



Disability

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Disability is an impairment that may be physical, cognitive, intellectual, mental, sensory, developmental, or some combination of these that results in restrictions on an individual's ability to participate in what is considered "normal" in their everyday society. A disability may be present from birth or occur during a person's lifetime.

Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives.

— World Health Organization, Disabilities^[1]

Disability is a contested concept, with different meanings for different communities.^[2] It may be used to refer to physical or mental attributes that some institutions, particularly medicine, view as needing to be fixed (the medical model). It may refer to limitations imposed on people by the constraints of an ableist society (the social model). Or the term may serve to refer to the identity of people with disabilities.

The discussion over disability's definition arose out of disability activism in the U.S. and U.K. in the 1970s, which challenged how the medical concept of disability dominated perception and discourse about disabilities. Debates about proper terminology and their implied politics continue in disability communities and the academic field of disability studies. In some countries, the law requires that disabilities are documented by a healthcare provider in order to assess qualifications for disability benefits.



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History

Contemporary understandings of disability derive from concepts that arose during the West's scientific Enlightenment; prior to the Enlightenment, physical differences were viewed through a different lens. During the Middle Ages, madness and other conditions (epilepsy, e.g.) were thought to be caused by

demons. They were also thought to be part of the natural order, especially during and in the fallout of the Plague, which wrought impairments throughout the general population.^[3] In the early modern period there was a shift to seeking biological causes for physical and mental differences, as well as heightened interest in demarcating categories: for example, Ambroise Pare, in the sixteenth century, wrote of "monsters," "prodigies," and "the maimed."^[4] The European Enlightenment's emphases on knowledge derived from reason and on the value of natural science to human progress helped spawn the birth of institutions and associated knowledge systems that observed and categorized human beings; among these, the ones significant to the development of today's concepts of disability were asylums, clinics, and, prisons.^[3]

Contemporary concepts of disability are rooted in eighteenth- and nineteenth-century developments. Foremost among these was the development of clinical medical discourse, which made the human body visible as a thing to be manipulated, studied, and transformed. These worked in tandem with scientific discourses that sought to classify and categorize and, in so doing, became methods of normalization.^[5] The concept of the "norm" developed in this time period, and is signaled in the work of the French statistician Alphonse Quetelet, who wrote in the 1830s of *l'homme moyen* – the average man. Quetelet postulated that one could take the sum of all people's attributes in a given population (such as their height or weight) and find their average, and that this figure should serve as a norm toward which all should aspire. This idea of a statistical norm threads through the rapid take up of statistics gathering by Britain, United States, and the Western European states during this time period, and it is tied to the rise of eugenics. Disability, as well as other concepts including: abnormal, non-normal, and normalcy came from this.^[6] The circulation of these concepts is evident in the popularity of the freak show, where showmen profited from exhibiting people who deviated from those norms.^[7]

With the rise of eugenics in the latter part of the nineteenth century, such deviations were viewed as dangerous to the health of entire populations. With disability viewed as part of a person's biological make-up and thus their genetic inheritance, scientists turned their attention to notions of weeding such "deviations" out of the gene pool. Various metrics for assessing a person's genetic fitness arose – for example, IQ tests, still in use today – which were then used to deport, sterilize, or institutionalize those deemed unfit. At the end of the Second World War, with the example of Nazi eugenics, eugenics faded from public discourse, and increasingly disability cohered into a set of attributes that medicine could attend to – whether through augmentation, rehabilitation, or treatment.

In the early 1970s, disability activists began to challenge how society treated people with disabilities and the medical approach to disability. Due to this work, physical barriers to access were identified. These conditions functionally disabled them, and what is now known as the social model of disability emerged. Coined by Mike Oliver in 1983, this phrase distinguishes between the medical model of disability – under which an impairment needs to be fixed – and the social model of disability – under which the society that limits a person needs to be fixed.^[8]

Sociology of disability

Terminology

Different terms have been used for people with disabilities in different times and places. *Disability* or *impairment* are commonly used, as are more specific terms, such as *blind* (to describe having no vision at all) or *visually impaired* (to describe having limited vision).

Handicap has been disparaged as a result of false folk etymology that says it is a reference to begging. It is actually derived from an old game, Hand-i'-cap, in which two players trade possessions and a third, neutral person judges the difference of value between the possessions.^[9] The concept of a neutral person evening up the odds was extended to handicap racing in the mid-18th century. In handicap racing, horses carry different weights based on the umpire's estimation of what would make them run equally. The use of the term to describe a person with a disability—by extension from handicap racing, a person carrying a heavier burden than normal—appeared in the early 20th century.^[10]



Museum of disABILITY History, Buffalo, New York.

People-first language

People first language is one way to talk about disability that some people who have disabilities prefer. Using people first language is said to put the person before their disability, so those individuals who prefer people first language, prefer to be called, "a person with a disability." While most organizations not run by disabled people, and a few different disability communities (such as the Down Syndrome community) prefer people first language, most disability run organizations, and more and more disability activists are starting to prefer identity first language.

For people first guidelines, check out, "Cerebral Palsy: A Guide for Care" at the University of Delaware:^[11]

"The American Psychological Association style guide states that, when identifying a person with a disability, the person's name or pronoun should come first, and descriptions of the disability should be used so that the disability is identified, but is not modifying the person. Acceptable examples included "a woman with Down syndrome" or "a man who has schizophrenia". It also states that a person's adaptive equipment should be described functionally as something that assists a person, not as something that limits a person, for example, "a woman who uses a wheelchair" rather than "a woman in/confined to a wheelchair."

A similar kind of "people-first" terminology is also used in the UK, but more often in the form "people with impairments" (such as "people with visual impairments"). However, in the UK, the term "disabled people" is generally preferred to "people with disabilities". It is argued under the social model that while someone's impairment (for example, having a spinal cord injury) is an individual property, "disability" is something created by external societal factors such as a lack of wheelchair access to the workplace.^[12] This distinction between the individual property of impairment and the social property of disability is central to the social model. The term "disabled people" as a political construction is also widely used by international organisations of disabled people, such as Disabled Peoples' International (DPI).

The use of “people-first” terminology has given rise to the use of the acronym PWD to refer to person(s) (or people) with disabilities (or disability).^{[13][14][15]}

Disability and aging

To a certain degree, physical impairments and diminishing mental states are almost ubiquitously experienced by people as they age. Aging populations are often stigmatized for having a high prevalence of disability. Kathleen Woodward, writing in *Key Words for Disability Studies*, explains the phenomenon as follows:

Aging is invoked rhetorically-at times ominously-as a pressing reason why disability should be of crucial interest to all of us (we are all getting older, we will all be disabled eventually), thereby inadvertently reinforcing the damaging and dominant stereotype of aging as solely an experience of decline and deterioration. But little attention has been given to the imbrication of aging and disability.^[16]

Disability and the workforce

As stated above, studies have illustrated a correlation between disabilities and poverty. Notably, jobs offered to people with disabilities are scarce. *For global demographic data on unemployment rates for the disabled, see Disability and poverty.* However, there are current programs in place that aid people with Intellectual disabilities (ID) to acquire skills they need in the workforce.^[3] Such programs include sheltered workshops and adult day care programs. Sheltered programs consist of daytime activities such as, gardening, manufacturing, and assembling. These activities facilitate routine-oriented tasks that in turn allow people with ID to gain experience before entering the workforce. Similarly, adult day care programs also include day time activities. However, these activities are based in an educational environment where people with ID are able to engage in educational, physical, and communication based tasks. This educational based environment helps facilitate communication, memory, and general living skills. In addition, adult day care programs arrange opportunities for their students to engage in community activities. Such opportunities are arranged by scheduling field trips to public places (i.e. Disneyland, Zoo, and Movie Theater). Despite, both programs providing essential skills for people with ID prior to entering the workforce researchers have found that people with ID prefer to be involved with community-integrated employment.^[3] Community-integrated employment are job opportunities offered to people with ID at minimum wage or a higher rate depending on the position. Community-integrated employment comes in a variety of occupations ranging from customer service, clerical, janitorial, hospitality and manufacturing positions. Within their daily tasks community-integrated employees work alongside employees who do not have disabilities, but who are able to assist them with training. All three options allow people with ID to develop and exercise social skills that are vital to everyday life. However, it is not guaranteed that community-integrated employees receive the same treatment as employees that do not have ID. According to Lindstrom, Hirano, McCarthy, and Alverson, community-integrated employees are less likely to receiving raises. In addition, studies conducted in 2013 illustrated only 26% of employees with ID retained full-time status.^[17]

Furthermore many with disabilities, intellectual and (or) psychical, finding a stable workforce poses many challenges. According to a study conducted by JARED (Journal of Applied Research and Intellectual Disability, indicates that although finding a job may be difficult for an intellectually disabled individual, stabilizing a job is even harder.^[18] This is largely due to two main factors: production skills and effective social skills. This idea is supported by Chadsey-Rusch who claims that securing employment for the intellectually disabled, requires adequate production skills and effective social skills.^[18] However, other underlying factors for job loss include, structural factors and the integration between worker and workplace. As stated by Kilsby, limited structural factors can effect a multitude of factors in a job. Factors such as a restricted amount of hours an intellectually disabled person is allowed to work. This in return according to Fabian, Wistow, and Schneider leads to a lack of opportunity to develop relationships with coworkers and a chance to better integrate within the workplace. Nevertheless, those who are unable to stabilize a job often are left discouraged. According to the same study conducted by JARED, many who had participated, found that they had made smaller incomes when compared to their co-workers, had an excess of time throughout their days, because they did not have work. They also, had feelings of hopelessness and failure. According to the NOD (National Organization On Disability), not only do the (ID) face constant discouragement but many live below the poverty line, because they are unable to find or stabilize employment and (or) because of employee restricting factors placed on ID workers.^[17] This then causes the (ID) the incapacity to provide for themselves basic necessities one needs. Items such as, food, medical care, transportation, and housing.

Disability and poverty

There is a global correlation between disability and poverty, produced by a variety of factors. Disability and poverty may form a vicious circle, in which physical barriers and stigma of disability make it more difficult to get income, which in turn diminishes access to health care and other necessities for a healthy life.^[19] The World report on disability indicates that half of all people with disabilities cannot afford health care, compared to a third of people without disabilities.^[20] In countries without public services for adults with disabilities, their families may be impoverished.^[21]



The Cripples, Pieter Bruegel, 1568

Disability and disasters

There is limited research knowledge, but many anecdotal reports, on what happens when disasters impact people with disabilities.^{[22][23]} Individuals with disabilities are greatly affected by disasters.^{[22][24]} Those with physical disabilities can be at risk when evacuating if assistance is not available. Individuals with cognitive impairments may struggle with understanding instructions that must be followed in the event a disaster occurs.^{[24][25][26]} All of these factors can increase the degree of variation of risk in disaster situations with disabled individuals.^[27]

Research studies have consistently found discrimination against individuals with disabilities during all phases of a disaster cycle.^[22] The most common limitation is that people cannot physically access buildings or transportation, as well as access disaster-related services.^[22] The exclusion of these individuals is caused in part by the lack of disability-related training provided to emergency planners and disaster relief personnel.^[28]

Theory

The International Classification of Functioning, Disability and Health (ICF), produced by the World Health Organization, distinguishes between body functions (physiological or psychological, such as vision) and body structures (anatomical parts, such as the eye and related structures). Impairment in bodily structure or function is defined as involving an anomaly, defect, loss or other significant deviation from certain generally accepted population standards, which may fluctuate over time. Activity is defined as the execution of a task or action. The ICF lists 9 broad domains of functioning which can be affected:

- Learning and applying knowledge
- General tasks and demands
- Communication
- Basic physical mobility, Domestic life, and Self-care (for example, activities of daily living)
- Interpersonal interactions and relationships
- Community, social and civic life, including employment
- Other major life areas

In concert with disability scholars, the introduction to the ICF states that a variety of conceptual models has been proposed to understand and explain disability and functioning, which it seeks to integrate. These models include the following:

The medical model

The medical model views disability as a problem of the person, directly caused by disease, trauma, or other health conditions which therefore requires sustained medical care in the form of individual treatment by professionals. In the medical model, management of the disability is aimed at a "cure," or the individual's adjustment and behavioral change that would lead to an "almost-cure" or effective cure. In the medical model, medical care is viewed as the main issue, and at the political level, the principal response is that of modifying or reforming healthcare policy.^{[29][30]}

The social model

The social model of disability sees "disability" as a socially created problem and a matter of the full integration of individuals into society. In this model, disability is not an attribute of an individual, but rather a complex collection of conditions, created by the social environment. The management of the problem requires social action and it is the collective responsibility of society to create a society in which limitations for people with disabilities are minimal. Disability is both cultural and ideological in creation. According to the social model, equal access for someone with an impairment/disability is a human rights concern.^{[31][30]} The social model of disability has come under criticism. While recognizing the importance

played by the social model in stressing the responsibility of society, scholars, including Tom Shakespeare, point out the limits of the model, and urge the need for a new model that will overcome the "medical vs. social" dichotomy.^[32]

Some say Medical humanities is a fruitful field where the gap between the medical and the social model of disability might be bridged.^[33]

Social construction of disability

The social construction of disability is the idea that disability is constructed by social expectations and institutions rather than biological differences. Highlighting the ways society and institutions construct disability is one of the main focuses of this idea.^[34] In the same way that race and gender are not biologically fixed, neither is disability.

Around the early 1970s, sociologists, notably Eliot Friedson, began to argue that labeling theory and social deviance could be applied to disability studies. This led to the creation of the social construction of disability theory. The social construction of disability is the idea that disability is constructed as the social response to a deviance from the norm. The medical industry is the creator of the ill and disabled social role. Medical professionals and institutions, who wield expertise over health, have the ability to define health and physical and mental norms. When an individual has a feature that creates an impairment, restriction, or limitation from reaching the social definition of health, the individual is labeled as disabled. Under this idea, disability is not defined by the physical features of the body but by a deviance from the social convention of health.^[35]

Social construction of disability would argue that the medical model of disability's view that a disability is an impairment, restriction, or limitation is wrong. Instead what is seen as a disability is just a difference in the individual from what is considered "normal" in society.^[36]

Other models

- The **spectrum model** refers to the range of audibility, sensibility, and visibility under which people function. The model asserts that disability does not necessarily mean reduced spectrum of operations. Rather, disability is often defined according to thresholds set on a continuum of disability.^[37]
- The **moral model** refers to the attitude that people are *morally responsible* for their own disability.^[38] For example, disability may be seen as a result of bad actions of parents if congenital, or as a result of practicing witchcraft if not.^[39] Echoes of this can be seen in the doctrine of karma in Indian religions. It also includes notions that a disability gives a person "special abilities to perceive, reflect, transcend, be spiritual".^[40]
- The **expert/professional model** has provided a traditional response to disability issues and can be seen as an offshoot of the medical model. Within its framework, professionals follow a process of identifying the impairment and its limitations (using the medical model), and taking the necessary action to improve the position of the disabled person. This has tended to produce a system in which an authoritarian, over-active service provider prescribes and acts for a passive client.^[41]

- The **tragedy/charity model** depicts disabled people as victims of circumstance who are deserving of pity. This, along with the medical model, are the models most used by non-disabled people to define and explain disability.^[42]
- The **legitimacy model** views disability as a value-based determination about which explanations for the atypical are legitimate for membership in the disability category. This viewpoint allows for multiple explanations and models to be considered as purposive and viable.^[43]
- The **social adapted model** states although a person's disability poses some limitations in an able-bodied society, often the surrounding society and environment are more limiting than the disability itself.^[44]
- The **economic model** defines disability in terms of reduced ability to work, the related loss of productivity and economic effects on the individual, employer and society in general.^[45]
- The **empowering model** (also, **customer model**) allows for the person with a disability and his/her family to decide the course of his/her treatment. This turns the professional into a service provider whose role is to offer guidance and carry out the client's decisions. This model "empowers" the individual to pursue his/her own goals.^[44]
- The **market model** of disability is minority rights and consumerist model of disability that recognizing people with disabilities and their stakeholders as representing a large group of consumers, employees and voters. This model looks to personal identity to define disability and empowers people to chart their own destiny in everyday life, with a particular focus on economic empowerment. By this model, based on US Census data, there are 1.2 billion people in the world who consider themselves to have a disability. "This model states that, due to the size of the demographic, companies and governments will serve the desires, pushed by demand as the message becomes prevalent in the cultural mainstream."^[30]
- The **consumer model** of disability is based upon the "rights-based" model and claims that people with disabilities should have equal rights and access to products, goods and services offered by businesses. The consumer model extends the rights-based model by proposing that businesses, not only accommodate customers with disabilities under the requirements of legislation, but that businesses actively seek, market to, welcome and fully engage people with disabilities in all aspects of business service activities. The model suggests that all business operations, for example websites, policies and procedures, mission statements, emergency plans, programs and services, should integrate access and inclusion practices. Furthermore, these access and inclusion practices should be based on established customer service access and inclusion standards that embrace and support the active engagement of people of all abilities in business offerings.^[46]
- Different theories revolve around prejudice, stereotyping, discrimination, and stigma related to disability. One of the more popular ones, as put by Weiner, Perry, and Magnusson 's (1988) work with **attribution theory**, physical stigmas are perceived as to be un-controllable and elicit pity and desire to help, whereas, mental-behavioral stigmas are considered to be controllable and therefore elicit anger and desire to neglect the individuals with disabilities.^[47]
- The '**just world hypothesis**' talks about how a person is viewed as deserving the disability. And because it is the fault of that person, an observer does not feel obligated to feel bad for him or to help him.^[48]

Disability and identity

In contexts where their differences are visible, persons with disabilities often face stigma. People frequently react to disabled presence with fear, pity, patronization, intrusive gazes, or disregard. These reactions can, and often do, exclude persons with disabilities from accessing social spaces along with the benefits and resources these spaces provide.^[17] Disabled writer/researcher Jenny Morris describes how stigma functions to marginalize persons with disabilities:^[49]

“Going out in public so often takes courage. How many of us find that we can't dredge up the strength to do it day after day, week after week, year after year, a lifetime of rejection and revulsion? It is not only physical limitations that restrict us to our homes and those whom we know. It is the knowledge that each entry into the public world will be dominated by stares, by condescension, by pity and by hostility.”

Additionally, facing stigma can cause harm to psycho-emotional well-being of the person being stigmatized. One of the ways in which the psycho-emotional health of persons with disabilities is adversely affected is through the internalization of the oppression they experience, which can lead to feeling that they are weak, crazy, worthless, or any number of other negative attributes that may be associated with their conditions. Internalization of oppression damages the self-esteem of the person affected and shapes their behaviors in ways that are compliant with nondisabled dominance.^[17] Ableist ideas are frequently internalized when disabled people are pressured by the people and institutions around them to hide and downplay their disabled difference, or, "pass." According to writer Simi Linton, the act of passing takes a deep emotional toll by causing disabled individuals to experience loss of community, anxiety and self-doubt.^[50] The media play a significant role in creating and reinforcing stigma associated with disability. Media portrayals of disability usually cast disabled presence as necessarily marginal within society at large. These portrayals simultaneously reflect and influence popular perception of disabled difference.

Disability tropes

There are distinct tactics that the media frequently employ in representing disabled presence. These common ways of framing disability are heavily criticized for being dehumanizing and failing to place importance on the perspectives of persons with disabilities.

Inspiration porn

Inspiration porn refers to portrayals of persons with disabilities in which they are presented as being inspiring simply because the person has a disability. These portrayals are criticized because they are created with the intent of making able-bodied viewers feel better about themselves in comparison to the individual portrayed. Rather than recognizing the humanity of persons with disabilities, inspiration porn turns them into objects of inspiration for a nondisabled audience.^[51]

Supercrip

The supercrip trope refers to instances when the media report on or portray a disabled individual who has made a noteworthy achievement but center on the person's disabled difference rather than what they actually did. They are portrayed as awe-inspiring for their ability to be exceptional in spite of their condition. This trope is widely used in reporting on disabled sports as well as in portrayals of autistic savants.^{[52][53]} Persons with disabilities denounce these representations as reducing people to their condition rather than viewing them as full people. Furthermore, supercrip portrayals are criticized for creating the unrealistic expectation that disability should be accompanied by some type of special talent, genius, or insight.

Disabled villain

Characters in fiction that bear physical or mental markers of difference are frequently positioned as villains within a text. Lindsey Row-Heyveld notes that it isn't difficult to figure out, for instance, “that villainous pirates are scraggly, wizened, and inevitably kitted out with a peg leg or hook hand, whereas heroic pirates look like Johnny Depp.”^[54] The use of disabled difference to evoke fear in audiences perpetuates the view that persons with disabilities are a threat to public interests and well-being.

Resistance

One of the key ways that people with disabilities have resisted marginalization is through the creation and promotion of the social model in opposition to the medical model. By doing this they shift criticism away from their bodies and various impairments towards the social institutions that oppress them. Disability activism that demands a wide variety of grievances be addressed, such as lack of accessibility, poor representation in media, general disrespect, and lack of recognition, can be said to originate from a social model framework. Furthermore, embracing disability as a positive identity by becoming involved in disability communities and participating in disability cultures can be an effective way to combat internalized oppression and challenge dominant narratives about disability.^[55]

Intersections

The experiences that disabled people have navigating social institutions vary greatly as a function of what other social categories they may belong to. The categories that intersect with disabled difference to create unique experiences of ableism include, but aren't limited to, race and gender.

Race

Disabled individuals who are non-white generally have less access to support and are more vulnerable to violent discrimination. For example, in the United States people of color who are mentally ill are more frequently victims of police brutality than their white counterparts. Camille A. Nelson, writing for the *Berkeley Journal of Criminal Law*, notes that for “people who are negatively racialized, that is people who are perceived as being non-white, and for whom mental illness is either known or assumed, interaction with police is precarious and potentially dangerous.”^[56]

Gender

The marginalization of disabled difference can leave persons with disabilities unable to actualize what society expects of gendered existence. This lack of recognition for their gender identity can leave persons with disabilities with feelings of inadequacy. Thomas J. Gerschick of Illinois State University describes why this denial of gendered identity occurs:^[57]

"Bodies operate socially as canvases on which gender is displayed and kinesthetically as the mechanisms by which it is physically enacted. Thus, the bodies of people with disabilities make them vulnerable to being denied recognition as women and men."

To the extent that women and men with disabilities are gendered, the interactions of these two identities lead to different experiences. Disabled women face a sort of "double stigmatization" in which their membership to both of these marginalized categories simultaneously exacerbates the negative stereotypes associated with each as they are ascribed to them. As Rosemarie Garland-Thomson puts it, "Women with disabilities, even more intensely than women in general, have been cast in the collective cultural imagination as inferior, lacking, excessive, incapable, unfit, and useless."^[58]

Assistive technology

Assistive Technology is a generic term for devices and modifications (for a person or within a society) that help overcome or remove a disability. The first recorded example of the use of a prosthesis dates to at least 1800 BC.^[59] The wheelchair dates from the 17th century.^[60] The curb cut is a related structural innovation. Other examples are standing frames, text telephones, accessible keyboards, large print, Braille, & speech recognition software. People with disabilities often develop personal or community adaptations, such as strategies to suppress tics in public (for example in Tourette's syndrome), or sign language in deaf communities.

As the personal computer has become more ubiquitous, various organizations have formed to develop software and hardware to make computers more accessible for people with disabilities. Some software and hardware, such as Voice Finger, Freedom Scientific's *JAWS*, the Free and Open Source alternative *Orca* etc. have been specifically designed for people with disabilities while other software and hardware, such as Nuance's Dragon NaturallySpeaking, were not developed specifically for people with disabilities, but can be used to increase accessibility.^[61] The LOMAK keyboard was designed in New Zealand specifically for persons with disabilities.^[62] The World Wide Web consortium recognised a need for International Standards for Web Accessibility for persons with disabilities and created the Web Accessibility Initiative (WAI).^[63] As at Dec 2012 the standard is WCAG 2.0 (WCAG = Web Content Accessibility Guidelines).^[64]

Adapted sports

The Paralympic Games (meaning "alongside the Olympics") are held after the (Summer and Winter) Olympics. The Paralympic Games include athletes with a wide range of physical disabilities. In member countries organizations exist to organize competition in the Paralympic sports on levels ranging from recreational to elite (for example, Disabled Sports USA and BlazeSports America in the United States).

The Paralympics developed from a rehabilitation programme for British war veterans with spinal injuries. In 1948, Sir Ludwig Guttmann, a neurologist working with World War II veterans with spinal injuries at Stoke Mandeville Hospital in Aylesbury in the UK, began using sport as part of the rehabilitation programmes of his patients.

In 2006, the Extremity Games was formed for people with physical disabilities, specifically limb loss or limb difference, to be able to compete in extreme sports.^[65]

Disability rights and government policies

Disability rights movement

The disability rights movement aims to secure equal opportunities and equal rights for people with disabilities. The specific goals and demands of the movement are accessibility and safety in transportation, architecture, and the physical environment; equal opportunities in independent living, employment, education, and housing; and freedom from abuse, neglect, and violations of patients' rights.^[66] Effective civil rights legislation is sought to secure these opportunities and rights.^{[66][67]}

The early disability rights movement was dominated by the medical model of disability, where emphasis was placed on curing or treating people with disabilities so that they would adhere to the social norm, but starting in the 1960s, rights groups began shifting to the social model of disability, where disability is interpreted as an issue of discrimination, thereby paving the way for rights groups to achieve equality through legal means.^[68]

Policies and actions

Convention on the Rights of Persons with Disabilities

On December 13, 2006, the United Nations formally agreed on the Convention on the Rights of Persons with Disabilities, the first human rights treaty of the 21st century, to protect and enhance the rights and opportunities of the world's estimated 650 million disabled people.^[69] As of April 2011, 99 of the 147 signatories had ratified the Convention.^[70] Countries that sign the convention are required to adopt national laws, and remove old ones, so that persons with disabilities will, for example, have equal rights to education, employment, and cultural life; to the right to own and inherit property; to not be discriminated against in marriage, etc.; and to not be unwilling subjects in medical experiments. UN officials, including the High Commissioner for Human Rights, have characterized the bill as representing a paradigm shift in attitudes toward a more rights-based view of disability in line with the social model.^[69]

International Year of Disabled Persons



Wheelchair basketball match between South Africa and Iran at the 2008 Summer Paralympics

In 1976, the United Nations began planning for its International Year for Disabled Persons (1981),^[71] later renamed the International Year of Disabled Persons. The UN Decade of Disabled Persons (1983–1993) featured a World Programme of Action Concerning Disabled Persons. In 1979, Frank Bowe was the only person with a disability representing any country in the planning of IYDP-1981. Today, many countries have named representatives who are themselves individuals with disabilities. The decade was closed in an address before the General Assembly by Robert Davila. Both Bowe and Davila are deaf. In 1984, UNESCO accepted sign language for use in education of deaf children and youth.

Policies in the United States

In the United States, the Department of Labor's new (2014) rules for federal contractors, defined as companies that make more than \$50,000/year from the federal government, require them to have as a goal that 7% of their workforce must be people with disabilities.^[72] In schools, the ADA says that all classrooms must be wheelchair accessible.^[73] The U.S. Architectural and Transportation Barriers Compliance Board, commonly referred to as the Access Board, created the Rehabilitation Act of 1973 to help offer guidelines for transportation and accessibility for the physically disabled.^[74]

Disability Policies in the United States

About 12.6% of the U.S population are individuals who suffer from a mental or physical disability. Many are unemployed because of prejudiced assumptions that a person with disabilities is unable to complete tasks that are commonly required in the workforce. This became a major Human rights issue because of the discrimination that this group faced when trying to apply for jobs in the U.S. Many advocacy groups protested against such discrimination, asking the federal government to implement laws and policies that would help individuals with disabilities.

Rehabilitation Act of 1973

The Rehabilitation Act of 1973 was enacted with the purpose of protecting individuals with disabilities from prejudicial treatment by government funded programs, employers, and agencies. The Rehabilitation Act of 1973 has not only helped protect U.S citizens from being discriminated against but it has also created confidence amongst individuals to feel more comfortable with their disability. There are many sections within The Rehabilitation Act of 1973, that contains detailed information about what is covered in this policy.

Section 501

An employer must hire an individual who meets the qualifications of a job description despite any preexisting disabilities.

Section 503

Requires contractors or subcontractors, who receive more than \$10,000 from the government to hire people with disabilities and to accommodate them with the needs that they need to achieve in the work force.

Section 504

States that receive federal money may not discriminate against any person with disabilities who qualifies for a program or job.

The Americans with Disabilities Act of 1990

The federal government enacted The Americans with Disabilities Act of 1990, which was created to allow equal opportunity for jobs, access to private and government funded facilities, and transportation for people with disabilities. This act was created with the purpose to ensure that employers would not discriminate against any individual despite their disability. In 1990, data was gathered to show the percentage of people with disabilities who worked in the U.S. Out of the 13% who filled out the survey, only 53% percent of individuals with disabilities worked while 90% of this group population did not, the government wanted to change this, they wanted Americans with disabilities to have the same opportunities as those who did not have a disability. The ADA not only required corporations to hire disabled people but that they also accommodate them and their needs.

Title I: Employment:

An employer must give a qualified individual with disabilities the same opportunities as any other employee despite their disability. The employer must offer equal work privileges to some one who has a disability including but not limited to pay,work hours,training, etc. The employer must also create accommodations suitable for the person and their physical or mental disabilities.

Title II: State and Local Government Activities:

Requires that the government give people with disabilities the same opportunities involving work, programs, building access, and services. Title II also requires that buildings create easy access for people with disabilities and provide communicators who will able to help those with hearing or speaking impairments. Public spaces are however not required to create accommodations that would in turn alter their services as long as the services proved that they did all they could to prevent discrimination against people with disabilities.f

Title II: Transportation:

Public transportation should be customized so that people with disabilities may have easy access to public transit. Paratransit is a service that provides transportation to people who are unable to get from one destination to another due to their mental or physical disability.

Title II: Public Accommodations:

Public accommodations require that private businesses create accommodations that will allow people with disabilities easy access to buildings. Private businesses may not discriminate against people with disabilities and must provide accommodations that are reasonable, alterations may be made so that a person with disabilities can have equal access to facilities that are provided, communicators for the hearing impaired, devices for the visually impaired, and wheelchair access. Facilities must regulate with the ADA, when regulating the buildings infrastructure so it meets the ADA regulations.

Title IV: Telecommunication Relay Services:

Requires telephone companies to have TRS seven days a week, twenty four hours a day. It requires telephone companies to create accommodations for people with hearing disabilities by providing a third party that will be able to assist both parties in communicating with one another.

Policies in the United Kingdom

In the UK, the Department for Work and Pension is a government department responsible for promoting disability awareness and among its aims is to increase the understanding of disability and removal of barriers for people with disabilities in the workplace. According to a news report, a people survey conducted in the UK shows a 23% increase in reported discrimination and harassment in the workplace at The Department for Work and Pension. The survey shows the number of reports for discrimination due to disability was in majority compared to discrimination due to gender, ethnicity or age. DWP received criticism for the survey results. As a department responsible for tackling discrimination at work, the DWP results may indicate room for improvement from within. A DWP spokesperson said the survey results do not necessarily indicate an increase in the number of reports, but rather reflecting the outcomes of efforts to encourage people to come forward.^[75]

Political issues



A 28-year-old Iraqi woman who lost both of her legs during the Iraq War in 2005

Political rights, social inclusion and citizenship have come to the fore in developed and some developing countries. The debate has moved beyond a concern about the perceived cost of maintaining dependent people with disabilities to finding effective ways to ensure that people with disabilities can participate in and contribute to society in all spheres of life.

In developing nations, where the vast bulk of the estimated 650 million people with disabilities reside, a great deal of work is needed to address concerns ranging from accessibility and education to self-empowerment, self-supporting employment, and beyond.

In the past few years, disability rights activists have focused on obtaining full citizenship for the disabled.

There are obstacles in some countries in getting full employment; public perception of disabled people may vary.

Disability abuse

Disability abuse happens when a person is abused physically, financially, verbally or mentally due to the person having a disability. As many disabilities are not visible (for example, asthma, learning disabilities) some abusers cannot rationalize the non-physical disability with a need for understanding, support, and so on.

As the prevalence of disability and the cost of supporting disability increases with medical advancement and longevity in general, this aspect of society becomes of greater political importance. How political parties treat their disabled constituents may become a measure of a political party's understanding of disability, particularly in the social model of disability.^[76]

Disability insurance

Disability benefit, or disability pension, is a major kind of disability insurance that is provided by government agencies to people who are temporarily or permanently unable to work due to a disability. In the U.S., disability benefit is provided in the category of Supplemental Security Income. In Canada, it is within the Canada Pension Plan. In other countries, disability benefit may be provided under social security systems.

Costs of disability pensions are steadily growing in Western countries, mainly in Europe and the United States. It was reported that, in the UK, expenditure on disability pensions accounted for 0.9% of gross domestic product (GDP) in 1980; two decades later it had reached 2.6% of GDP.^{[77][78]} Several studies have reported a link between increased absence from work due to sickness and elevated risk of future disability pension.^[79]

A study by researchers in Denmark suggests that information on self-reported days of absence due to sickness can be used to effectively identify future potential groups for disability pension.^[78] These studies may provide useful information for policy makers, case managing authorities, employers, and physicians.

Private, for-profit disability insurance plays a role in providing incomes to disabled people, but the nationalized programs are the safety net that catch most claimants.

Demographics

Estimates of worldwide and country-wide numbers of individuals with disabilities are problematic. The varying approaches taken to defining disability notwithstanding, demographers agree that the world population of individuals with disabilities is very large. For example, in 2012, the World Health Organization estimated a world population of 6.5 billion people. Of those, nearly 650 million people, or 10%, were estimated to be moderately or severely disabled.^[80]

United States

According to the U.S. Census Bureau, as of 2010, there were some 56.7 million disabled people, or 19% (by comparison, African Americans are the largest racial minority in the U.S., but only constitute 12.6% of the U.S. population).^[81]

Disabled individuals make up one of the most inclusive minority groups in the United States.^[82] According to the 2014 Disability status report of the Cornell University Yang Tan Institute the prevalence rate of individuals with disabilities in the United States was 12.6% in that year. As of 2014 ambulatory disability had the highest prevalence (7.1%) in the United States. By contrast, visual disability had the lowest prevalence (2.3%). Additionally, 3.6% of people in the United States were reported to have had an auditory disability in the same year.^[83]

5.8% of individuals ages 16–20 reported having any disability, physical and/ or cognitive. Adults 21 to 64 had a prevalence of 10.8% with over half of these (5.5%) being ambulatory disabilities. Ambulatory disability prevalence raised to 15.8% in adults 65–74 years of age. Adults 75 years and older comprised the highest prevalence with any disability at 50.3%.

Female individuals across all ages reported a total 0.4% higher prevalence rate than males who reported 12.4%.

In the U.S. 17.9% of Native American peoples reported having a disability while 4.5% reporting were of Asian descent, these were the two opposing poles of the prevalence rate within race as of 2014.^[83]

Although there are acts that have been imposed in order to prevent the discrimination of individuals with disabilities in the workplace, there is still an employment gap that can be seen between those with and without disabilities. In regards to employment the institute's status report accounts that 34.6% of people with any disability reported being employed. By comparison; 77.6% of individuals, who did not report having a disability, reported having a full-time job in 2014.^[83]

For those employed full time, individuals with disabilities on average earned \$5,100 less than employees without a disability who were also employed full time. Those affected the most by these differences were people with intellectual disabilities.^[83]

Developing nations

There is widespread agreement among experts in the field that disability is more common in developing than in developed nations. The connection between disability and poverty is thought to be part of a "vicious cycle" in which these constructs are mutually reinforcing.^[84]

Europe

Nearly 8 million European men were permanently disabled in World War I.^[85] About 150,000 Vietnam veterans came home wounded, and at least 21,000 were permanently disabled.^[86] As of 2008, there were 2.9 million disabled veterans in the United States, an increase of 25 percent over 2001.^[87]

Afghanistan

After years of war in Afghanistan, there are more than 1 million disabled people.^[88] Afghanistan has one of the highest incidences of people with disabilities in the world.^[89] An estimated 80,000 Afghans are missing limbs, usually from landmine explosions.^[90]

Australia

In Australia, 18.5% of the population reported having a disability in a 2009 survey.^[91]

References

1. "Disabilities". World Health Organization. Retrieved 2016-10-28.
2. Linton, Simi (1998). *Claiming Disability: Knowledge and Identity*. New York: New York University Press.
3. Braddock, David, and Susan Parrish, "An Institutional History of Disability," in *Handbook of Disability Studies*, ed. Gary Albrecht, Katherine Seelman, and Michael Bury (Thousand Oaks, Calif.: Sage, 2001). **Cite error: Invalid <ref> tag; name ::0 defined multiple times with different content (see the help page).**

4. Stiker, Henri (2000). *A History of Disability*. Ann Arbor, Michigan: University of Michigan Press. p. 91.
5. Foucault, Michel (1980). *The History of Sexuality, vol. 1*. New York: Vintage.
6. Davis, Lennard. "Constructing Normalcy." In his *Enforcing Normalcy: Disability, Deafness, and the Body* (New York: Verso, 1995), pp. 23–49.
7. Bogdan, Robert (1998). *Freak Show: Presenting Human Oddities for Amusement and Profit*.
8. Shakespeare, Tom. "The Social Model of Disability." In *The Disability Studies Reader*, ed. Lennard Davis (New York: Routledge, 2006, 2d ed.), 197–204.
9. "Definition of handicap in Oxford Dictionaries (British & World English)". Retrieved April 12, 2013.
10. "Online Etymology Dictionary". *Online Etymology Dictionary*. Retrieved April 12, 2013.
11. "Cerebral Palsy: a Guide for Care". The Nemours Foundation. Retrieved July 29, 2007.
12. Glasgow Centre for Inclusive Living: The Social Model of Disability (<http://www.gcil.org.uk/FileAccess.aspx?id=59>) Archived (<https://web.archive.org/web/20090103084307/http://www.gcil.org.uk/FileAccess.aspx?id=59>) January 3, 2009, at the Wayback Machine.
13. Meyers, Stephen (2014). "Chapter 23. The past dividing the present". In Mitchell, David; Karr, Valerie. *Crises, Conflict and Disability: Ensuring Equality*. Routledge. p. 195.
14. "Groups and individuals honored at PWD Day". *The Manila Times*. May 20, 2014. Retrieved July 15, 2014.
15. Department for International Development. "Recognising & Implementing Housing Rights CSCF449". Retrieved July 15, 2014.
16. Woodward, Kathleen (2015). "9". In Adams, Rachel; Reiss, Benjamin; Serlin, David. *Key Words for Disability Studies*. Washington Square New York NY 10003: New York University Press. pp. 33–34. ISBN 978-1-4798-4115-8.
17. L. Lindstrom, K.A. Hirano, C. McCarthy, C.Y. Alverson "Just having a job": Career advancement for low-wage workers with intellectual and developmental disabilities *Career Development and Transition for Exceptional Individuals*, 37 (1) (2014), pp. 1–10 **Cite error: Invalid <ref> tag; name ":1" defined multiple times with different content (see the help page).**
18. Banks, P., Jahoda, A., Dagnan, D., Kemp, J., & Williams, V. (2010). Supported Employment for People with Intellectual Disability: The Effects of Job Breakdown on Psychological Well-Being. *Journal Of Applied Research In Intellectual Disabilities*, 23(4), 344-354. doi:10.1111/j.1468-3148.2009.00541.x
19. Yeo 2005.
20. World Health Organization, *World report on disability*, 2011.
21. "Centro DÍBÁ".
22. "Children With Disabilities in the Context of Disaster: A Social Vulnerability Perspective" (PDF). *Child Development*. Retrieved January 31, 2013.
23. "Disaster Case Management and Individuals With Disabilities" (PDF). Retrieved January 31, 2013.
24. Stough 2009.
25. Ducey, Stough & Clark 2012.
26. "Exploring the support role of special education teachers after Hurricane Ike: Children with significant disabilities" (PDF). July 29, 2011. Retrieved February 1, 2013.
27. "Effective Emergency Management: Making Improvements for Communities and People with Disabilities: National Council on Disability". *Ncd.gov*. Retrieved January 29, 2013.
28. "UN Enable – Disability, natural disasters and emergency situations". *Un.org*. May 31, 2011. Retrieved January 29, 2013.
29. Nikora et al. 2004, p. 5.
30. Donovan 2012, p. 12.
31. Nikora et al. 2004, p. 6–7.
32. Shakespeare T (2001). "The social model of disability: An outdated ideology?". *Research in Social Science and Disability*. **2**: 9–28. doi:10.1016/S1479-3547(01)80018-X.
33. Garden R (2010). "Disability and narrative: new directions for medicine and the medical humanities". *Med. Humanit.* **36** (2): 70–4. doi:10.1136/jmh.2010.004143. PMID 21393285.
34. Mallon, Ron (2014-01-01). Zalta, Edward N., ed. *Naturalistic Approaches to Social Construction* (Winter 2014 ed.).
35. Freidson, Eliot (1970). *Profession of Medicine: A Study of the Sociology of Applied Knowledge*. Harper and Row Inc. pp. 205–210. ISBN 0-06-042205-X.

36. Burch, Susan (2009). *Encyclopedia of American Disability History Vol. 2*. Facts on File. pp. 543–544. ISBN 978-0-8160-7030-5.
37. "Bites August 2011 - International organisations report on disability". Disabled Persons Assembly New Zealand. Retrieved March 6, 2013.
38. Kaplan, Deborah. "Disability Model". World Institute on Disability. Retrieved October 30, 2011.
39. Lum, Doman (2010). *Culturally Competent Practice: A Framework for Understanding Diverse Groups and Justice Issues*. Cengage Learning. p. 449. ISBN 9780840034434.
40. Olkin, Rhoda (2012). *What Psychotherapists Should Know About Disability*. Guilford Press. p. 26. ISBN 9781462506132.
41. Nikora et al. 2004, p. 5–6.
42. Nikora et al. 2004, p. 6.
43. DePoy & Gilson 2004.
44. Nikora et al. 2004, p. 7.
45. "Economic Model of Disability". Michigan Disability Rights Coalition. Retrieved August 11, 2012.
46. Smith, T.B. (2012). A New and Emerging Model of Disability: The Consumer Model. White Paper. The Pennsylvania State University
47. Weiner, B.; Perry, R. P. & Magnusson, J. (1988). "An attributional analysis of reactions to stigmas". *Journal of Personality and Social Psychology*.
48. Lerner, M. J. (1980). *The belief in a just world: A fundamental delusion*. New York: Plenum Press.
49. Morris, Jenny (1991). *Pride Against Prejudice Transforming Attitudes to Disability* (PDF). Aylesbury, Bucks, England: The Women's Press. pp. 21, 22.
50. Linton, Semi (1998). *Claiming Disability: Knowledge and Identity*. New York: NYU Press. pp. 19–21. ISBN 9780814751343. Retrieved 3 May 2016.
51. "We're not here for your inspiration". *www.abc.net.au*. Retrieved 2016-04-19.
52. Murray, Stuart (2008). *Representing Autism Culture, Narrative, Fascination*. Liverpool, U.K.: Liverpool University Press. ISBN 978-1-84631-092-8.
53. "sosol - Volume 7 Issue 1". *physed.otago.ac.nz*. Retrieved 2016-04-19.
54. Row-Heyveld, Lindsey (2015). "Reading Batman, Writing X-Men Superpowers and Disabilities in the First-Year Seminar" (PDF). *Pedagogy: Critical Approaches to Teaching Literature, Language, Composition, and Culture Volume 15, Number 3*. doi:10.1215/15314200-2917105. Retrieved April 19, 2016.
55. Reeve, Donna (2002). "Negotiating Psycho-Emotional Dimensions of Disability and their Influence on Identity Constructions" (PDF). *Disability & Society*. **17** (5). doi:10.1080/09687590220148487. Retrieved April 19, 2016.
56. Nelson, Camille (Spring 2010). "Racializing Disability, Disabling Race: Policing Race and Mental Status" (PDF). *Berkley Journal of Criminal Law*. **15** (1). Retrieved 3 May 2016.
57. Gerschick, Thomas (Summer 2000). "Towards a Theory of Disability and Gender". *Signs*. **25**: 1263–1268. doi:10.1086/495558. JSTOR 3175525.
58. Garland-Thomson, Rosemarie (Winter 2005). "Feminist Disability Studies". *Signs*. **30**: 1557–1587. JSTOR 10.1086/423352.
59. "Disability Social History Project – Timeline". Disabilityhistory.org. Retrieved August 11, 2012.
60. Cooper, Rory A; Hisaichi Ohnabe; Douglas A. Hobson (2006). *An Introduction to Rehabilitation Engineering*. CRC Press. p. 131. ISBN 9781420012491.
61. Dragon Naturally Speaking (<http://www.unh.edu/disabilityservices/dragon-naturally-speaking>) Archived (<https://web.archive.org/web/20150408025058/http://www.unh.edu/disabilityservices/dragon-naturally-speaking>) April 8, 2015, at the Wayback Machine.
62. Sobh, Tarek (2007). *Innovations and Advanced Techniques in Computer and Information Sciences and Engineering*. Springer. p. 176. ISBN 9781402062681.
63. "Web Accessibility Initiative (WAI) - home page". W3.org. Retrieved January 29, 2013.
64. "Web Content Accessibility Guidelines (WCAG) 2.0". W3.org. Retrieved January 29, 2013.
65. "First Extremity Games was first class success". oandp.com. Retrieved March 6, 2013.
66. "Disability Rights Wisconsin". Disabilityrightswi.org. Retrieved August 11, 2012.
67. Bagenstos, Samuel (2009). *Law and the Contradictions of the Disability Rights Movement*. New Haven: Yale University Press. ISBN 978-0-300-12449-1.
68. Kemple, Miriam; Ahmad, Fatima; Girijashanker, Suraj (2011). "Shaping Disability Rights through Shaping the Disability Movement". *Journal of Human Rights Practices*. **3** (3): 355–363. doi:10.1093/jhuman/hur019.

69. Kayess, Rosemary; French, Phillip (2008). "Out of darkness into light? Introducing the Convention on the Rights of Persons with Disabilities.". *Human rights law review*.
70. "UN Enable – Promoting the Rights of Persons with Disabilities". United Nations. Retrieved August 11, 2012.
71. "International Year for Disabled Persons". *Public Health Reports*. **95** (5): 498–499. 1981.
72. "Office of Federal Contract Compliance Programs". *United States Department of Labor*. Retrieved 14 September 2015.
73. "Accommodations for Children with Disabilities & the ADA". *FreeAdvice*.
74. <http://www.ncef.org/pubs/accessibility.pdf>
75. "Disabled staff at the DWP are reporting increased discrimination". *The Independent*. Retrieved 2016-02-07.
76. Hough, Andrew (October 23, 2012). "'Disability hate crimes' rise by a quarter in a year". Telegraph. Retrieved January 29, 2013.
77. OECD. Transforming disability into ability: Policies to promote work and income security for disabled people. Paris: OECD Publication Offices. 2003
78. Labriola M, Lund T (2007). "Self-reported sickness absence as a risk marker of future disability pension. Prospective findings from the DWECS/DREAM study 1990-2004". *Int J Med Sci*. **4** (3): 153–8. doi:10.7150/ijms.4.153. PMC 1885553 . PMID 17554400.
79. Virtanen M, Kivimäki M, Vahtera J, Elovainio M, Sund R, Virtanen P, Ferrie JE (2006). "Sickness absence as a risk factor for job termination, unemployment, and disability pension among temporary and permanent employees". *Occup Environ Med*. **63** (3): 212–7. doi:10.1136/oem.2005.020297. PMC 2078149 . PMID 16497865.
80. "Disability World Report 2011". World Health Organization. 2011. Retrieved January 8, 2015.
81. "American FactFinder". Factfinder.census.gov. Retrieved August 11, 2012.
82. LaPlante, P. Mitchell (1991). "The Demographics of Disability". *The Milbank Quarterly*. **69**: 55–77 – via JSTOR.
83. Erickson, W. (2014). "2014 Disability Status Report: United States". *Cornell University Yang Tan Institute on Employment and Disability*: 1–65.
84. Yeo, R. & Moore, K. (2003). Including disabled people in poverty reduction work: "Nothing about us, without us". *World Development* 31, 571-590.
85. Kitchen, Martin (2000) [1980]. *Europe Between the Wars*. New York: Longman. ISBN 0-582-41869-0. OCLC 247285240.
86. "The War's Costs (http://www.digitalhistory.uh.edu/database/article_display.cfm?HHID=513) Archived (https://web.archive.org/web/20030907000000/http://www.digitalhistory.uh.edu/database/article_display.cfm?HHID=513) September 7, 2003, at the Wayback Machine.". Digital History.
87. "VA: Number of Disabled Veterans Rising (<http://www.foxnews.com/story/0,2933,354985,00.html>)". FOXNews.com. May 11, 2008.
88. "Homes for disabled in Afghanistan (http://news.bbc.co.uk/2/hi/south_asia/8073447.stm)". BBC News. May 29, 2009.
89. "Afghanistan: People living with disabilities call for integration (<http://www.irinnews.org/report.aspx?reportid=26520>)". IRIN Asia. December 2, 2004.
90. Norton-Taylor, Richard (February 13, 2008). "Afghanistan's refugee crisis 'ignored' ". London: The Guardian. Retrieved August 11, 2012.
91. Australian Bureau of Statistics 2009, Disability, Ageing and Carers, Australia: Summary of Findings ([http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/9C2B94626F0FAC62CA2577FA0011C431/\\$File/44300_2009.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/9C2B94626F0FAC62CA2577FA0011C431/$File/44300_2009.pdf)), cat. no. 4430.0, ABS, Canberra.

Sources

- Arditi, A.; Rosenthal, B. (1998). *Developing an objective definition of visual impairment*. Vision '96: Proceedings of the International Low Vision Conference. Madrid, Spain: ONCE. pp. 331–334.
- Burkhauser, Richard V.; Schmeiser, Maximilian D.; Weathers II, Robert R. (Jan 2012). "The Importance of Anti-Discrimination and Workers' Compensation Laws on the Provision of Workplace Accommodations Following the Onset of a Disability". *Industrial & Labor Relations Review*. **65** (1).
- Darling, Peter (Aug 2007). "Disabilities and the Workplace". *Business NH Magazine*. **24** (8).

- DePoy, Elizabeth; Gilson, Stephen French (2004). *Rethinking Disability: Principles for Professional and Social Change*. Pacific Grove, CA: Brooks Cole. ISBN 978-0-534-54929-9.
- Donovan, Rich (March 1, 2012). "The Global Economics of Disability" (PDF). Return on Disability. Retrieved August 11, 2012.
- Ducey, Elizabeth McAdams; Stough, Laura M.; Clark, M. Carolyn (2012). "Choosing Agency in the Midst of Vulnerability: Using Critical Disability Theory to Examine a Disaster Narrative". In Steinberg, Shirley R.; Cannella, Gaile S. *Critical Qualitative Research Reader*. New York: Peter Lang. ISBN 978-1-4331-0688-0.
- Miles, Albert S (1994). "Brown v. Board of Education and the American with Disabilities Act: Vistas of equal educational opportunities for African Americans". *Journal of Negro Education*. **63** (3).
- Nikora, Linda Waimari; Karapu, Rolinda; Hickey, Huhana; Te Awekotuku, Ngahua (2004). "Disabled Maori and Disability Support Options" (PDF). Maori & Psychology Research Unit, University of Waikato. Retrieved August 11, 2012.
- Stough, Laura M. (2009). "The Effects of Disaster on the Mental Health of Individuals With Disabilities". In Neria, Yuval; Galea, Sandro; Norris, Fran H. *Mental Health and Disasters*. Cambridge University Press. ISBN 978-1-107-41282-8.
- Yeo, Rebecca (2005). "Disability, poverty, and the new development agenda" (PDF). Disability Knowledge and Research Programme. Retrieved June 19, 2013.
- Albrecht, Gary L., ed. (2005). *Encyclopedia of disability*. Thousand Oaks, CA: SAGE Publications. ISBN 978-0-7619-2565-1.
- Bowe, Frank (1978). *Handicapping America: Barriers to disabled people*. New York: Harper & Row. ISBN 978-0-06-010422-1.
- Charlton, James I. (2004). *Nothing about us without us : disability oppression and empowerment* ([3. Dr] ed.). Berkeley, Calif. [u.a.]: Univ. of California Press. ISBN 9780520224810.
- Glenn, Eddie (1995). "African American Women with Disabilities: An Overview". In Walker, S.; Turner, K. A.; Haile-Michael, M.; Vincent, A.; Miles, M. D. *Disability and diversity: New leadership for a new era*. Washington, DC: President's Committee on Employment of People with Disabilities and Howard University Research and Training Center for Access to Rehabilitation and Economic Opportunity. External link in |title= (help)
- Johnstone, David (2001). *An Introduction to Disability Studies* (2nd ed.). Fulton. ISBN 978-1-85346-726-4.
- Masala, Carmelo; Petretto, Donatella Rita (2008). *Psicologia dell'Handicap e della Riabilitazione [The Psychology of Handicap and Rehabilitation]* (in Italian). Rome: Kappa. ISBN 978-88-15-06226-0.
- Oliver, Michael (1997). *The Politics of Disablement*. London: St. Martin's Press. ISBN 978-0-333-43293-8.
- Pearson, Charlotte (2006). *Direct Payments and Personalisation of Care*. Edinburgh: Dunedin Academic Press. ISBN 978-1-903765-62-3.
- Shakespeare, Tom; with Anne Kerr (1999). *Genetic Politics: from Eugenics to Genome*. Cheltenham: New Clarion Press. ISBN 978-1-873797-25-9.
- Burch, Susan (July 2009). "(Extraordinary) Bodies of Knowledge: Recent Scholarship in American Disability History". *OAH Magazine of History*. **23** (3): 29–34. doi:10.1093/maghis/23.3.29. ISSN 0882-228X.
- Kaushik, R. (1999). "Access Denied: Can we overcome disabling attitudes". *Museum International*. UNESCO. **51** (3): 48–52. doi:10.1111/1468-0033.00217. ISSN 1468-0033.
- Lansing, Michael J. (January 2009). "'Salvaging the Man Power of America': Conservation, Manhood, and Disabled Veterans during World War I". *Environmental History*. **14**: 32–57. doi:10.1093/envhis/14.1.32. ISSN 1084-5453.
- Longmore, Paul (July 2009). "Making Disability an Essential Part of American History". *OAH Magazine of History*. **23** (3): 11–15. doi:10.1093/maghis/23.3.11. ISSN 0882-228X.
- Masala C, Petretto DR (2008). "From disablement to enablement: conceptual models of disability in the 20th century". *Disability and Rehabilitation*. **30** (17): 1233–44. doi:10.1080/09638280701602418. ISSN 0963-8288. PMID 18821191.

External links

- [Disability \(https://www.dmoz.org/Society/Disabled\)](https://www.dmoz.org/Society/Disabled) at DMOZ
-  The dictionary definition of disability at Wiktionary
-  Quotations related to Disability at Wikiquote
-  Media related to Disabled people at Wikimedia Commons

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