facing and what they think they need to overcome. This is a great question because, again, it gives the power back to the person with the disability. This can also help the employer. This takes it off of victim shaming or making more barriers, yet instead, having both parties work together to overcome obstacles. Think of it this way: If a person had a barrier to making the sale, would the company not try to figure out how to remove that barrier? So why can't we try to do the same for the person with a disability, especially if the ROI shows a significant investment?

Let us give an example of how this would look. In this example, we are only discussing disability-related barriers, not any other barriers that come up. However, this is a good tool anyone can use.

Ren wants to run her own restaurant but is very sensitive to sounds and bright lights. She has impressive recipes from when she was a child. She also has endometriosis, but she is a strong, independent woman.

Wants to do	Barriers	What need to overcome
Ren wants to run her own Restaurant	Sensitivities- Finding a building that works Endometriosis- what does she do on the days she has this	She will need to find funding or grant money to remodel or a building that is already set up for sound sensitivities. She will have to have staff she trusts for the days she is struggling with endometriosis, a good manager or maybe a partner.

This allows Ren to determine whether she is willing to put in the effort and work to accomplish her dreams. It also helps Ren discover how to overcome the barriers or challenges in her life.

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