

APA Policy Statement on Disability Inclusion: Combating the Stigma and Discrimination of Ableism

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Combating the stigma and discrimination of ableism aligns with the American Psychological Association's (APA) commitment to using psychological science to benefit society and improve lives. The APA upholds its ethical duty to challenge systemic injustices and advocate for policies that promote human welfare (APA, 2017, 2021, 2025a). Individuals with disabilities have historically been among the most marginalized and vulnerable groups in society. "Disability" encompasses physical, sensory, intellectual, developmental, psychiatric, and cognitive conditions, as well as chronic illnesses and communication disabilities. Many of these may be invisible or fluctuating in nature (Bogart & Dunn, 2019). Disability is also a unique identity group and social position because any person can acquire a disability at any age. Today, over 1.3 billion people worldwide live with significant disabilities (World Health Organization [WHO], 2023), including more than one in four (28.7%) U.S. citizens (Centers for Disease Control and Prevention [CDC], 2024). People with disabilities form the largest minority group globally when defined as a single, cross-cutting group with shared systemic barriers—despite the diversity within that group (WHO, 2022).

The greatest hardship for this group is often not the disability itself but the unscientific attitudes and systemic barriers that constitute ableism (Olkin, 1999, 2017; Patten, 2024). Ableism is defined as stereotyping, prejudice, discrimination, and social oppression toward people with disabilities (Bogart & Dunn, 2019), and contributes to health disparities and negatively impacts the mental health of people with disabilities (APA, 2025a). Ableism manifests in many ways, including inaccessibility, exclusion from participation, abuse, and neglect. Many people with disabilities experience both blatant and subtle discrimination in employment, housing, education, child-rearing, caregiving, marriage and partnership, and healthcare, including mental health services (APA, 2022). Ableism can profoundly affect well-being; when compounded by other forms of discrimination (e.g., racism, sexism, and ageism), its impact can be even more severe and enduring (Wang et al., 2024).

Inaccessibility of Environment (Physical, Auditory, & Digital)

People with disabilities encounter substantial barriers in navigating physical environments in the United States and globally. Inaccessibility in the constructed environment, such as buildings,

bathrooms, and pedestrian infrastructure, creates obstacles for people with impairments (Hammel et al., 2015). People with disabilities also face problems of access, affordability, and reliability of public transportation services (Boadi-Kusi et al., 2023). These various challenges impact their ability to participate fully and be included in society. Despite the Americans with Disabilities Act (ADA), compliance and enforcement of this federal civil rights law and its regulations remain inconsistent (Nykiforuk et al., 2021).

Beyond physical inaccessibility, barriers in the auditory, linguistic, and visual environments exclude people with developmental disabilities and sensory processing disorders (SPDs), those who are blind or have low vision, and those who are deaf or hard-of-hearing (Jaiswal et al., 2018; Shadrack, 2020; Sousa et al., 2024). For example, during the COVID-19 pandemic, individuals who rely on lip reading for communication were disproportionately affected by mask-wearing practices, creating significant barriers to effective communication. These barriers could have been avoided through inclusive practices like wearing transparent masks. In the digital space, people with disabilities also face disparities in internet access and digital literacy (Pacheco & Burgess, 2024), as well as exclusion due to lack of screen reader compatibility, inaccessible forms, and omission of image descriptions. Technological advancements, such as self-service interactive devices, are often inaccessible and unusable for many people with disabilities (Bin Noon et al., 2024). Taken together, these obstacles negatively impact the participation of individuals with disabilities in everyday activities like education, employment, civic engagement, and social life, correlating with reduced overall well-being (Aitken et al., 2022; Marom & McNeney, 2024; Murphy et al., 2024).

Reduced Healthcare Access

Individuals with disabilities frequently encounter barriers to health care access due to prejudicial beliefs embedded in some health care systems and held by other relevant stakeholders. Individuals with disabilities often have holistic health care needs that remain unmet, receiving crucial diagnoses and treatments much later than nondisabled individuals (Meade et al., 2014; Patten, 2024). These disparities are exacerbated when intersecting marginalized identities are involved, notably in women with disabilities, people of color with disabilities, those who live in rural areas, LGBTQ+ people with disabilities, Medicaid beneficiaries, and immigrants with disabilities, who often report infrequent standard check-ups,

reduced access to preventive care, and higher rates of life-threatening conditions (Apodaca et al., 2022; Ayhan et al., 2020; Bogenschutz, 2014; Horner-Johnson, 2021; Meade et al., 2014; Mulcahy et al., 2023; Ngondwe & Tefera, 2025).

Implicit ableist attitudes among health care workers also contribute to disparities. Studies show statistically significant preferences for working with nondisabled patients due to presumptions about the energy needed to meet the individual needs of patients with disabilities (Ames et al., 2024; VanPuymbrouck et al., 2020). Assumptions that people with disabilities have lower cognitive abilities and worse quality of life contribute to expectations that those individuals will not participate in health care decision making nor benefit from health services. This often leads to the cyclical nature of this group being viewed as “less than” or unknowledgeable about their own health needs, leading many to either fight to be heard or decline future health care services.

When considering reproductive health rights, people with disabilities have historically been overlooked and even denied access to services that nondisabled people often accessed freely. Despite perceptions of forced sterilization being an outdated eugenics practice, approximately 31 U.S. states still allow forced sterilization even in the 2020s (National Women’s Law Center, 2022). Lack of sex education and reproductive health services further undermine the bodily autonomy of people with disabilities, implying they should not have decision-making powers related to sexual activity and procreation (Ayhan et al., 2019).

Ableism can sometimes adopt a more benevolent-appearing form, involving well-intentioned attitudes that nonetheless perpetuate harmful stereotypes and unscientific assumptions about people with disabilities (Nario-Redmond et al., 2019). For example, out of a desire to protect a person with a disability, health care systems may favor care settings that are segregated from the general community for people with disabilities, even if the person with a disability is fully capable of participating in the general community with appropriate supports and services, which has the impact of undermining the person’s independence and sense of self-determination. The U.S. Supreme Court ruled in 1999 that such unjustified segregation constitutes a form of discrimination under the ADA; however, full enforcement of the ADA and *Olmstead v. L.C.* (1999) remains a challenge to this day.

Barriers to Educational and Vocational Inclusivity

Ableism can also exist in the full spectrum of educational settings from K-12 schools to graduate education programs. In an education context, ableism suggests that some abilities are “normal” or “better,” in turn ranking some people’s relative worth based on these abilities (Oregon Department of Education, n.d.). Like in other settings, ableism can manifest in a variety of ways, both subtle and overt. For example, an educator may misattribute a symptom of a student’s disability (i.e., inability to focus due to a learning disability) to a behavioral problem or overall lack of discipline. This bias amplifies the risk of learning loss due to unfair disciplinary procedures in schools, and in fact, students

with disabilities are overrepresented in disciplinary matters. Recent studies show that while only 17% of K-12 students have a disability, they account for 24% of in-school suspensions, 29% of out-of-school suspensions, 21% of expulsions (U. S. Department of Education, 2023), and nearly 30% of school arrests. This highlights how discrimination and lack of accommodations for young people with disabilities can have lifelong consequences since school arrests are strongly associated with future interactions with the criminal justice system as an adult, prematurely leaving school without a diploma, and depreciated earnings across the lifespan (Berry, 2024).

Attitudinal barriers also present significant challenges that begin before entering the workplace, often barring trainees from completing necessary educational requirements (Hassounieh et al., 2024). These barriers persist in the workplace and vary in degree depending on whether the disability is visible or invisible (Serpas et al., 2024). Misunderstandings about the nature of disabilities and unawareness of workplace challenges often result in inadequate support and accommodations that would be necessary for fulfilling certain roles (Paniccia et al., 2019). An example of this is a sheltered workshop, an organization that provides employment for individuals with disabilities, but segregates disabled people from their nondisabled peers and often pays less than minimum wage.

There is a prevailing misperception that reasonable accommodations, which are designed to reduce barriers and allow employees to demonstrate their skill and productivity, impose an undue cost to the employer. However, most accommodations cost nothing or consist of a mere one-time fee (Job Accommodation Network [JAN], 2024). Such accommodations could include a flexible work schedule or access to existing accessible parking, building, or office space. These accommodations significantly improve employee retention, workplace morale, and overall productivity, outweighing any associated costs (JAN, 2024), thereby dispelling misconceptions that accommodations are unprofitable for business.

People with disabilities also experience some of the highest levels of workplace discrimination, particularly regarding termination and reasonable accommodations (Graham et al., 2019). Evidence shows that salary progression for individuals with disabilities happens at a slower pace compared to that of their nondisabled counterparts due to perceived discrimination, making them less likely to participate in salary negotiations (Speech et al., 2023). Individuals with disabilities are more likely to accept lower salaries due to their feelings of undervaluation in negotiating, societal perceptions, and the fear of negative repercussions within society (Voermans et al., 2021).

Recommendations

Ableism continues to create widespread barriers undermining the health, autonomy, and inclusion of people with disabilities. The core issue is the pervasive stigma, discrimination, inaccessibility, and exclusion faced by individuals with disabilities rather than the disability itself. The disability paradox—where individuals report a high quality of life despite societal assumptions to the

contrary—highlights the impact of social attitudes on perceptions and experiences of impairment. Investing in accessibility efforts presents benefits for everyone, as illustrated by the curb-cut effect (Blackwell, 2016). Accommodations initially designed for individuals with disabilities, such as sidewalk ramps, improve usability and access for a much broader range of people. To combat ableism and to promote full participation in society for every person across the lifespan, psychology seeks to advance evidence-based attitudinal, structural, and policy changes that will support antidiscrimination practices and enhance disability inclusion.

To Reduce Physical, Communication, and Digital Barriers in the Environment, Psychologists will strive to:

- Support full compliance with the ADA, the Rehabilitation Act, and other relevant federal and state policy and legislation to:
 - a. identify and reduce barriers in city development and planning, so that physical and digital infrastructure like housing, schools, hospitals, parks, sidewalks, and transportation are accessible
 - b. ensure that digital platforms for commercial, educational, financial, health care, and transportation use are secure and accessible
 - c. monitor ride-sharing companies and transportation systems for wheelchair accessibility
 - d. invest resources to improve enforcement of federal antidiscrimination protections for people with disabilities;
- Promote inclusive and universal design principles (APA, 2019, 2024a);
- Model communication of psychological concepts and mental health in an accessible and inclusive manner (APA, 2023), encourage counter-stereotypical representation of people with disabilities in media to reduce stigma (Hammer & Stutts, 2025); and support large-scale public education campaigns to combat ableism at the societal/cultural level;
- Encourage the equal inclusion of people with disabilities in all aspects of research, including marketing research, by making recruitment and participation safe and accessible, as well as in leadership roles in research such as the roles of coresearchers, collaborators, and data analysts and;
- Support civic engagement to inform policy by making platforms for public commentary, surveys, phone systems, voting, and public office more accessible while also supporting training in advocacy and public policy for people with disabilities based on psychological science.

To Improve Healthcare Access and Inclusion, Psychologists will strive to:

- Encourage education and training for health care professionals by updating curricula with research, clinical, and policy implications of ableism, disability culture, and implicit bias;

- Advocate for equal representation in research, education, and health care policies that address the unique needs of people with visible and invisible disabilities who hold intersectional marginalized identities, including BIPOC, LGBTQ+, and other historically excluded communities;
- Support policy and legislation that promotes accessible health care management (e.g., single payer health care, Medicaid and Medicare expansion, mental health parity enforcement, telehealth expansion, strengthening the Affordable Care Act, etc.);
- Encourage ongoing research on physically and digitally accessible health care spaces that can be adapted for people with physical, sensory, cognitive, and other disabilities, such as parking structures, waiting rooms, exam tables, surgical tools, call centers, and electronic patient portals to ensure equal access;
- Promote inclusive participation in social and family life by advocating for access to reproductive health care information for all, including people with disabilities to preserve their right to bodily autonomy and to protect against forced sterilization practices;
- Support translation services for immigrants with disabilities to improve their understanding of and access to health care services;
- Support programs, resources, and policies for caregivers with disabilities (APA, 2024b) as well as for family caregivers of children and adults with disabilities (APA, 2025b), and;
- Support training of psychologists and other health care professionals in becoming familiar with research and clinical activities related to treatment of people with both visible and invisible disabilities.

To Promote Educational and Vocational Inclusion, Psychologists will strive to:

- Promote education, training, and mentoring to:
 - a. sensitize children and students to ableist practices and the ideology of disability as diversity by embracing a sociocultural model of disability to reduce social indifference (Dunn et al., 2013) and to reduce attitudinal barriers;
 - b. correct misunderstanding about the cost of reasonable accommodations and enhance transparency about the educational and work environment in internship and job requirements, and;
 - c. provide clear guidance to people with disabilities, educators, and employers on designing, implementing, and evaluating reasonable accommodation plans and fair and equitable pay negotiation (Graham et al., 2019);
- Support policies that provide support for children with disabilities in school and educational settings (Individuals with Disabilities Education Act [IDEA], 2004; Lipkin et al., 2015), support for graduate students with disabilities

to engage in teaching, research, accessible assessment training, and practice (Lund, 2023; Lund et al., 2023), and support for flexible school and work arrangements like expanding remote and hybrid options;

- Promote recruitment, hiring, and retention of disabled students and workers by reducing discrimination, ableism, and inaccessibility while enhancing health care resources and protection of disabled individuals in educational and vocational settings;
- Encourage meaningful workforce participation by advocating for removing disincentives to work (e.g., subminimum wages for disabled workers); enforcing equal pay; strengthening enforcement of antidiscrimination protections in hiring, wages, and promotions; and increasing tax incentives for employers to make physical spaces and essential job functions accessible and provide accommodations as needed;
- Advocate for adequate resources for oversight and enforcement of federal antidiscrimination protections for students and workers with disabilities.

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