Acknowledging Privilege in Support Services: Intersections of Race and Ability

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Race and privilege are under-acknowledged influences on access and implementation of disability services at local, state, and national levels. Using one family’s experience, this session introduces ways individuals, advocates, and service providers can navigate the unspoken realities of racial disparity to ensuring all individuals access the resources that will help them live empowered lives.
Objectives

1. Recognize markers of racial privilege and euro-centricity in the access and delivery of disability resources.

2. Identify personal and professional biases that influence individual conduct.

3. Apply concepts to the development of a color-conscious and culturally-conscious delivery of disability services.
Personal Background

- Doctoral degree in Cultural Anthropology
- Professor in the Department of Ethnic and Racial Studies at University of Wisconsin – La Crosse
  - Study of ethnic and racial inequalities, systems of privilege and oppression, and intersectionality
- Parent of a child on the autism spectrum
- White parent of multi-racial children, living in a predominantly white community
- Experience working with K-12 education systems, college systems, medical systems, therapy providers, extended family units, autism training and advocacy programs, local and state-level policy development
Jay Smooth – “How I Learned to Stop Worrying and Love Discussing Race” – TEDxHampshire College

https://www.youtube.com/watch?v=MbdxeFcQtqU
Assumption: Socialization Model

- **Colorblind** – Assumes race doesn’t, or shouldn’t, matter
  - ‘I don’t see race’
  - Children See Difference
    - Society gives those differences value
  - **Not discussing race does not mean race doesn’t matter.**
- ‘Normal Operations’ have differential impact
  - Maintains the status quo
  - Maintains disparities
- **Implicit Bias (positive or negative)**
  - [Project Implicit](#)
  - Affinity Bias – ‘Like Me’
Assumption: Intersecting Identities of Race and Ability

Diagram:
- Occupation
- Education
- Race
- Ethnicity
- Religion
- Language
- Heritage/History
- Immigration Status
- Age
- Ability
- Income
- Gender
- Family Status
- Geographical Location
- Aboriginality
- Sexuality
Assumption: White Privilege

- Set of unearned opportunities, access, and advantages based on social and cultural elevation of that believed to represent that which is identified as ‘white’.
  - May include dominance or primacy of particular language, religious beliefs, cultural traditions, communication styles, social hierarchies, etc.
  - Conscious or Unconscious
  - Various kinds of privilege exist (gender, ability, religion, language, class)

- Not specifically about white people (as individuals) but ‘whiteness’ (system of opportunity and power)
  - Not about guilt, blame, or shame
  - Does not negate individual effort to acknowledge that a system exists

- White Privilege theorists (Wise, Steele, Kendall, Jensen, etc.) agree that systems of privilege disadvantage ALL, not just those without privilege
**Systemic and Institutional Disparities**

- **Eg. Mass Incarceration and the Criminal Justice System** (Alexander 2010)
  - Eg. Racial Profiling, Mandatory Drug Sentencing, etc.

- **Eg. Employment/Hiring Bias** (Pager and Western 2005)
  - Call-backs, Downgrading job opportunities, Criminal Records

- **Eg. Education** (Kirwan Institute for the Study or Race and Ethnicity 2016)
  - Disciplinary Measures, Expectations, Special Education, De Facto Segregation

- **Positive and Negative Feedback Loops** (Roithmayr 2014)
Intersecting Institutions

- Employment
- Education
- Legal System
- Medical
- Housing
- Transport
Differential Experience: Race and Ability

- **Eg. Western Medical Model**
  - Over 75% of health practitioners in the US are white
  - 90% of Psychologists
  - Heavily represented in specialties and surgical positions
  - Service and Support professions more diverse
  - 72% total population is white, but changing quickly

- According to the American Medical Student Association:
  
  "The lack of diversity of medical students, coupled with ineffective cultural competency education, continues to produce training and treatment environments that are biased, intolerant and contributory to health disparities."

- About Access AND Treatment
Differential Experience: Race and Ability

- **Eg. Eurocentric Educational Structure and Curriculum**
  - Stereotypes held by teachers administrators influence children’s educational experience
  - Eurocentric curriculum and the ‘kickout’
  - Black children = 18% of preschool enrollment, but 48% of preschool children receiving more than one out-of-school suspension
  - Children with disabilities 2x as likely to receive an out-of-school suspension.
  - 1 in 4 boys, and 1 in 5 girls. of color with a disability receives an out-of-school suspension. [Source: http://ocrdata.ed.gov/Downloads/CRDC-School-Discipline-Snapshot.pdf]
Considerations for Navigating Systems to Access Resources
1. Recognize the Unmarked (Stuart Hall)

- If it includes an ‘ism or a phobia, there is a system of power and privilege in place.

- Shift our perspective. Decenter that which society privileges.
2. Personal Reflection/Inventory

- Get in touch with the identities that you hold
  - Acknowledge what they mean socially, politically, economically, etc.
  - **Lifelong process. Not one and done.**
  - What are your biases? About self? About others?
  - What are your assumptions? About self? About others?
  - How do these impact your behavior/interactions?

- Understand the cultural environment of identities, interactions, and your place within it.
3a. Acknowledge Power Dynamics: Provider Side (Positionality)

- Eg. Race: How does your racial experience inform how you see the world? How does the race of a client impact services?
  - How you consider who is ‘deserving’ or ‘worthy’?
  - Or ‘undeserving’ or ‘unworthy’?
  - Affinity bias!

- Eg. Class: Does the class of your client influence how ‘deserving’ you believe them to be? Or how much they would ‘benefit’?

- Eg. Religion? Sexual Orientation? Immigration Status?
3b. Acknowledge Power Dynamics: Client Side (Positionality)

- Eg. What identities do you as client, parent or caregiver carry that might influence client/provider:
  - Interactions
  - Access
  - Treatment

- Recognizing where you do NOT hold privilege, but also, what privileged identities **can** you bring to the table?
  - Eg. ‘Passionate Mom’ is a powerful identity
    - But not perceived the same based on race, class, sexual orientation, etc.

- How can you mentally prepare yourself to go into the interaction to be most successful?
4. Speak the Truth

- Appeal to humanistic values of ‘equal opportunity’ and equity.
  - Keep that in everyone’s conscious mind.
- Acknowledge bias when it appears.
  - Does not need to be disparaging.
  - With privilege comes fragility, so be prepared for resistance.
- Are you emotionally frayed? Feeling Marginalized? Dismissed?
  - Be honest and clear about that.
- Be clear about your limitations
  - Time, services, cultural knowledge, etc.
- Be prepared to learn. Be open to new ideas.
- Listen to understand, not to speak.
5. Create New Ways of Thinking

- Maintain Color-Consciousness
  - Vs. Colorblindness
  - Race has social importance, and is therefore an important component of holistic service provisions

- Challenge narratives of ‘deserving’ or what is ‘appropriate’
  - Recognize that euro-centric systems have historically privileged white folks, as practitioners and clients.
  - Challenge the status quo

- Develop Responsive Solutions. Prepare for the Future.
  - How might a more culturally-inclusive and culturally-variable system work better for everyone?

- Challenge others to do the same
  - Eg. Challenge your colleagues to do a bias inventory.
  - Eg. Challenge folks to see the limitations within institutions, and to assist in reform.
Goal: Best Outcomes of Care and Support

- Humility, Humor, Regret, Awareness, Flexibility, Forgiveness (of self and others), Openness, Anxiety, Reflection, Embarrassment, Anger, Opportunity, and more

- All leads to being one’s best personal and professional self
Questions?