



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



**Homeland
Security**

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The Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) has developed this Guide to assist DHS personnel, contractors, and grantees in their interactions with people who have disabilities. Under the Rehabilitation Act of 1973, as amended, DHS has a legal obligation to ensure nondiscrimination in the employment of people with disabilities as well as by providing program access, physical access, effective communication, and reasonable accommodation to people with disabilities encountered and served by DHS 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, naturalizing to become a U.S. citizen, being held in detention awaiting a hearing or removal, and receiving assistance before, during, or after a disaster.

Ensuring nondiscrimination often begins by practicing effective methods for interaction, such as treating individuals with respect and using appropriate language. This document 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. In 2010, 18.7% of the civilian non-institutionalized population in the U.S. (about 56.7 million people) had a disability. ²

Myth	Fact
<p>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 wheelchair, they are unable to stand up.</p>	<p>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.</p>
<p>An individual's disability is usually observable.</p>	<p>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.</p>
<p>With the loss of one of the senses such as sight or hearing, the other senses automatically compensate and become sharper.</p>	<p>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</p>
<p>People with disabilities are heroic because they demonstrate bravery and courage by trying to overcome their disability.</p>	<p>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</p>
<p>Most people with disabilities would be better off living in institutions where their needs can be met.</p>	<p>Federal law supports full inclusion so that people with disabilities have the right to live, learn, work, and participate in the community, utilizing assistive devices and support services if needed.⁷</p>
<p>People with mental illness are potentially violent or incapable of participating in the community, and people without disabilities should be protected from them.</p>	<p>The vast majority of people who are violent do not have mental illness and most people who have mental illness are not violent.⁸</p>
<p>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.</p>	<p>Federal law generally requires that people with disabilities be served in the same setting and circumstances as the rest of the population.⁹</p>
<p>Simply treating everyone in the same manner will lead to people with disabilities being served appropriately.</p>	<p>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.¹⁰</p>
<p>Modifying program procedures and furnishing auxiliary aids such as sign language interpreters or print reading software is too expensive.</p>	<p>Many modifications and accommodations can be made at low or no cost. In any event, Federal law generally requires service providers to furnish auxiliary aids to achieve effective communication with people who have disabilities.¹¹</p>

Using Appropriate Language

People with disabilities are people first. They are not defined by their conditions or diseases. Lack of awareness about disabilities can lead to unintended stereotypes and discrimination. The way we view and communicate with and about people with disabilities shapes our relationships. The way we refer to people with disabilities in our communication is important. For example, a person is not an “epileptic” but rather a “person who has epilepsy.” Putting the person first in our communications is not “political correctness,” it is showing respect for the dignity of the individual.

Refer to the explanations below for a listing of appropriate terms and examples of how to apply these terms. Note that not all people with disabilities use the same terminology and that 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.

People with disabilities. Appropriate: people with cerebral palsy; people with spinal cord injuries. Inappropriate: the disabled; the cerebral palsied; the spinal cord injured. People should be referred to as people first. Never identify people solely by their disability.

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 incurred 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; person who is hard of hearing; person with hearing loss. Because of their shared historical and cultural experience, members of this community also consider it acceptable to say deaf person; the deaf; or the deaf community. 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 speechread (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 speechreading, 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.

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 who bear the label 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. Inappropriate: deformed; dwarf; midget. The term little person is one of few exceptions to the notion of placing the term “person” first in our communications.

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.

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, and this is 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.
- **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.
- **Communicate clearly and comprehensibly.** As with all communication, an effective 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.
- **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 the person.

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 speechread. Not all persons who are deaf can speechread. 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.
- Offer to the person a means of exchanging written messages to see if that would be helpful to facilitate the communication process.
- 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.
- 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.

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.
- 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.

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.
- 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.

References

- ¹ The Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. 15001 et seq.
- ² Brault, Matthew. "Americans with Disabilities: 2010." *Current Population Reports* P70-131. Washington, D.C.: U.S. Census Bureau, 2012.
- ³ "Non-Discrimination Principles of the Law." *Accommodating Individuals with Disabilities in the Provision of Disaster Mass Care, Housing, and Human Services: Reference Guide*. Washington, D.C.: U.S. Department of Homeland Security Federal Emergency Management Agency and Office for Civil Rights and Civil Liberties, 2007.
- ⁴ Department of Education, "The Civil Rights of Students with Hidden Disabilities Under Section 504 of the Rehabilitation Act of 1973," available at <http://www2.ed.gov/about/offices/list/ocr/docs/hq5269.html>.
- ⁵ American Foundation for the Blind, "Learning About Blindness," available at <http://www.afb.org/section.aspx?FolderID=2&SectionID=7&TopicID=116&SubTopicID=70&DocumentID=2887>.
- ⁶ Easter Seals, "Myths and Facts About People with Disabilities," available at <http://www.easterseals.com/explore-resources/facts-about-disability/myths-facts.html>.
- 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. Department of Health and Human Services Substance Abuse and Mental Health Services Administration, "Understanding Mental Illness: Factsheet," available at http://www.samhsa.gov/mentalhealth/understanding/MentalIllness_Factsheet.aspx.
- ⁹ 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.
- 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 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.

Background Regarding This Guide

This Guide was informed by publicly available materials and the insights of Eve Hill, Senior Counselor to the Assistant Attorney General for Civil Rights at the U.S. Department of Justice, along with personnel throughout DHS, including persons with disabilities.

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 Etiquette Handbook" developed by the City of San Antonio Disability Access Office/Planning Department.

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

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