Implicit Bias & People with Disabilities

By: ABA Commission on Disability Rights

I. INTRODUCTION

Most of us believe that we are fair and equitable, and evaluate others based on objective facts. However, all of us, even the most egalitarian, have implicit biases—also referred to as unconscious biases or implicit social cognition. They are triggered automatically, in about a tenth of a second, without our conscious awareness or intention, and cause us to have attitudes about and preferences for people based on characteristics such as age, gender, race, ethnicity, sexual orientation, disability, and religion. These implicit biases often do not reflect or align with our conscious, declared beliefs. Notably, they influence our decisions and actions and can predict our behavior.

Implicit biases about persons with disabilities are pervasive. One study found that “[p]reference for people without disability compared to people with disabilities was among the strongest implicit and explicit effects across the social group domains” (e.g., gender, race, religion, sexuality, weight, political orientation, etc.), with only age showing more implicit bias. Significantly, 76 percent of respondents showed an implicit preference for people without disabilities, compared to nine percent for people with disabilities. Even test takers with disabilities showed a preference for people without disabilities.

The American Bar Association’s Commission on Disability Rights has created this resource to increase awareness of implicit biases, both in general and in particular with regard to persons with disabilities, and to offer techniques to help mitigate these biases. We begin with an overview of implicit bias, in particular what is implicit bias, where do such biases originate, how can we measure them, why are they harmful, and how can we mitigate them. This is followed by a series of questions and scenarios that will allow you to examine your implicit biases about persons with disabilities.

II. OVERVIEW

What Is Implicit Bias?

Implicit or unconscious bias is defined as “the process of associating stereotypes or attitudes toward categories of people without our conscious awareness.”

1 See Brian A. Nosek et al., Pervasiveness and Correlates of Implicit Attitudes and Stereotypes, 18 EUR. REV. SOC. PSYCHOL. 36, 54 (2007) (the study examined data obtained between July 2000 and May 2006 from more than 2.5 million test takers who completed the Implicit Association Test and self-reports across 17 topics).

2 Id.

3 Id.

All of us have a natural human tendency to sort people into groups based on characteristics such as age, gender, race, ethnicity, sexual orientation, disability, and religion. These unconscious responses allow our brain to process vast amounts of information about one another at lightning speed. We process approximately 200,000 times more information each second unconsciously than consciously. Having to process everything about each person we meet would be both overwhelming and likely incapacitating. Sorting is a type of cognitive shorthand.

We then associate feelings and traits, both positive and negative, with anyone categorized as being from a particular group. We pay attention to facts that confirm our associations and ignore or screen out facts that contradict them. We tend to see an individual as a representation of a particular group rather than as an individual.

Further, we tend to favor, prefer, and associate positive characteristics with members of the group to which we belong—people who are like us. This is known as in-group favoritism or in-group bias. All of us belong to cultural groups defined by traits such as race, ethnicity, religion, gender, disability, sexual orientation, national origin, family, or social or professional status. In-group bias is so strong that, even when randomly assigned to a group, people report a preference for that group. Accordingly, we tend to associate negative characteristics with or disfavor members of groups to which we do not belong. This is referred to as out-group bias. All of these tendencies are the foundation of stereotyping, prejudice and, ultimately, may result in discriminatory decisions or actions, even if those decisions or actions might not be what we consciously intend or acknowledge.

Where Do Implicit Biases Originate?

Implicit biases are shaped by our personal experiences, the attitudes of family, friends and others, living and working environments, culture, the media, movies, and books. Implicit biases develop over the course of a lifetime, beginning at an early age.

How Can We Measure Implicit Biases?

It used to be that if we wanted to know a person’s biases, we asked. However, we now know that self-reports of biases are unreliable due, in part, to the fact that we are often unaware of our biases, believe we are not biased, or may modify our responses to align

---

5 *Unconscious Bias* (Shire Professional Chartered Psychologists, 2010), http://www2.cipd.co.uk/NR/rdonlyres/666D7059-8516-4F1A-863F-7FE9ABD76ECC/0/Reducingunconsciousbiasorganisationalresponses.pdf.


7 Cheryl Staats, *State of the Science: Implicit Bias Review 2014* 17 (Ohio State University, KirwanInstitute).

8 Redfield, *supra* note 6, at 18.

9 Id. at 16.

with what is regarded as socially acceptable.\textsuperscript{11} The Implicit Association Test (IAT) is one of the most well-known, popular, and widely used tools for measuring one’s implicit biases, and has been responsible for introducing the concept of implicit bias to the public. There are numerous IATs (over 90) that assess implicit biases across a wide range of characteristics, including race, disability, sexuality, age, gender-career, religion, and weight.

Introduced in 1998 and maintained by Project Implicit—a consortium comprised of researchers from Harvard University, the University of Virginia, and the University of Washington\textsuperscript{12}—the IAT is a web-based test that measures the strength of associations between concepts (e.g., “Disabled Persons”, “Abled Persons”) and evaluations (e.g., “Bad”, “Good”). Test takers are asked to quickly sort words and images/symbols into categories (e.g., Good, Bad, Disabled Persons, Abled Persons) by pressing the “e” key if the word or image/symbol belongs to the category on the left, and the “i” key if the word or image/symbol belongs to the category on the right.

An individual’s IAT score is based on how long it takes (speed) the individual, on average, to sort words and images/symbols when the categories are combined, such as Good or Disabled Persons and Bad or Abled Persons and vice versa. The IAT recognizes that most of us identify words and images or symbols more quickly when they originate from what we perceive as closely related rather than unrelated categories. For example, if you are faster to categorize words when “Disabled Persons and Good” share a response relative to when “Disabled Persons and Bad” share a response key, you would have an implicit preference for “Disabled Persons.”

How Are Implicit Biases Harmful?

Implicit biases influence our perceptions, judgments, decisions, and actions and can predict behavior.\textsuperscript{13} Implicit biases can lead to microaggressions. These subtle, but offensive comments or actions, which are often unintentional and reflect implicit biases, unconsciously reinforce a stereotype when directed at persons based on their membership in a marginalized group.\textsuperscript{14} Unlike explicit discrimination, microaggressions typically are committed by people who are well-meaning. For example, a waiter may ask the person accompanying a blind person or wheelchair user what he or she would like to order, sending the message that a person with a disability is unable to make decisions independently. These “small” slights are cumulative and significant over time.\textsuperscript{15}

Social scientists point to mounting evidence that implicit biases can lead to discriminatory actions in a wide range of human interactions,\textsuperscript{16} from education to employment, health

\textsuperscript{11} Staats, supra note 7, at 17.
\textsuperscript{12} See https://implicit.harvard.edu/implicit/iatdetails.html.
\textsuperscript{14} Derald Wing Sue, Microaggressions: More Than Just Race, PSYCHOLOGY TODAY, Nov. 2010, https://www.psychologytoday.com/blog/microaggressions-just-race.
\textsuperscript{15} Redfield, supra note 6 (Framing the Discussion).
care, housing, and criminal justice. When we look at some of the disproportionalities (i.e., the differences between a group’s representation in the population at large and its over- or under-representation in specific areas) that have plagued us for so long, despite society’s best intentions, it is hard to explain them.

For example, we know that students with disabilities achieve in school at a lower rate than others and are far more often and more severely disciplined in school.17 Most of us believe that teachers and school administrators act in good faith and have good intentions. If we were to ask them whether they intentionally and explicitly intend to treat students with disabilities with lower expectations and discipline them more severely than students without disabilities, most if not all would say that was not their intent, and believe that they are making decisions based on objective facts. Yet, it is difficult to understand the disproportionate results. One possible explanation is that these decision-makers are indeed acting in good faith, but are responding with implicit biases.18

How Can We Mitigate Unconscious Biases

Acknowledging the difficulties of controlling biases that are unconscious and automatic, the good news is that implicit biases are malleable and their effect on behavior can be managed and mitigated.19 Although nearly all of us have implicit biases, we can take steps to minimize how often they are activated and how much they affect our perceptions, decisions, and actions. The first step is to acknowledge that we have implicit biases. To learn what those are, we can take the Implicit Association Test or other tests that measure implicit responses. Once aware, motivation to change and to manage your biases is critical.20

Researchers have developed various de-biasing interventions to counter the negative effects of implicit biases by building new mental associations.21 To reinforce these new associations, these interventions must be consistently and continuously reapplied. These interventions include:

- **Intergroup Contact**: Meet and engage with individual members of outgroups. Getting to know people one-on-one and engaging in positive meaningful relationships can help you build new positive associations and reduce stereotyping.
- **Counter-stereotypes**: Develop new associations that counter your stereotypes. Expose yourself to or think about exemplars who possess positive traits that contrast with your stereotypes. For example, read about blind judge Richard Bernstein who sits on the Michigan Supreme Court.
- **Individuation**: Consider the attributes of the individual apart from his or her group. For instance, when you meet someone who has a mental health

---

18 *Id.* at 108-09.
19 Staats, *supra* note 7, at 17.
condition, focus on his or her individual characteristics, traits, interests, and preferences rather than stereotypes about persons with these conditions.

- **Perspective Taking**: Take the perspective of the person. Try to understand from their perspective what they encounter and what adaptive techniques they might use to function successfully.
- **Deliberative Processing**: Reflect on your perceptions, judgments, behavior, decisions, and actions to better understand which ones are worthy of a more thoughtful consideration rather than a split-second reaction. We tend to act on our stereotypes when we have a lot of information to process in a short amount of time and feel stressed.
- **Common Ground**: Focus on what you have in common with the individual members of the groups you are stereotyping.
- **Education**: Participate in trainings and other educational programs aimed at raising awareness about implicit biases and their impact.
- **Self-Monitoring**: Continuously self-monitor your perceptions, judgments, behavior, decisions, and actions for the influence of implicit biases.
- **Accountability**: Hold yourself responsible for the negative influence that implicit biases have on your perceptions, judgments, behavior, decisions, and actions. Do not dismiss your accountability simply because implicit biases are triggered automatically without our conscious awareness.

### III. Implicit Disability Biases: Questions to Ask Yourself

Reflect on each of the questions below. Consider whether and to what extent your response may be influenced by stereotypes and biases about people with disabilities and/or informed by objective facts and evidence and actual experiences with them.

1. When you think of a person with a disability, do you focus on the things the person can do or cannot do? Where do you get the information on which you base your views? Did you ask or observe the person with a disability?
2. Do you think of a person with a disability as working in certain careers? If so, which careers and why?
3. When you think of a person with a disability, do you have sympathy or feel pity for the person?
4. When you meet a person with a disability, do you see the person’s disability before you see the person?
5. Do you think about people with disabilities as a group or as individuals? If as a group, what characteristics do you think people with disabilities share?
6. Do you consider people with disabilities as different from people without disabilities? If so, how are they different?
7. Do you believe that the lives of people with disabilities are different from the lives of people without disabilities? If so, how are they different?
8. Do you use terms (e.g., “normal” or “able-bodied”) to differentiate between people without disabilities and people with disabilities?
9. Do you speak to and interact with people with disabilities differently than you do with people without disabilities? If so, how and why?
10. Do you perceive people with disabilities as dependent compared to people without
disabilities? Do you base your belief on personal experiences or other sources? If the latter, what are the sources?
11. Would you describe persons with disabilities as brave, courageous, inspirational, superhuman, and heroic? If so, why?
12. Do you perceive people with disabilities as productive or competent as people without disabilities? If so, why?
13. Do you view people with disabilities as too costly for employers to hire? If so, please explain.
14. Do you view disability as an abnormality or sickness or as a challenge that needs to be overcome or corrected? When you see a person with a disability, do you automatically want to help them?
15. Do you think workers with disabilities receive special advantages or are held to a lesser standard than workers without disabilities?

**Specific Disabilities**

1. Do you perceive persons with mental illness as violent or dangerous? If so, based on what information?
2. Do you view people with intellectual disabilities or developmental disabilities as being dependent on others to care for them? As being kind and generous? As being innocent and sweet-natured?
3. Do you think all blind people have a keener sense of smell and hearing?
4. Do you think people with cerebral palsy have cognitive impairments as well?
5. Do you view people with hidden impairments such as learning disabilities, arthritis, and heart conditions as having a disability?
6. Do you think all blind people read braille?

**IV. SCENARIOS FOR DISCUSSION**

**Scenario 1**

Nicole, who uses a wheelchair for mobility, is interviewing for an associate position in the litigation department at a “big law” firm. The partner asks Nicole whether she has considered working in other departments that do not involve going to court, and whether she is able to represent clients effectively in court. Nicole responds that her passion is litigation, pointing out that she won several moot court competitions and has courtroom experience through a pro bono project and a legal aid clinic. The partner informs Nicole that he would initially meet with her clients to ensure that they are comfortable being represented by an attorney in a wheelchair.

What implicit biases does the partner have about Nicole?
What message is the partner sending her?
What message is given to clients if the partner proceeds as he suggests?
What could the partner have done differently?
What questions are appropriate to ask in this situation?
**Scenario 2**

Robert, who has depression, works at a large public relations firm. At times, his depression worsens. When this occurs, he requests a flexible schedule—to arrive at work late rather than early morning—as an accommodation. Robert’s supervisor assembles a team to work on an important project for the firm. She decides, based on the long hours this will require, the numerous tight deadlines that need to be met, and the team meetings involved, not to assign Robert.

What assumptions did the supervisor make about Robert’s abilities?  
Were the supervisor’s reasons for not including Robert on the team reasonable?  
What questions should the supervisor have asked Robert before making her decision?

**Scenario 3**

Judge Thompson is presiding over a custody battle involving three-year-old Sean. The boy’s mother is blind, and his father does not have any disabilities. Judge Thompson must determine the best interests of Sean, namely what environment will foster and encourage his happiness, safety, mental health, and development.

What factors should the judge consider in making his decision?  
Does being blind necessarily impact the mother’s parenting capacity? If so, how?  
What types of evidence should Sean’s mother present?  
What types of evidence should Sean’s father present?
GLOSSARY

Attitude: The tendency to like or dislike, or to act favorably or unfavorably toward, someone or something. 22

Bias: A prejudice in favor of or against one thing, person, or group compared with another, usually in a way that is considered unfair. 23

Debiasing: Methods, techniques, and strategies employed to ameliorate implicit biases and develop new associations to counter our subconscious stereotypes.

Disability: A physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or being regarded as having a disability. 24

Discrimination: Behavior that treats people unequally because of their membership in a group. Discriminatory behavior, ranging from slights to hate crimes, often begins with negative stereotypes and prejudices. 25

Implicit Bias: The process of associating stereotypes or attitudes toward categories of people without our conscious awareness. 26

Microaggressions: Subtle, but offensive comments or actions directed at persons based on their membership in a marginalized group that are often unintentional or unconsciously reinforce a stereotype. 27

Prejudice: An opinion, prejudgment, or attitude about a group or its members (“out-group”) that stems from a preference or favoritism for the group to which one belongs (“in-group”). 28

Stereotype: Making a favorable or unfavorable association between a group and a characteristic or trait—a generalization that allows for little or no individual differences or social variation. Stereotypes can be positive, negative, or neutral. They can be based on personal experiences and portrayals in mass media, and can be passed on by parents, peers, and other members of society. 29

24 42 U.S.C. § 12102(1).
25 TEACHING TOLERANCE, supra note 16.
26 Godsil et al., supra note 4.
27 Sue, supra note 14.
28 TEACHING TOLERANCE, supra note 16.
29 Id.