



A Guide to Interacting with People Who Have Disabilities

A Resource Guide for DHS Personnel, Contractors, and Grantees from the Office for Civil Rights and Civil Liberties

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The Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) initially developed this Guide in 2013 to assist DHS personnel, contractors, and grantees in their interactions with people who have disabilities. The Guide has been updated due to evolving terminology and other changes occurring within the disability community. CRCL consulted with disability stakeholders and DHS personnel in making changes to the Guide. We also consulted a variety of recently published resources to provide current and accurate statistics and to include contemporary cultural viewpoints. Under the Rehabilitation Act of 1973, as amended, DHS has a legal obligation to, among other responsibilities, ensure nondiscrimination in the employment of people with disabilities, provide program access, physical access, effective communication, and reasonable modifications to its policies, procedures, and practices for people with disabilities encountered and served within DHS conducted or funded programs and activities. Examples of these interactions include people with disabilities who are traveling through the airport, crossing into the U.S. at a point of entry, applying to receive U.S. citizenship, being held in detention awaiting a hearing or removal, and receiving assistance before, during, or after a disaster.

Key to nondiscrimination is considering how to communicate with members of the public who have disabilities. This often includes engaging in an interactive process whereby individuals with disabilities can convey any needs they may have to access programs and activities. All interactions should involve treating individuals with respect and using appropriate language preferred by the individual.

This Guide offers a summary of disability myths and facts, guidance on appropriate language, and tips for successfully interacting with people who have disabilities. It is intended as a general overview of the topic and does not supplant any specific policies and procedures used by the DHS components.

Understanding Disability Myths and Facts

Despite the passage of key civil rights laws such as the Rehabilitation Act and the Americans with Disabilities Act, many misunderstandings about people with disabilities persist, particularly in the minds of those who have not experienced disability within their own life or in the lives of people around them. Successfully interacting with and serving people with disabilities begins with an understanding that people with disabilities are part of the fabric of the community and share the same societal goals of equality of opportunity, full participation, independent living, and economic self-sufficiency. The following table highlights several of the most common myths about people with disabilities and the facts that counter these misunderstandings.

Myth	Fact
Disability is an unnatural, unusual, and uncommon occurrence.	Disability is a natural part of the human experience. ¹ People with disabilities make up a significant portion of the population within all communities, regardless of age, race, ethnicity, or economic status. According to the U.S. Centers for Disease Control and Prevention (CDC), 25.7% of the civilian non-institutionalized population in the U.S. (about 61.4 million people) had a disability. ²
The abilities and needs of people with disabilities can be easily categorized. For example, if a person carries a white cane, they are totally blind; if a person uses a wheel- chair, they are unable to stand up.	People with disabilities do not all have the same abilities and do not all have the same needs for assistance. They are the most knowledgeable about their own needs. ³ For example, many people who carry a white cane have partial vision, and many people who use a wheelchair can stand or walk for short periods.
An individual’s disability is usually observable.	While some individuals’ disabilities are observable and identifiable, many are not obvious. ⁴ For example, the disabilities of individuals who have diabetes, dyslexia, or autism may not be visually apparent.
With the loss of one of the senses such as sight or hearing, the other senses automatically compensate and become sharper.	The body’s senses do not automatically become sharper, but the individual can learn to become more aware of the information being received through other senses. ⁵
People with disabilities are heroic because they demonstrate bravery and courage by living with or trying to overcome their disability.	People with disabilities generally do not view themselves as heroes; though some persons with disabilities such as returning military veterans may be considered heroes. ⁶
Most people with disabilities would be better off living in institutions where their needs can be met.	Federal law supports full inclusion so that people with disabilities have the right to live, learn, work, and participate in their communities, utilizing assistive devices and support services, if needed. ⁷
People with mental illness are potentially violent or incapable of participating in the community, and people without disabilities should be protected from them.	The vast majority of people who are violent do not have mental illness and most people who have mental illness are not violent. ⁸ In addition, people with mental illness are more likely to be victims of community violence rather than perpetrators of violence. ⁹

Myth	Fact
People with disabilities should be served separately and with special procedures to ensure that they can receive quality services while not affecting the services to others.	Federal law generally requires that people with disabilities be served in the same setting and circumstances as the rest of the population. ¹⁰
Simply treating everyone in the same manner will lead to people with disabilities being served appropriately.	Due to the existence of long-standing physical, communication, and programmatic obstacles, merely treating everyone the same may not ensure equality of opportunity. Federal law requires service providers to remove barriers and take steps to ensure program accessibility for people with disabilities. ¹¹
Modifying program procedures and furnishing auxiliary aids such as sign language interpreters or print reading software is too expensive.	Many modifications can be made at low or no cost. In any event, Federal law generally requires service providers to furnish auxiliary aids and services to achieve effective communication with people who have disabilities. ¹²

Using Appropriate Language

Historically, the perception of disability and the language used to describe a person with a disability have evolved. There are currently two schools of thought on what language is appropriate when communicating with or about people who have disabilities: person-first language and identity-first language. As described by the National Institutes of Health (NIH):

Person-first language is a way to emphasize the person and view the disorder, disease, condition, or disability as only one part of the whole person. Describe what the person ‘has’ rather than what the person ‘is.’ Person-first language avoids using labels or adjectives to define someone, e.g., *a person with diabetes* not *diabetic*; or *person with cancer* not *cancer patient*; or *a person with bipolar disorder* not *a person who is bipolar*.

Some communities, however, prefer identity-first language because they consider some characteristics as inseparable parts of their identity. Those who prefer identity-first language consider it a way to show pride in who they are and their membership in a community of similar people. The deaf and autistic communities, for example, often show a strong preference for identity-first language. When possible, ask if a person or group uses identity-first language (*deaf students*) or person-first language (*students who are deaf*). If the preference is not known, err on the side of person-first language. For example, always use person-first language for children unless identity-first language is chosen.¹³

In addition, keep in mind the context of interactions with people who have disabilities. For example, one disabled veteran with whom we spoke pointed out that many veterans prefer

identity-first language and view their disabilities as a symbol of pride related to having served their nation; using language to minimize this identity may be offensive.

CRCL is using person-first language within this document but recommends that, when possible, using the terminology that aligns with the preference of a particular person or group.

Refer to the explanations below for a listing of appropriate terms and examples of how to apply these terms. As noted above, not all people with disabilities use the same terminology and different terms may be preferred in some circles and not in others. Begin by using the generally accepted terms below and then respect the individual's terminology preferences, if different.

Disability. *Appropriate:* person with a disability. *Inappropriate:* impaired; crippled; handicap; handicapped person; or the handicapped. Likewise, use of well-intended but awkward terms such as special need, challenged, handicapable, differently abled, and handiabled assumes that the person is uncomfortable with their own disability, and it gives the impression that the user of the term is uncomfortable around a person who has a disability. Disability is a general term used for functional limitation that interferes with a person's ability to walk, hear, or learn, for example. It may refer to a physical, mental, or sensory condition. If a person indicates that they prefer identity-first language, honor their preference and choose your language accordingly.

Person who has a disability. *Appropriate:* person who has multiple sclerosis. *Inappropriate:* afflicted with, or suffers from, multiple sclerosis. Most people with disabilities do not regard themselves as suffering continually; they do not view their disability as an affliction.

Person who was born with a disability. *Appropriate:* person with a physical disability; person with no arms. *Inappropriate:* lame; defective; defect; deformed; invalid; infirmed; vegetable. Such words are offensive, dehumanizing, degrading, and stigmatizing.

Person who acquired a disability. *Appropriate:* person who incurred a spinal cord injury; person who has post-polio syndrome; person who had a stroke. *Inappropriate:* victim of a spinal cord injury; stricken with polio; victim of a stroke. People with disabilities do not like to be perceived as victims for the rest of their lives.

Deaf* or hard of hearing. *Appropriate:* person who is deaf; deaf person; the deaf; person who is hard of hearing; person with hearing loss. According to the National Association of the Deaf (NAD), "The deaf and hard of hearing community is diverse. There are variations in how a person becomes deaf or hard of hearing, level of hearing, age of onset, educational background, communication methods, and cultural identity. How people 'label' or identify themselves is personal and may reflect identification with the deaf and hard of hearing community, the degree to which they can hear, or the relative age of onset. For example, some people identify themselves as 'late-deafened,' indicating that they became deaf later in life. Other people identify themselves as 'deaf-blind**,' which usually indicates that they are deaf or hard of hearing and also have some degree of vision loss. Some people believe that the term 'people with hearing loss' is inclusive and efficient. However, some people who were born deaf or hard of hearing do not think of themselves as having lost their hearing. Over the years, the most commonly accepted terms have come to be 'deaf,' 'Deaf,' and 'hard of hearing.'" *Inappropriate:*

hearing impaired; deaf and dumb. The inability to speak does not indicate lack of intelligence. Deafness often refers to a person who has a total loss of hearing. People who are deaf are sometimes able to speak and speech-read (i.e., lipread), despite profound hearing loss. Most people who identify themselves as deaf also use sign language. Note that sign language has a different grammatical structure than spoken language. Although American Sign Language (ASL) is the most common form of sign language used in the United States, there are many different sign languages used by members of distinct cultural groups and immigrant communities. Hard of hearing refers to a person who has a partial loss of hearing within a range from slight to severe. Hard of hearing also describes a person who communicates through speaking and speech-reading, and who usually has listening and hearing abilities adequate for ordinary telephone communication. Many individuals who are hard of hearing use assistive listening devices such as hearing aids, amplification devices, FM listening systems, etc. Many deaf and hard of hearing people utilize written captioning of audio communications.

*Carol Padden and Tom Humphries, two Deaf authors, explain the difference between ‘deaf’ and ‘Deaf’ in their book, *Deaf in America: Voices from a Culture*:

We use the lowercase deaf when referring to the audiological condition of not hearing, and the uppercase Deaf when referring to a particular group of deaf people who share a language – American Sign Language (ASL) – and a culture. The members of this group have inherited their sign language, use it as a primary means of communication among themselves, and hold a set of beliefs about themselves and their connection to the larger society. We distinguish them from, for example, those who find themselves losing their hearing because of illness, trauma, or age; although these people share the condition of not hearing, they do not have access to the knowledge, beliefs, and practices that make up the culture of Deaf people.¹⁴

**Per the American Association of the DeafBlind (AADB):

Deaf-blind people use many different ways to communicate. They use sign language (adapted to fit their visual field), tactile sign language, tracking, tactile fingerspelling, print on palm, tahoma, Braille, speech, and speech reading. The communication methods vary with each person, depending on the causes of their combined vision and hearing loss, their background, and their education.¹⁵

Blind or low vision. *Appropriate:* person who is blind; person who has low vision. Because of their shared historical and cultural experience, members of this community also consider it acceptable to say blind person, or the blind. *Inappropriate:* visually handicapped; visually impaired. Many blind individuals have some light perception or partial vision. Some people who are blind read and write using Braille as their primary form of written language. People with low vision have a range of visual acuity, with some individuals being able to read large print material. Many people who are blind or who have low vision use assistive technology such as screen readers and screen magnification software to interact with computers and other electronic devices.

Speech disability. *Appropriate:* person with a speech disability; person who stutters; communication disability. *Inappropriate:* speech impaired; halted; dumb; mute. For someone who is unable to speak, the appropriate terms are person who is non-verbal; person who is unable to speak; person without speech. Some people who are non-verbal use augmentative and alternative communication devices, or different forms of sign language, to communicate.

Mobility disability. *Appropriate:* person who uses a wheelchair or crutches; a wheelchair user; walks with crutches. *Inappropriate:* confined/restricted to a wheelchair; wheelchair bound, physically impaired. Most people who use a wheelchair or mobility device do not regard it as confining. In fact, it becomes an extension of the person, and it is viewed as liberating.

Intellectual disability. *Appropriate:* person who has an intellectual disability; person who has a cognitive disability; person who incurred a traumatic brain injury. *Inappropriate:* mentally retarded; the retarded; mentally impaired; feeble minded; moron; imbecile; idiot. These terms are offensive to people with these disabilities as well as family and friends of those individuals. Developmental disabilities are a broader category of disabilities that arise during childhood or youth, which may include intellectual disabilities.

Mental illness. *Appropriate:* person with a mental health condition; person with a psychiatric disability; person with a behavioral health disability. *Inappropriate:* crazy; freak; maniac; lunatic; psycho. People with mental health conditions are one of the most stigmatized groups due to a long history of discrimination, the misconception that the individual should be able to easily manage the illness, and the misconception that mental illness is associated with violent behavior.

Short stature. *Appropriate:* person of short stature; little person, dwarf. *Inappropriate:* deformed; midget.

Recovering from a health condition. *Appropriate:* person recovering from a stroke; a cancer or brain injury survivor. *Inappropriate:* brain injured; brain damaged; victim of a stroke.

No disability. *Appropriate:* person who does not have a disability; person without a disability; person who is able to walk, see, hear, etc. *Inappropriate:* healthy person or normal person, when used to contrast with a person who has a disability. The term “healthy” implies that the person with a disability is unhealthy. Many people with disabilities have excellent health. Likewise, use of “normal person” implies that the person with a disability is abnormal. No one wants to be labeled as abnormal.

It should be noted that some people may have more than one disability, e.g., a wheelchair user may also be deaf. Interact in a manner that will address each aspect of a person’s multiple disabilities.

Tips for Effective Interactions

The following section provides information regarding appropriate communications and behaviors when interacting with people who have disabilities. The first portion presents

general tips that apply to all people with disabilities followed by tips geared to interactions with specific groups of individuals with disabilities.

General Tips:

- When talking to a person with a disability, look at and speak directly to that person, rather than their companion.
- **Be considerate of people’s service animals.** Some people who have disabilities may use a service animal. Do not pet or play with the animal as this activity may unsettle the person and may interrupt the animal from doing its assistive duties. When spending time with someone who uses a service animal, build in breaks for the service animal to use the relief area.
- **Avoid assuming the preferences and needs of people with disabilities.** People with disabilities are individuals and thus have individual preferences and needs. Therefore, if you have the impression that a person needs help, ask the person if, and then how, you may be of assistance.
- When determining what aid or service is needed to communicate effectively with an individual with a disability, consider the nature, length, complexity, and context of the communication as well as the person’s usual method(s) of communication.¹⁶
- **Communicate clearly and comprehensibly.** As with all communication, a successful message is one that is spoken and/or written clearly and comprehensibly. This point is extremely important for people with disabilities who may have difficulty obtaining or comprehending messages. Be sure to convey your message in an understandable form and in multiple ways if necessary. Avoid using idioms and metaphors as this may confuse people with intellectual disabilities. Use of idioms and metaphors may also be confusing for persons from other cultures and those who are limited English proficient. The use of plain language is beneficial here. As summarized on www.plainlanguage.gov, “plain language is clear, straightforward expression, using only as many words as are necessary. It is language that avoids obscurity, inflated vocabulary, and convoluted sentence construction.”¹⁷ Use of plain language is crucial to communicating with many people with disabilities.
- **If you do not need to know about the specific nature of someone’s disability, do not ask about their disability.** Your focus should be on what the person is communicating to you.
- **In your conversation, relax.** Don’t be embarrassed if you happen to use accepted common expressions such as “See you later” or “Got to be running along” that seem to relate to the person’s disability. Don’t be afraid to ask questions when you are unsure of how to assist or communicate with the person.
- **In a crisis situation,** per the National Association on Mental Illness (NAMI) resource guide, *Navigating a Mental Health Crisis*, strategies to de-escalate a mental health crisis can include, remaining calm and supportive, avoiding overreacting, listening to the person, expressing concern, and being patient. If appropriate, ask how you can help and find out if there is a friend or family member who can be contacted.¹⁸

Person Who Has a Hearing Disability:

- When a sign language interpreter is present, look at and speak to the person who is deaf, not the interpreter, when communicating.
- To get the attention of a person who is deaf or hard of hearing, tap the person on the arm, wave your hand, or, in a large group, flicker the lights.

- Look directly at the person and speak clearly, naturally, and slowly to establish whether the person can speech-read. Not all persons who are deaf can speech-read. Those who can, will rely on facial expression and other body language to help in understanding.
- Show consideration by placing yourself under or near a light source and keeping your hands and food away from your mouth when speaking. Shouting will not help.
- When gathered as a group, speak one at a time. This is especially true if sign language interpreters are being used but also holds true for someone with limited hearing who is trying to follow the conversation on their own.

Person Who Has a Vision Disability:

- Greet the person verbally to let them know that you have approached them. Identify yourself and others who may be with you. Speak normally but facing the person.
- Identify yourself before you make physical contact with a person who is blind. Tell them your name and your role if it's appropriate, such as security guard, usher, case worker, or receptionist.
- Do not grab the person's arm or cane assuming they need assistance. Ask first if they need assistance.
- Offer to assist the person to reach their destination. Offer your arm as a guide just above the elbow and describe any obstacles in the path of travel. When arriving at the destination, tell the person that they are standing in front of the chair, the table, the doorway, etc. It is appropriate to guide the person's hand to the chair or railing for additional assistance in orienting them.
- If the person has a guide dog, walk on the side opposite the dog and do not touch or distract the dog at any time.
- When conversing in a group, give a vocal cue by announcing the name of the person to whom you are speaking.
- Indicate in advance when you will be moving from one place to another, and let it be known when the conversation is at an end.

Person Who Has a Speech Disability:

- Listen attentively. Keep your manner encouraging rather than correcting. Exercise patience rather than attempting to speak for a person with a speech disability.
- Never pretend to understand if you are having difficulty doing so. Repeat what you understand or incorporate the person's statements into the follow-up questions. The person's reactions will guide you.
- When necessary, ask short questions that require short answers or a nod or a shake of the head.
- Some disability advocates are beginning to shift away from the word "nonverbal" in favor of "nonspeaking," arguing that "nonverbal" implies that someone doesn't understand language, while "nonspeaking" does not invite the same judgment. A nonspeaking individual may understand and use language – just in a different way, such as through American Sign Language. The case for "nonspeaking" is outlined by the non-profit organization [The Guild for Human Services](#).¹⁹

Person Who Has a Mobility Disability:

- When talking at length to a person who uses a wheelchair or crutches, sit in a chair, whenever possible, in order to put yourself at the person's eye level to facilitate conversation.
- Do not speak loudly and slowly to an individual in a wheelchair unless you know that doing so is necessary to communicate.
- Be considerate of people's assistive equipment. Some people with disabilities may use various equipment (e.g., canes, wheelchairs, speech synthesizers) for assistance. Do not touch or operate the equipment without the owner's prior consent or instructions, as such behavior is disrespectful and shows careless regard for the owner's personal property or space. Do not separate the person from his or her assistive equipment.
- When introduced to a person with a disability, it is appropriate to offer to shake hands. People with limited hand use or who wear an artificial limb can usually shake hands. (Shaking hands with the left hand is an acceptable greeting.)
- Treat adults as adults. Address people who have disabilities by their first names only when extending the same familiarity to all others. Never patronize people who use wheelchairs by patting them on the head or shoulder.

Person with an Intellectual or Developmental Disability:

- Speak directly to the person and respect their expressed preferences as to choices or decisions.
- For some individuals, if you are in a public area with many distractions, consider moving to a quiet or private location.
- Be aware of the possible need to speak to the person in clear and short sentences. Repeat your information and your questions, as needed. Use concrete words and visual aids or color-based cues.
- It may be helpful to offer assistance completing forms or understanding written instructions and provide extra time for decision-making. Wait for the individual to accept the offer of assistance; do not "over-assist" or be patronizing.
- Be patient, flexible and supportive. Take time to understand the individual and verify that the individual understands you.
- Do not insist on eye contact. Eye contact can be very distracting or even uncomfortable and threatening to many autistic people.
- People with intellectual disabilities may be anxious to please or to agree with what you say. Be sure they know they can refuse to do something or say they don't know what you mean. This is especially important in certain situations such as a law enforcement encounter or during the provision of health care.

Person with a Non-Apparent Disability:

- A person's disability may not be readily apparent. For example, people with brain injury, epilepsy, mental illness, autism, or developmental disability are often misunderstood because their behaviors or ways of communicating may appear "unusual."
- Be cautious about interpreting behavior. For example, the actions of people with cerebral palsy or epilepsy have been mistaken for drunkenness.
- A person may ask to sit, rather than stand, in line. This person may be fatigued from a condition such as cancer or may be feeling the effects of medication. Even though

- these disabilities are not apparent, they are real. Respect the person's needs and requests whenever possible. Do not ask for details as to why the person needs to sit.
- What seems like unusual behavior could be the result of the person's hearing loss, or it could be the person's lack of understanding or fear.
 - Allow extra time for the person to process what you are saying and to respond.
 - Be very cautious about seeking the assistance of the person's companion, caregiver, or personal assistant. While this individual may be able to assist you with communication and interpreting the person's meaning and/or responding to behaviors, it is easy to make an incorrect assumption and fail to communicate directly with the individual.

Awareness of Cultural Differences in Viewpoints on Disability

The disability rights organization Mobility International USA explains how perceptions of people with disabilities can vary according to cultural norms or other factors:

“People with disabilities live in every country. But the degree to which they participate in society (school, work, community life) is significantly influenced by the cultural roles and expectations placed upon them. People with disabilities may be:

- Included in their communities and in leadership roles
- Protected from the outside world by their families
- Exploited or neglected and begging on the streets
- Valued or limited in community roles or employment areas
- Isolated in institutions with restricted rights as citizens
- Perceived as religiously superior or closer to God
- Educated in segregated or mainstream settings
- Excluded from full involvement due to a lack of resources, including adaptive equipment or services, accessible transportation, and other barriers

In some cultures, there is shame attached to being disabled that comes from a belief that one's disability is caused by that person or his/her immediate family having done something wrong, by black magic or by some ancestral sin. In other cultures, it is seen as an individual condition and accompanied by attitudes of pity or respect for diversity”.²⁰

Be aware of the context that cultural differences present as you interact with people with disabilities. For example, in some cultures, shaking hands is inappropriate.²¹ In other cultures, making eye contact is considered rude.²² This awareness will foster an understanding of what behavior you might expect as well as help you tailor your interactions to be respectful and welcoming.

Awareness of Context

It's important to be aware of how overall context of the immediate situation can impact interactions with people who have disabilities. In addition to the differences in cultural viewpoints outlined above, additional factors need to be considered, such as:

- The setting in which the interaction takes place. For example, in a detention environment there may be an incentive to hide a disability as it may expose a person in custody to ridicule or abuse by others in detention.
- There is still stigma surrounding disabilities in many countries that may be a barrier to interactions with DHS personnel since there may not even be language to describe disability in a person's country of origin or they may never have learned the language to describe a disability.
- Noncitizens have varying levels of education and may not know a standardized sign language. This could have a negative impact on interactions in certain settings (e.g., custody, detention, ports of entry) which are often high stakes and may involve health and legal rights.
- Awareness of disability is different in other cultures. Some people with disabilities from other cultures do not come from a society where expressing what they need to accommodate their disability is commonplace. In fact, there may be no awareness of their right to ask for assistance for a disability-related need.

Recognize Intersectionality

- It's important to recognize intersectionality, a term coined by Kimberlé Crenshaw, which provides a framework for understanding the different aspects of a person's social and political identities and how these identities intersect to potentially create discrimination.²³
- For example, a disabled veteran who is Black can't separate these identities when speaking about disability. It is also important to realize that poverty impacts disabled people, especially communities with high disability rates such as Black, Indigenous, LGBTQ and transgender communities.²⁴
- Disability crosses every racial and ethnic community. According to the Centers for Disease Control and Prevention, the disability rate among Black people in the United States is 1 in 4, among American Indian/Alaska natives it's 3 in 10, among Native Hawaiian/ Pacific Islanders it's 1 in 6, among Hispanic people it's 1 in 6, and among Asian Americans, it's 1 in 10.²⁵

Background Regarding This Guide

This Guide was informed by publicly available materials and the insights of former and current federal personnel with expertise on disability policy, law, or practice and disability leaders. For more information regarding the topic of interacting with people who have disabilities, there are several excellent resources available on the internet. Of note are the guide entitled "Disability Etiquette: Tips on Interacting with People with Disabilities" developed by the United Spinal Association; the "Guidelines for Reporting and Writing about People with Disabilities" developed by the Research and Training Center on Independent Living, University of Kansas; and the "Disability Language Style Guide" developed by the Walter Cronkite School of Journalism and Mass Communication, Arizona State University.

For more information about the DHS Office for Civil Rights and Civil Liberties and DHS efforts under the Rehabilitation Act:

Visit: <https://www.dhs.gov/disability-access-department-homeland-security>

E-mail: crcl@dhs.gov

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- ⁷ The Americans with Disabilities Act of 1990, as amended, 42 U.S.C. § 12101 *et seq.*; Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794.
- ⁸ U.S. Dep’t of Health and Human Servs. Substance Abuse and Mental Health Servs. Admin., *Mental Health Myths and Facts* (Apr. 24, 2023), <https://www.samhsa.gov/mental-health/myths-and-facts>; Sarah L Desmarais, et al., *Community violence perpetration and victimization among adults with mental illnesses*, 104 Am. J. of Pub. Health, 2342-9, 2014, available at <https://pubmed.ncbi.nlm.nih.gov/24524530/>.
- ⁹ Desmarais, *supra*, note **Error! Bookmark not defined.**
- ¹⁰ The Americans with Disabilities Act of 1990, as amended, 42 U.S.C. §12101 *et seq.*; Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794.
- ¹¹ *Id.*
- ¹² *Id.*
- ¹³ U.S. Dep’t of Health & Human Servs., Nat’l Insts. of Health, *NIH Style Guide: Person-first and Destigmatizing Language* (May 18, 2023), <https://www.nih.gov/nih-style-guide/person-first-destigmatizing-language> (emphasis in original).
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