

HELLO



ericwbailey.website/axecon2025

CONTENT WARNING

SUBSTANCE ABUSE
COMPULSIVE BEHAVIORS
DEPRESSION
SELF HARM

**NO,
SERIOUSLY**

Cultivating a harm reduction mindset as an accessibility practitioner
AXE-CON 2025

**IT IS
DESIGNED
TO BREAK
YOUR HEART**

HARM REDUCTION FOR YOUR JOB AND YOURSELF

Why do we all feel the way we do?

What is creating those feelings?

Are there other ways of thinking about why we feel the way we do?

How can we put that thinking into practice?

Who can help us with this journey?



**LET'S
TAKE
A
MOMENT**

**YOU ARE SEEN
YOU ARE APPRECIATED
YOUR EFFORTS MATTER
YOU ARE NOT ALONE**

**THANK
YOU**

LET'S TALK ABOUT

2023

I fell apart

**WHY DO I
FEEL THIS WAY**

**AND HOW CAN I MAKE SURE I
NEVER FEEL THIS WAY AGAIN**



Am I the only one?

DEVON PERSING

Accessibility specialist, speaker, and writer
Author, The Accessibility Operations Guidebook



devonpersing.netlify.app/book/

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Accessibility specialist, speaker, and writer
Author, *The Accessibility Operations Guidebook*

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In late 2023, I interviewed 20 accessibility specialists to learn about their work and burnout experiences.

Every single one was in burnout or burnout recovery, or was actively avoiding burnout using skills they learned from previous bouts of work burnout.

This included people in different roles, at different types of organizations, from different countries, and at all stages in their careers—from 20-plus year veterans to interns. Everyone cited the same reason, that it wasn't accessibility work that put them in burnout, it was all the work they had to do to be allowed to do accessibility work that caused burnout.

**WE ARE
NOT
DOING OKAY**

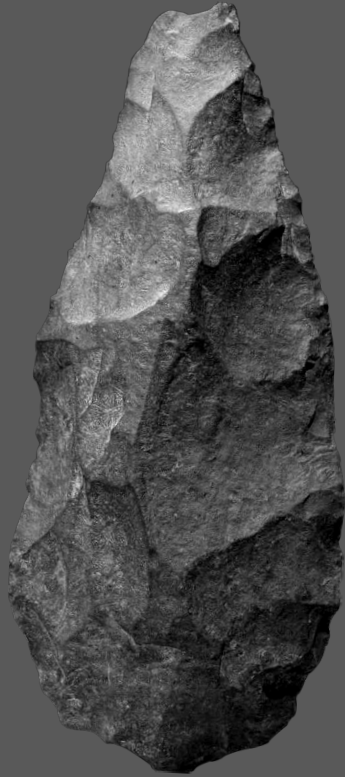
the inescapable truth that we live in an world suffused with ableist and eugenic thought the late-stage capitalist society that this world created a dying environment that is experiencing multiple mass-disabling events the overall tech industry landscape the landscape of your employer's domain a holistic view of how technology works at scale, as well as for an individual the social media landscape, it's fracturing, and how that all affects tech and political concerns the conference circuit and cult of celebrity the perpetual threat of overlays and technoabelist disability dongles attempting to capitalize on ignorance the web content accessibility guidelines and supporting material web standards theory and practice html, css, and javascript, and each language's particulars, bugs, and quirks web browsers and their particulars, bugs, and quirks operating systems and their particulars, bugs, and quirks assistive technology and their particulars, bugs, and quirks performance and connectivity considerations and concerns the presence of myths, outdated, and straight-up misinformation about disability and technology your organization's policies, practices, and internal standards the goals of your organization's leadership, and the incentive structures they provide to achieve them the politics these goals create minding, and working with the downstream effects of these goals as they relate to planning work performing change management to steer planning in a way that improves outcomes for your team, as well as the rest of your organization adapting to abrupt changes in organization priorities the strategies you need to cultivate to hold people accountable when those priorities are dropped the slog of needing to reverse legacy decisions that are no longer in the current window of priority contending with lack of leverage you often have when attempting to enforce accountability, especially when they get in the way of an organization's goals budget and headcount, and how it affects what you're able to do your working relationship with your coworkers, both on the accessibility team and not the diplomacy it takes to deliver hard truths in a soft way the horrible calculus required to triage and prioritize issues the patience it requires to explain the fundamentals from first principles to peers who make three to four more times as much money as you do the need to quantify the effort you've already performed to prove it's value the storytelling skills you need to sell said value the gamestorming you need to ensure the leadership of your organization don't lose sight of that value the complexity of the work itself, and the perfection it demands the reality that you have to verify and re-verify the work in order to ensure it functions as expected the same problems over and over again the terror that you might not have lived experience and your efforts might actually make things worse the public relations skills you need to manage internal versus external diplomacy the need to mask and put on a good face for both other internal teams and the public the armchair accessibility skills you need to cultivate to navigate all this the constant background pressure to use your lived experience as leverage the isolation all of this can cause, especially if you're the sole accessibility practitioner at your organization your relationships with your friends, family, and loved ones your personal relationship with disability identity your sense of justice and obligation that comes with these relationships



**YOUR ABILITY TO
CONSTANTLY RECONCILE
ALL OF THIS**



**THE WORK NEVER STOPS
BUT YOU WILL**



Handaxe - Lower paleolithic
Olduvai Gorge, Tanzania, Africa

**THERE WILL
NEVER BE AN END
TO INACCESSIBLE
TECHNOLOGY**

**BECAUSE
TECHNOLOGY
NEVER STOPS**

**THE PURPOSE OF
A SYSTEM
IS WHAT IT DOES**

SHELL LITTLE

Senior accessibility specialist



youtu.be/5gs54WDVBlw

**SHELL
LITTLE**

Senior accessibility specialist

“

It is not the actual work we do. It is **the environment that we are forced to do the work in** that is the problem.

**YOUR JOB WILL
GENERATE
TRAUMA**



ALBA VILLAMIL KAREN EISENHAUER VIVIANNE CASTILLO

Why Corporate Playbooks Fall Short in Tackling Organizational Trauma



hmntycntrd.com/resources/organizational-trauma

“

Most resources on workplace trauma recommend employees build up their personal resilience or their ability to “bounce back.”

Doing so not only shifts the burden of healing to individual employees but also **hides how organizational responses can be traumatic, even those meant to help employees.**

**ALBA VILLAMIL
KAREN EISENHAUER
VIVIANNE CASTILLO**

Why Corporate Playbooks Fall Short in Tackling Organizational Trauma



**WEAPONIZED
PROFESSIONALISM**



**ORGANIZED
ABANDONMENT**



**INSTITUTIONAL
BETRAYAL**



**MORAL
INJURY**

“

We're doing the work that, in any other field, regulators would be seeing to. We do it with none of the authority.

So we also end up having to be **social workers**, professional advocates, educators, and so many other things.

JAN
MAARTEN

Senior accessibility designer

MISCATEGORIZED



TRAUMA EXPOSURE RESPONSE

Loneliness/isolation/
strained relationships

Anger and cynicism

Sense of persecution

Inability to see options and
diminished creativity

Pulling toward confirmation bias
and away from critical thinking

Disheartened and dispirited

Difficulty emphasizing/
minimizing/numbing

Feeling helpless, hopeless, and
that one can never do enough

Guilt/fear/complicated grieving

Fight/flight/immobility response

Physical ailments, depression, anxiety,
and other mental health considerations

Lack of presence/deliberate
avoidance/cognitive overload

Grandiosity

Sub-impeccable/toxic conduct
and compromised impulse control

Hypervigilance and
always serious

Lack of awe

Dissociative moments

Chronic exhaustion and
saturated nervous system

Intense/rigid/controlling/
unable to embrace complexity

Negativity bias and not assuming well

Addictions



AMELIA NAGOSKI

DMA, Co-author of Burnout: The Secret to Unlocking the Stress Cycle



[wunc.org/health/2020-08-27/
emodied-season-1-episode-3-transcript](https://wunc.org/health/2020-08-27/emodied-season-1-episode-3-transcript)

AMELIA NAGOSKI

DMA, Co-author of *Burnout: The Secret to Unlocking the Stress Cycle*

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This is a larger systemic issue that has to be addressed, which is why the cure for burnout is not self care—can never be self care. **The cure for burnout has to be all of us caring for each other.**

WHO IS
US?

IT'S NOT OUR ECONOMIC SYSTEMS

**IT'S NOT OUR ECONOMIC SYSTEMS
IT'S NOT OUR LAWS**

IT'S NOT OUR ECONOMIC SYSTEMS
IT'S NOT OUR LAWS
IT'S NOT OUR INDUSTRY

IT'S NOT OUR ECONOMIC SYSTEMS

IT'S NOT OUR LAWS

IT'S NOT OUR INDUSTRY

IT'S NOT OUR PROFESSIONAL LICENSES

IT'S NOT OUR ECONOMIC SYSTEMS

IT'S NOT OUR LAWS

IT'S NOT OUR INDUSTRY

IT'S NOT OUR PROFESSIONAL LICENSES

IT'S NOT OUR COMPANIES

IT'S NOT OUR ECONOMIC SYSTEMS

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IT'S NOT OUR COMPANIES

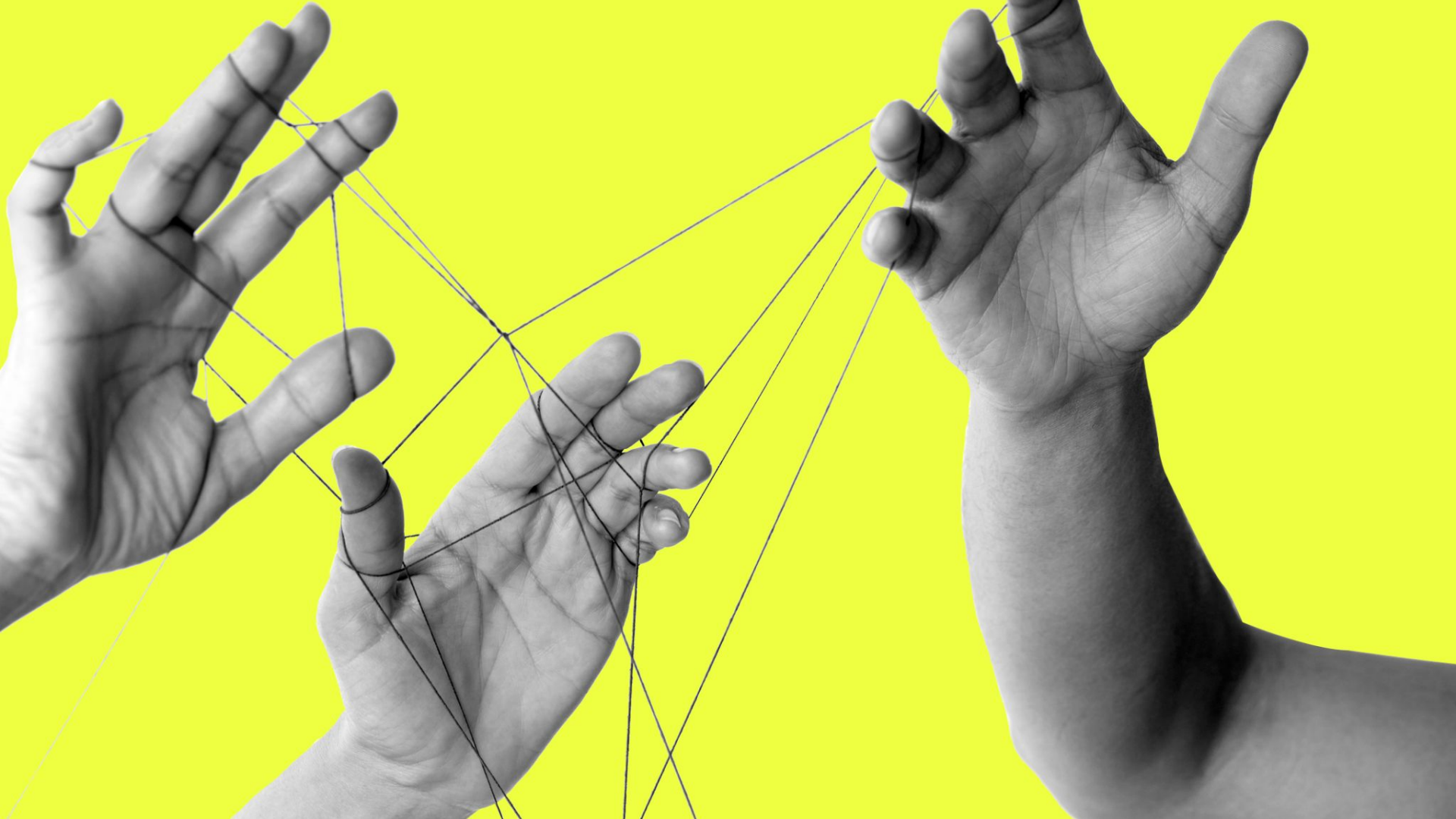
IT'S NOT OUR EMPLOYEE RESOURCE GROUPS



**HOW CAN THIS
HELP OTHERS**

**IS THERE SOMETHING CONSTRUCTIVE
THAT I CAN DO WITH THIS PAIN**





TECH & ATTRIBUTION & CENTERING

**TECH & IDENTITY
ATTRIBUTION & EXTRACTION
CENTERING & ERASURE**

TRAUMA

**TRAUMA
IS A SYSTEM**



Accessibility and qualitative research advocate



Trauma is systemic as an **interconnected flow between individuals, groups, and societies.**

We can't address trauma at a societal level unless we address it at an individual level. Conversely, we can't address trauma at an individual level unless we address it at a societal level.

**MEETING SOMEONE
WHERE THEY ARE
WITHOUT
LEAVING THEM THERE**

HARM REDUCTION

HARM REDUCTION HAS A GRASSROOTS HISTORY

Young Lords
acupuncture for
heroin users

Second Wave feminist
activist reproductive
health programs

Activist responses
to the AIDS crisis

The Black Panther
free breakfast and
health clinics



Tribune photos by LONNIE WILSON

Demonstrators lunch on food provided by groups including Black Panthers and church organizations

**& HARM
REDUCTION
TRAUMA-INFORMED
DESIGN**

MORAL

MODEL

MORAL MEDICAL

MODEL

**MORAL MEDICAL SOCIAL
MODEL**

**WE NEED
TO CHANGE**

OUR PERSPECTIVE

TECH IS A DRUG

And the people who make it will use



**YOU CAN'T HELP PEOPLE
UNTIL THEY WANT TO BE HELPED**



National Harm Reduction Coalition

PRINCIPLES OF HARM REDUCTION



Accepting, for better or worse, that ableism is a part of our world and choosing to work to minimize its harmful effects, rather than simply ignoring or condemning it.

Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.

<https://harmreduction.org/about-us/principles-of-harm-reduction/>

Calling for the non-judgemental provision of services and resources for people who create access barriers within the disciplines in which they work, in order to assist them in reducing harm.

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.

<https://harmreduction.org/about-us/principles-of-harm-reduction/>



Does not attempt to minimize or ignore the real and tragic harm and danger that can be created by inaccessible experiences.

Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use.

<https://harmreduction.org/about-us/principles-of-harm-reduction/>



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<button type="button">
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<div onclick="pickDate()">
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Understands that how access barriers are created is a complex, multi-faceted phenomenon that encompasses a range of severities from life-endangering to annoying, and acknowledges that some barriers are clearly worse than others.

Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.

<https://harmreduction.org/about-us/principles-of-harm-reduction/>



Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to, and capacity for effectively dealing with creating inaccessible experiences.

Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.

<https://harmreduction.org/about-us/principles-of-harm-reduction/>





< February >						
M	T	W	T	F	S	S
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	1
2	3	4	5	6	7	8

**HOW
WHAT
WHY**

Establishes quality of individual and team life and well-being—not necessarily cessation of all current workflows—as the criteria for successful interventions and policies.

Establishes quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful interventions and policies.

<https://harmreduction.org/about-us/principles-of-harm-reduction/>

Affirms people who create access barriers themselves as the primary agents of reducing the harms of their efforts, and seeks to empower them to share information and support each other in creating and using remediation strategies that are effective for their daily workflows.

Affirms people who use drugs themselves as the primary agents of reducing the harms of their drug use and seeks to empower people who use drugs to share information and support each other in strategies which meet their actual conditions of use.

<https://harmreduction.org/about-us/principles-of-harm-reduction/>



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Ensures that people who are affected by access barriers, and those who have been affected by your organization's access barriers, have a real voice in the creation of features and services designed to serve them.

Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.

<https://harmreduction.org/about-us/principles-of-harm-reduction/>



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1

Accepting ableism
and minimizing it

2

Some barriers are
worse than others

3

Improvement of
quality is success

4

Provisioning of resources
is non-judgemental

5

Ensuring disabled people
have a voice in change

6

Empowering people
also helps their peers

7

Social inequalities
affect vulnerability

8

Do not minimize
or ignore real harm

YOU CAN'T "WIN" ACCESSIBILITY
YOU CAN'T "WIN" TRAUMA

**“Accessibility
is political.”**

**STEVE
FAULKNER**

Director at TetraLogical, W3C editor



“ Nobody is coming to
save us except us.
And that is enough.

**ETHAN
MARCOTTE**

Web designer, author of *You Deserve a Tech Union*

**RESILIENCY
NEEDS TO BE A
COMMUNITY
AND NOT A
CALLUS**

**ADAPTIVE AND
INTERSECTIONAL,
GROUND-LEVEL
INTERDEPENDENT
PEER-BASED
SUPPORT**

**A BETTER WORLD
IS POSSIBLE**

“ We are only as doomed as
we believe ourselves to be.”

Christiana Figueres

THANK YOU



ericwbailey.website/axecon2025



bsky.app/profile/ericwbailey.website



social.ericwbailey.website/@eric



linkedin.com/in/ericwbailey

