

ATTRACTION, RETENTION, & ENGAGEMENT of WOMXN with INVISIBLE DISABILITIES

(and why this matters)



88%

of people surveyed said they DO NOT disclose their Invisible Disabilities in a job application's demographic questions.¹

- Lack of trust and fear of discrimination
- Not a safe space and/or process

A few Invisible Disabilities

Acute Stress Disorder
ADD/ADHD
Agoraphobia
Alcohol Dependence
Allergies
Amphetamine Dependence
Anorexia Nervosa
Antisocial Personality Disorder
Anxiety Disorders
Arachnoiditis
Asperger Syndrome
Asthma
Autism
Avoidant Personality Disorder
Bipolar disorder
Borderline Personality Disorder
Brain injuries
Brief Psychotic Disorder
Bulimia Nervosa
Childhood Disorders
Chronic fatigue syndrome
Chronic pain
Circadian rhythm sleep disorders]
Cocaine Dependence
Celiac Disease
Conduct Disorder

Crohn's disease
Cyclothymic Disorder
Delirium
Delusional Disorder
Dementia
Dependent Personality Disorder
Depression
Diabetes
Dysthymic Disorder
Eating Disorders
Ehlers Danlos Syndrome
Endometriosis
Epilepsy
Fetal Alcohol Spectrum Disorder
Fibromyalgia
Food allergies
Fructose malabsorption
Hereditary Fructose Intolerance
Histrionic Personality Disorder
Hyperhidrosis
Hypoglycemia
Inflammatory bowel disease
Interstitial cystitis
Irritable Bowel Syndrome
Joint disorders
Lactose Intolerance

Lupus
Lyme Disease
Metabolic syndrome
Migraines
Mood Disorders
Multi-Infarct Dementia
Multiple Chemical Sensitivity
Multiple Sclerosis
Myasthenia Gravis
Narcolepsy
Nicotine Dependence
Obsessive-Compulsive Disorder
Opioid Dependence
Oppositional Defiant Disorder
Panic Disorder
Paranoid Personality Disorder
Personality Disorders
Phencyclidine Dependence
Post-Traumatic Stress Disorder
Primary immunodeficiency
Psychiatric Disorders/Disabilities
Reflex Sympathetic Dystrophy
Repetitive stress injuries
Rheumatoid arthritis
Schizoaffective Disorder
Schizoid Personality Disorder

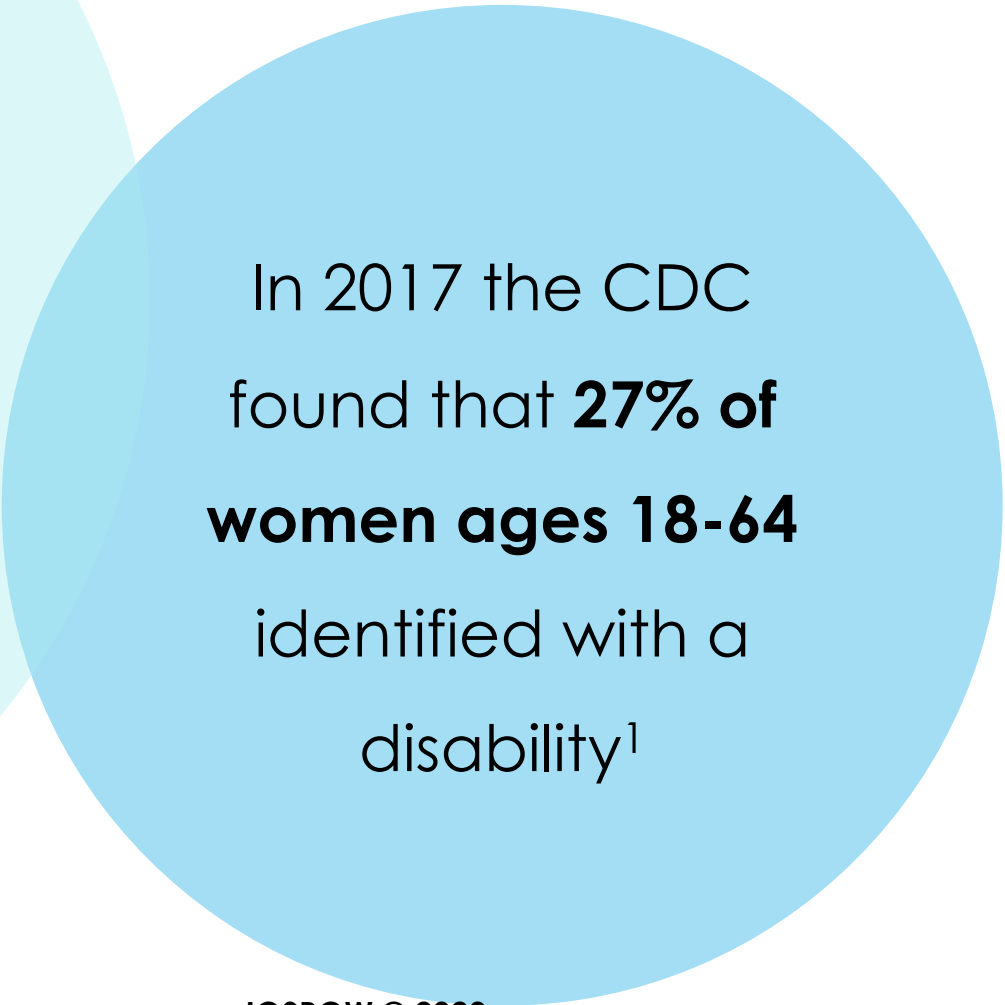
Schizophrenia
Schizotypal Personality
Scleroderma
Sedative Dependence
Separation Anxiety Disorder
Shared Psychotic Disorder
Social Phobia
Spinal Disorders
Substance-Related Disorders
Tourette's Disorder
Transverse Myelitis
Ulcerative Colitis
Vertigo

...

Just to name a few.



27%



In 2017 the CDC
found that **27% of**
women ages 18-64
identified with a
disability¹



Depressed.

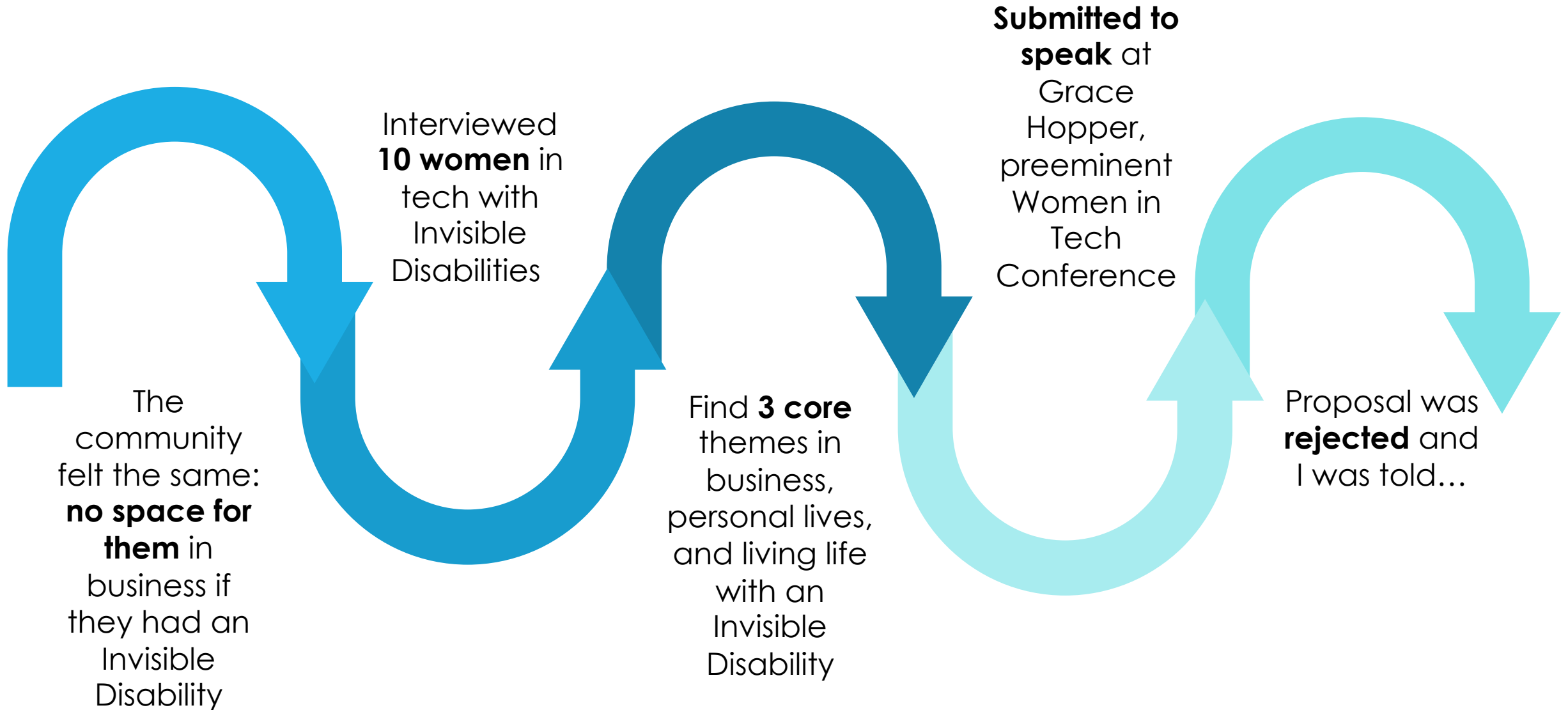
Exhausted

Ashamed.

Confused

**I ASKED: Who else has
felt this way?**

SO I TOOK ACTION...



“Before reading this submission **I was not familiar with the term ID** and would guess other attendees would also need more insight into what it is and more details on the mental illness that might be considered IDs.”

Frustrated and disheartened.
What next?

102 Responses

“I have never told any employer about my bipolar disorder. I fear that they will not understand and **will look down on me**. I also don't know what reasonable accommodations I can ask for, because **I'm still struggling to understand how it affects me.**”³

43%

of those surveyed said they have asked for reasonable accommodations.

- Struggling with their IDs in the workplace
 - Hidden productivity and other issues
- How are businesses providing accommodations (proactively and without stigma)?
- How do we create safe spaces to speak about needs that allow us to do our best work?

1. Coping Skills = Superpowers

- ID diagnose later in career
- New strategies, skills, 'out of the box' thinking vs learned skills
- Overcompensation of ID deficits
- Narcolepsy example



2. Stunted Career Growth

- Self-diagnosis vs. formal diagnosis
- Treatment
- Protected class, disclosure
- Stigma, shame, & work trajectory
- Remote work & freelance



3. Safe, Supportive Communities

- Lack of fear and judgement
- Take risks, develop new skills, take on new endeavors
- “...support network was the key element” to success.
- Similarities, emotional safety nets



2019 Survey:

202 Responses

ATTRACTING WOMXN with IDs



Top 3 policies Womxn with IDs are looking for a new role:

1. Comprehensive Healthcare (66.3%)

More than just an average set of benefits, but also providing access to resources such as therapy, fertility services, etc.

2. Generous paid leave / unlimited vacation (39.2%)

Demonstrating and talking about how vacation and time off is used; not just a shiny object, but how managers will enforce good self-care through time away from the office

3. Remote working options (0-2 days a week) (42.2%)

The flexibility to use time for best productivity; this allows accommodations for illness, symptoms, doctors, etc. without invasive questions when remote options are the norm

RETAINING WOMXN with IDs



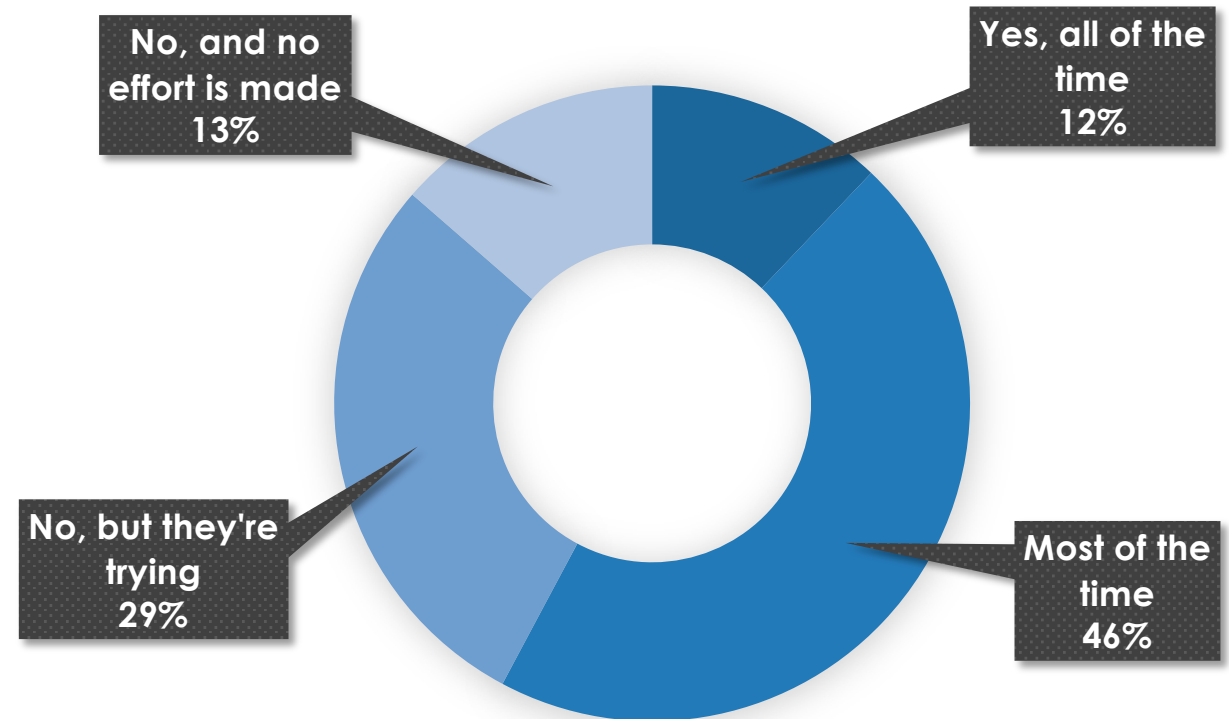
Top 3 issues in the workplace for Womxn with IDs are:

- 1. Unstable work-life integration/balance (51.3%)**
Not able to take appointments, self care time, mental health, overly demanding with no reason, job is more important than the person
- 2. High stress working environment/lack of trust and transparency (46.3%)**
Higher anxiety, exacerbation of symptoms, want to move on, unable to have safe space conversations
- 3. No clear levels, career growth, or pay parity structures (17.5%)**
Clear bias, sexism, lack of transparent processes, favoritism

ENGAGING WOMXN with IDs



Do you feel your workplace fosters an environment of respect, transparency, and trust?



What do you wish your manager knew about your ID?

I wish my managers knew that adjusting to a job is going to come with a lot of anxiety for me and that even though it'll take me a little longer to feel comfortable, **I'm still always going to get my work done and work hard to do better.**

Actionable Next Steps

1. Recognize

Skills, abilities, ROI of whole person, tenure

2. Empathize

Struggles, the unknown, foster community

3. Lead by Example

Tough conversations, mental health days, flexible schedule, future thinking

Actionable Next Steps

4. Programming

Comprehensive healthcare, paid leave, remote work, better-work-for-all policies

5. Difficult Conversations

Microaggressions, ERGs & Affinity groups, Executive training, DEIB, biases

6. Use Data, Ask Questions

Benchmark internally, surveys & pulse, people & numbers, have real conversations

Sources

1. Jes Osrow's 2019 "Invisible Disabilities Survey"
2. <https://www.cdc.gov/ncbddd/disabilityandhealth/data.html>
3. Jes Osrow's 2017 "Invisible Disabilities Survey"

The survey analysis was completed with the help of Mila Singh & Chris Falkowski

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