LANGUAGE MATTERS: REPECTING DIGNITY, CONVEYING INCLUSION

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ABOUT ME

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I identify as queer and neurodivergent, and I frequently use a screen reader for cognitive load and reading retention support.





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TRIGGER WARNING:

It is necessary for me to use examples throughout this presentation of ways we should **NOT** say things to clearly demonstrate how to communicate with sensitivity.

I have taken care to do this sparingly and have attempted to use the least-offensive examples I can when it is necessary to do so.



O1 INTRODUCTION/ ORIENTATION



DISABILITY DOESN'T MAKE YOU EXCEPTIONAL, BUT QUESTIONING WHAT YOU THINK YOU KNOW ABOUT IT DOES.

- Stella Young, TedxSydney, 2014



WHY LANGUAGE MATTERS

People with disabilities continue to experience discrimination and microaggressions and are often distrusting of people seeking to engage with them.

How you communicate with people with disabilities can be perceived to be an indication of how much you value and respect them.

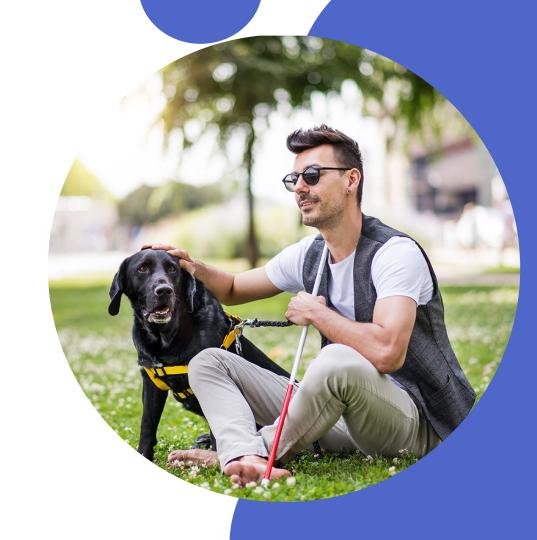
It is important to build language and communication skills for work with people with disabilities and to practice with colleagues, friends, and the communities you serve.

Communicating your respect is an ongoing and iterative process.



IT'S A PROCESS

- Commitment to inclusive language requires a willingness to continually evolve
- Making mistakes is part of the process
 - Acknowledge the mistake and commit to doing better in the future
- In person-to-person interactions, it's always best to use the words preferred by the person with disabilities directly in front of you*



*RECLAIMED WORDS

- We must be sensitive that words that have been reclaimed, whether related to disability, race, or LGBTQI+ identity should be used only by those with these identities unless that person requests you use these words
- One person giving you permission to use specific words does not mean you should use these words with other community members



INTERSECTIONAL DIFFERENCES

Language preferences can also vary by community and may differ by:

- Age-group
- Race
- Ethnicity
- Gender
- Language spoken at home
- Length of time since the onset of disability
- Whether they have other people with disabilities in their peer-groups



INCLUSIVE LANGUAGE REQUIRES COGNITIVE EFFORT AND EMOTIONAL BRAVERY

What do you say when a rule is being upheld against you that feels unfair and frustrating but you don't want to show emotional vulnerability?

Culturally, we have routinely disparaged the following groups of people to externalize this experience, rather than talking about our frustration:

Romani people ("I was gypped")

LGBTQI+ people ("that's so gay")

People with physical disabilities ("that's lame")

CONVEYING RESPECT REQUIRES EFFORT. DIGNITY DEMANDS IT.



02 UNDERSTANDING DISABILITY

Concepts that define disability



LEGAL DEFINITION OF DISABILITY

The Americans with Disabilities Act (ADA), protects against disability discrimination for those with:

- (A) a physical or mental impairment that substantially limits one or more major life activities of such individual;
- (B) a record of such an impairment; or
- (C) being regarded as having such an impairment

DISABILITY TYPES

There are many ways disabilities are classified into types, some with up to 13 categories of disabilities. A simpler model puts disabilities into 4 main categories:

- Physical (difference relating to a body part that is congenital or acquired; non-brain or sense-organ related)
- 2. Sensory (differences in how we take in information)
- 3. Mental (differences in cognition, emotional regulation, and/or behavior; previously described as mental illness)
- Intellectual/Developmental (differences in cognitive, language, motor, and social skills that manifest during early development)

(Huang, 2021)



MORE ON DISABILITY

Disabilities can be congenital (present from birth or genetic) or acquired.

Often, people newly diagnosed with a condition that meets the definition of disability do not adopt disability language until later, if at all.

Some people acknowledge they are a "person with a disability" but do not consider themselves to be "disabled".*



MANY DISABILITIES AREN'T VISIBLE

Don't assume that no one in the room has a disability or an accessibility need.



2 PRIMARY MODELS OF DISABILITY

MEDICAL MODEL

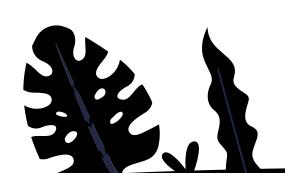
- An impairment that results in decreased functioning in a life domain compared to what is normal
- The goal should be remediation to fix the problem of disability

 Deficit oriented – defined by what cannot be done

SOCIAL MODEL

- A difference from what is considered typical, but considered part of the spectrum of what is it is to be human
- Disability (or disablement) occurs when barriers (environmental or attitudinal) prevent full and meaningful participation in society

(Retief & Letšosa, 2018)







WHY I ORIENT YOU TO THE SOCIAL MODEL

While other models exist that merge the two and acknowledge that physical differences can impact functioning (such as with chronic pain) the Social Model is a good framing for how we think and talk about disability. It makes disability rights a social justice issue.

Using the Social Model puts the onus on us to work to remove barriers to accessibility and to work toward full, meaningful inclusion for people with disabilities – which you are likely committing to by attending this webinar.



PERSON-FIRST & IDENTITY-FIRST LANGUAGE: THE BASICS

PERSON-FIRST

Using a word like "person" or "people" before talking about the disability

Examples:

- · Person with a disability
- People with low vision



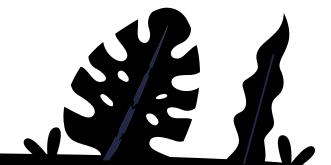
IDENTITY-FIRST

Naming the disability first

Includes a word like "person" or "people"

Examples:

- Deaf person
- Autistic people



WHY DO PEOPLE PREFER ONE OVER THE OTHER?

PERSON-FIRST

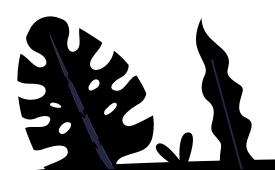
Evolved from the historical dehumanization of people with disabilities

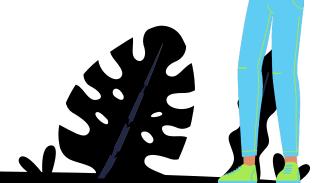
- To center the humanity of the individual
- To indicate that disability is not one homogenous community

When someone first starts acknowledging their disability, this is often how they identify

IDENTITY-FIRST

- Some people feel their disabilities are central to how they experience the world or that they cannot separate out the disability from who they are
- Often indicates having a sense of community with other people with disabilties





COMMUNITY PREFERENCES

PERSON-FIRST

Most find this unobjectionable, even if it's not their preference



2 Communities generally prefer this over person-first:

- Autistic community
- Deaf and Hard of Hearing community







PERSON-FIRST AND IDENTITY-FIRST BOTH INCLUDE **PERSONHOOD**

Using terms that omit a reference to personhood fails to serve communities by:

- Implying that the members of the group are homogenous, rather than individuals
- Prioritizing one identity over other intersecting identities

Avoid labels such as "The disabled," "amputees," "diabetics," "Blacks," or "gays" – each should include a word of personhood, whether person-first or identity-first language is used

Examples of better choices (not exhaustive): Disabled people, people with amputations, people with diabetes, Black* people, LGBTQ+* people

ALTERNATE WORDS OF PERSONHOOD

We can use other words to describe people with disabilities that note their disability status, such as:

- Peers
- Employees
- Family members
- Advocates
- Community Members
- Individuals
- Students
- Volunteers

But we should be careful not to use these words if they are disingenuous.

IT'S OKAY TO USE BOTH PERSON-FIRST AND IDENTITY-FIRST LANGUAGE

Don't sacrifice inclusion for brevity.

It's okay to say, "Blind people and those who have vision impairments" to use both person-first and identity-first language if the community is split on how they prefer to identify.

It's also acceptable to alternate between person-first and identity-first language in the same conversation or communication

IT'S OKAY TO TALK ABOUT COMMUNICATION CHOICES

If your organization has decided to use a particular word in group communications, acknowledge that some people may prefer other wording and explain your rationale for your decision.

You can crowd source with attendees how you should talk about disability.*

Be open to feedback!

*DON'T PUT SOMEONE ON THE SPOT TO PUBLICLY PROVIDE AN OPINION

Make space to allow anyone who wants to volunteer their preferences to do so.

Provide alternate ways they can communicate preferences to you if this will be an ongoing engagement (e.g., via email or phone)

WHO IS **NOT** A PERSON WITH A DISABILITY

Family members and non-disabled professionals who work in the disability field are knowledgeable stakeholders who can provide us with great **supplemental** information, it is important not to consider them to be substitutes for the involvement of people with lived experience of disabilities.

I have frequently experienced professionals in our state conflating the "involvement of people with disabilities" with the involvement of someone from a family in which there is a person with a disability





03UNDERSTANDING OUR MOTIVATIONS

Thinking critically about the "why"

CONSIDERATIONS WHEN **ASKING** ABOUT A DISABILITY

- Do I truly need to know?
- How is it relevant to the topic/work at hand?

People with perceivable disabilities are often asked <u>wildly inappropriate</u> questions about their disabilities and may be reluctant to share even when the information is important to the work you will do together.

Some people with disabilities will be comfortable disclosing in private, but not in front of others.

Building trust is essential prior to inquiry about disability.

BUT ALSO...

If disability-status is relevant to the work you are doing, don't avoid asking because of assumptions they wouldn't want you to know. Explain why you are asking, so the person with disabilities knows it is relevant.

Example: Surveys relating to disability preferences in the community

SURVEYS RELATING TO DISABILITY PREFERENCES IN THE COMMUNITY

- Screening by disability status (asking someone to identify as a person with disabilities prior to asking questions) can eliminate up to 30% of people who qualify as having a disability due to lack of self-identification as a disabled person
- However, knowing which respondents have a disability is essential to prioritize their expressed knowledge and preferences
 - Collect data first and classify who has a disability when analyzing your data

CONSIDERATIONS WHEN TALKING ABOUT SOMEONE'S DISABILITY

Why am I identifying the disability?

- Is it essential to the conversation?
- Am I virtue-signaling?
- Does it disclose personal information?*

*NEVER DISCUSS A PERSON'S DISABILITY STATUS (AND OTHER PERSONAL INFORMATION) WITH OTHERS WITHOUT THEIR PERMISSION

Someone may choose to disclose about their disability in a semi-public environment, but that should not be considered broad consent for you to share this information



OFTEN **ACCESSIBILITY NEEDS** ARE MORE RELEVANT THAN DIAGNOSES

Instead, consider:

- Maria uses a screen reader
- Aisha uses a wheelchair
- Kris communicates using assistive technology
- Trista requires plain language materials



AM I USING A PERSON'S LIFE AS INSPIRATION?

- People with disabilities should only be "inspirational" when doing something that would be inspiring if done by a non-disabled peer
- Over-compensating with praise also conveys ableist attitudes regarding people with disabilities

Check out Stella Young's Tedx Talk:

<u>Inspiration porn and the objectification of disability</u>







04

TARGETING VARIOUS AUDIENCES

Planning a strategy for successful communication

CREATE A 3-LEVEL COMMUNICATION STRATEGY



MICRO (PERSON TO PERSON)

Use the language preferences of the person/people before you



MESO (ORGANIZATION OR GROUP LEVEL)

Best:

 Based on preferences of a known client-base

Good:

- Use reputable media guides as starting point and adapt
- Follow suggestions like those you'll hear today



MACRO (GENERAL AUDIENCE)

- Consistent terminology in presentations and media posts
- Most likely to align with media guides
- May reflect funder priorities and advocacy goals

EXAMPLE: NEURODIVERGENT AGING ADULTS

TERMS TO KNOW FOR EXAMPLES IN THIS SEGMENT

Neurodiversity – The full range of natural ways brains operate

Neurodivergent – Brain types that work differently than what society deems "normal" Conditions associated with neurodivergence include: Autism Spectrum Disorder (ASD), Attention-Deficit/Hyperactivity Disorder (ADHD), Dyslexia, and Misophonia

MICRO: NEURODIVERGENT AGING ADULTS



MICRO

YOUR LANGUAGE

(PERSON TO PERSON)

Kevin likes to be referred to as Autistic

You learned Kevin's preferences by noting the terms he used when talking about his experiences. You say "Autistic" when engaging with him.

Miguel prefers Neurodivergent Miguel hasn't expressed their labels, so you asked them what terms they prefer. They tell you to use "Neurodivergent".

Dana calls herself an "ADHDer" Dana doesn't love labels and though she calls herself an "ADHDer" you can tell she's uncomfortable when you say it. Instead, you discuss her relevant experiences rather than labeling her or her disability.

MESO: NEURODIVERGENT AGING ADULTS



MESO

(ORGANIZATION OR GROUP LEVEL)

Overall, your client population doesn't like the word "disability." Some of the older adults identify with their conditions and some like a broader "neurodivergent" label

YOUR LANGUAGE

You find that your program participants prefer to think of their brain types as part of a spectrum of neurodiversity, so you use this term, when possible.

Though many Autistic individuals prefer identity-first language, your clients do not, so to honor your clients' self-concept, you talk about people "diagnosed with" or "with labels relating to" Autism Spectrum Disorder.

Your funding requires participants to have a diagnosis of Autism Spectrum Disorder. When you post flyers to recruit advisory council members, your bold heading says "Seeking a Neurodiverse Group of Older Adult Advisors" and in the text of the document you specify that parameters for participation, including having an ASD diagnosis.

MACRO: NEURODIVERGENT AGING ADULTS



MACRO

(GENERAL AUDIENCE)

- Your organization creates an internal guide for discussing your projects in media and at events
 - Key components of the guide include:
 - Orientation toward person-first or identity-first language
 - Key terms (defined) you will frequently use based on your population
 - Which terms should be defined upon first use in every communication
 - Words to avoid in your communication
 - Guidelines for when it's appropriate to discuss disability at all in media communications



05

COMMUNICATION ETIQUETTE

Some things to prioritize and many to avoid

COMMUNICATING WITH PEOPLE WITH DISABILITIES

DO

- Accommodate known communication preferences
- Speak directly with the person with disabilities, unless you know they are unable to communicate with you
- Modulate your tone, speed, and volume appropriately
- Listen to responses and feedback
- Create alternative document types (e.g., plain language guides and picture stories)
- Allow unrushed time for communicating – this may be the most important factor!

DON'T

- Use intonation you would use with a child with an adult with disabilities
- Touch people with disabilities in ways you would not touch a non-disabled person
- Stand over a person with disabilities who is seated or using a wheelchair
- Assume a person with a visible disability has an intellectual/cognitive disability
- Provide "accommodations" that have not been requested
- Communicate unidirectionally

IF SOMEONE IS NON-VERBAL

DO

- Prioritize supports that allow them to communicate for themselves
 - Consult with family/support to learn what communication techniques work best
 - Encourage the use of Alternative/Augmentative Technology as appropriate

DON'T

 Talk to someone who is verbal to get information about them that they are able to provide for themselves TALKING ABOUT DISABILITIES:
AVOID EMOTIVE WORDS IN DESCRIPTIONS

- Don't put an emotive word within the descriptive words used to identify people with disabilities
 - Person "suffering from"
 - Wheelchair "bound"
 - Person "living" with*

When we say, "I can live with it" we mean that it's something we can deal with but it implies that thing being described is negative – that there is a need to overcome

- Don't use "impaired" in reference to a person
 - Rather than "visually impaired" use "with a vision impairment"



TALKING ABOUT DISABILITIES: DON'T AVOID DISABILITY WORDS

Don't refer to a group of men with disabilities as "our guys"

Or say "people" alone when you actually mean "people with disabilities"

Avoiding disability-related words highlights discomfort



TALKING ABOUT DISABILITIES: DON'T USE EUPHEMISMS

- Euphemisms convey:
 - · Discomfort talking about disability
 - Beliefs that disability is something to pity
- Euphemism examples:
 - Differently-abled
 - Made up words like diversability and handicapable
 - "special" populations
 - "Diverse" people



TALKING ABOUT DISABILITIES: SPECIAL NEEDS

"Special needs" is not my favorite but I recognize that some people (often parents) prefer this

Needs are not special. The way these needs are fulfilled might be different from what society considers to be "normal", but we all need to live, learn, and thrive

On the Meso and Macro level, try to avoid this term. However, on the Micro level, use it if the person with disabilities prefers it.



TALKING ABOUT OTHER TOPICS: EXAMINE YOUR USE OF SLANG AND IDIOMS FOR ABLEIST ORIGINS

CONVEYING JUDGMENT

Avoid words like "lame" or "crazy"

NOT PERCEIVING OR ACTING

Don't use terms like "duh," "turn a blind eye," or "falling on deaf ears"

QUESTIONING LOGIC

Avoid words like "dumb" and "spaz"

*BUT DON'T AVOID FUNCTIONAL WORDS

It's okay to use phrases like "watch TV" when talking to a Blind friend. When we awkwardly struggle to find a different verb it can convey that we have their disability at top of mind rather than the content of the conversation.



SOME DISABILITY TERMS

NON-DISABLED PERSON/PERSON WITHOUT A DISABILITY

Person who does not have a disability. Avoid able-bodied, normal, etc.

INTELLECTUAL DISABILITY

Person with an intellectual or cognitive disability. Avoid mental retardation and any other form of that word, slow, and special needs (as a noun).

PERSON WITH SUBSTANCE USE DISORDER

Person with a history of misusing drugs or alcohol. Avoid 'addict' and 'drug abuse'.

DEVELOPMENTAL OR NEURODEVELOPMENTAL DISABILITY

Person who is not neurotypical who may be diagnosed with ADHD, ASD, or other developmental disabilities. Distinct from 'mental disability'.

DISABILITY

A word for biological or cognitive difference. Ok alternatives: impairment, difference, chronic health condition. Avoid: 'defect', 'abnormality', and 'problem'.



06 TALKING ABOUT INTERSECTIONS

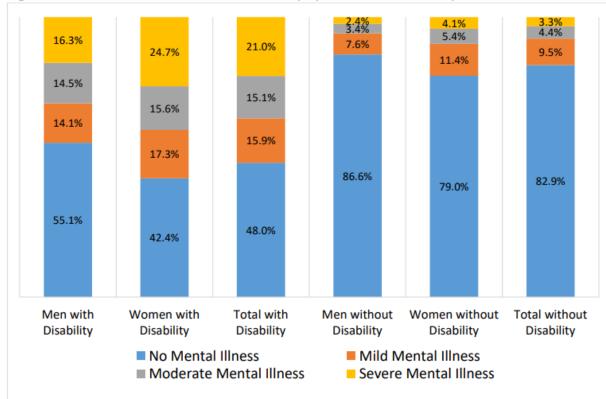
IT'S IMPORTANT TO THINK OF INTERSECTIONAL DISABILITY NEEDS

There are discrepancies in diagnosis rates, what diagnoses are given, and access to care for those additionally marginalized by race, sex, immigration status, and LGBTQIA+ status.

If we don't ensure our advisors with disabilities are as diverse as the communities we serve, we will not adequately serve all people with disabilities.



Figure 14. Distribution of Mental Illness Severity by Gender and Disability



Notes: This figure presents the distribution of mental illness severity by gender and disability status in 2019 for people ages 18 to 64. Mental illness is imputed from a variety of questions, which are combined into a numerical score: Asks about month in past year in which "emotions, nerves or mental health interfered most with daily activities" and difficulty with a variety of functions, serious thought of suicide in past year, major depressive episode in past year and frequency of feeling nervous, hopeless, restless, depressed and worthless. **Source:** Authors' calculations using the National Survey on Drug Use and Health.

CO-OCCURRING CONDITIONS

Disability-competence can't be specialized by disability type. People often experience multiple disabilities.

*Behavioral health disability is now preferred to mental illness

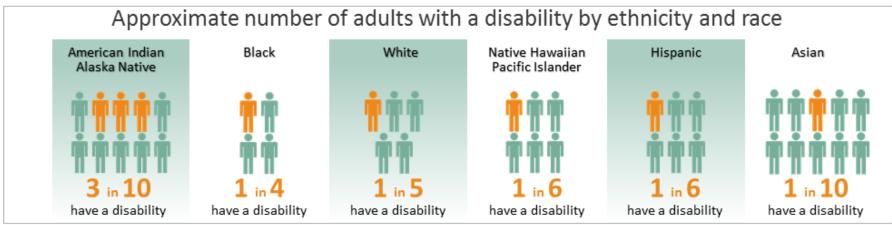
Spotlight on Women with Disabilities, March 2021 (dol.gov)

DISABILITY PREVALENCE DIFFERS BY ETHNICITY & RACE



Adults with Disabilities: Ethnicity and Race

When it comes to the health of people with disabilities, it's important to know the health differences among racial and ethnic groups



And there are diagnostic discrepancies in rates of diagnosis and which diagnoses are applied based on race and gender

Infographic: Adults with Disabilities: Ethnicity and Race | CDC

Figure 5. Bachelor's Degree or Higher (age 25 and over) by Gender and Disability 41.3% 38.5% 37.5% 36.6% 35.9% 34.9% 38.5% 32.1% 31.7% 32.3% 21.5% 20.4% 19.9% 19.7% 18.7% 18.1% 17.4% 17.2% 16.7% 16.5% 19.7% 18.3% 18.1% 17.6% 16.4% 15.8% 15.5% 14.7% 14.3% 14.3% 13.8% 12.8% 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 ----Women with Disability ── • Women without Disability Men with Disability ■ • Men without Disability Notes: This figure presents the percentage of women and men with and without disabilities age 25 and older who have attained a bachelor's degree or higher. Boxed percentages indicates the difference between men and women within each disability status are statistically different at the 5 percent significance level using robust standard errors clustered by state. Source: Authors' calculations using the Current Population Survey Integrated Public Use Microdata Series (IPUMS).

SEX-RELATED OUTCOME DISPARITIES

Spotlight on Women with Disabilities, March 2021 (dol.gov)

THE INTERSECTION OF DISABILITY AND LGBTQI+ IDENTITY:

DISABILITY, OVERALL

A higher percentage of people with disabilities identify as queer compared to nondisabled people

NEURODIVERGENT PEOPLE

Up to 35% of people who are neurodivergent (and especially Autistic People) identify as LGBTQI+. Rates are approximately 7% among non-disabled people.

(Weir, et. al, 2021)

CLARIFYING TERMS

DIVERSE

Should only be used to describe a group of people or things. Should not be applied to a singular person or as a euphemism for race or another marker of diversity.

INTERSECTIONALITY

Originated in a work by Black feminist Kimberlé Crenshaw. It represents that all people carry multiple social/cultural identities and that the privilege and oppression experienced by an individual relates to how these identities interact.

DEIA

Diversity, Equity, Inclusion, and Accessibility. A disability-inclusive name for a focus on inclusion. While 'inclusion' is often used as a euphemism for disability-inclusion, DEI groups have often left out a focus on disability inclusion, necessitating adding 'accessibility' to the name

CLARIFYING RACE/ETHNICITY TERMS

RACE/ETHNICITY

Race is a social construct that attempts to group people based on genetic characteristics or ancestral continent of origin. Ethnicity refers to the cultural or linguistic ties a person has.

LATINX(O,A,É) AND HISPANIC

Latiné/a/x/o refers to people whose families originated in Central and South America. Hispanic refers to people from Spanish-speaking countries. Brazilians are Latiné but are not Hispanic. People from Spain are Hispanic but not Latiné. Latinx is the American non-gendered word for Latino/a/é, however Latiné is the non-gendered word used outside of the United States.

LATINX RACIAL IDENTIFICATION

There is great racial diversity among Latinx people. Often Afro-Latinx people report feeling invisible (which aligns with how the US collects racial data). Some Latinx people with indigenous ancestry identify as Native American/Alaskan Native, while often they have had to identify as White/Hispanic due to limited options in Census data collection.

CLARIFYING RACE/ETHNICITY TERMS (CONTINUED)

ANTIRACIST

Opposed to and working to dismantle systems of oppression that perpetuate and sustain white supremacy. Ibram X. Kendi has said that it is impossible to be antiracist while perpetuating ableism.

BIPOC

Acronym for Black, Indigenous, and People of Color. Has replaced People of Color as a group category to highlight the disparities experienced by Black and Brown individuals.

BLACK/AFRICAN AMERICAN

Black is a racial term for people of African Ancestry, while African American refers only to Americans of African Ancestry. When using African American alone one may unintentionally exclude immigrants of African descent.

MULTIRACIAL

10% of Gen Alpha in the US are multiracial. We no longer use "mixed" or "mixed race" and we should seek to create belonging among those who have families that are not monoracial.



ADDITIONAL POINTS ABOUT RACE/ETHNICITY

BE MINDFUL OF 'ROUND ROBIN' INTRODUCTIONS

I have recently decided to stop using the mode of introduction where one person calls on the next. I have found that people with names that are not Anglo Saxon in origin don't get called until the end, which often means that white people are introduced first.

NAMES

Learn names of participants and take care to pronounce them correctly. If you're not sure, ask. NEVER give someone a nickname because their name is not familiar to you.

CREATE SPACE

Ensure that those with the most privilege do not monopolize space in all discussions, but especially when discussing race and racism. Also, do not expect individuals who are BIPOC to educate us on their life experiences. Any sharing should be voluntary and enabled, while not coerced.*

SEX AND GENDER TERMS

AFAB/AMAB

Assigned female/male at birth. This is the preferred way to say what used to be referred to as 'biological sex'. While 1.7% of births are intersex (see below), no state in the US has an intersex designation for birth certificates, meaning each birth is reclassified as male or female.

INTERSEX

While there is more of a movement outside the US, we often hear little about intersex people here. It is estimated that 1.7% of people are born with sex characteristics that include a combination of stereotypically male and female features (Fausto-Sterling, 2020). It is believed that the vast majority of intersex minors born in the US receive gender-corrective surgeries or hormonal treatments (without there existing a process for obtaining their legal consent).

CISGENDER

When one's gender matches the sex assigned at birth.

SEX AND GENDER TERMS (CONTINUED)

TRANSGENDER

When one's gender is different than the sex assigned at birth.

NONBINARY/GENDER-NONCONFORMING/AGENDER

When one's gender does not adhere to binary roles. (May or may not consider themselves to be transgender).

QUEER

An unspecified identity within the LGBTQI+ umbrella. Sometimes used to indicate gender nonconformance. Often used for flexibility and inclusion of all people who do not identify as cisgender and heterosexual (cis/het). Is a reclaimed slur, so use with caution if you are not part of the community.

MORE POINTS ABOUT SEX/GENDER

PRONOUNS

It's important to address people with the pronouns they request. If someone uses more than one set of pronouns (e.g., they/she) you may use either, though people often feel most accepted if you use each of their pronouns sometimes. NEVER force someone to declare their pronouns as part of an introduction! This is only difficult for genderqueer people.

GRAMMAR WITH PRONOUNS

Treat the singular "they" as you would the singular "you". Say "they **are** going to attend" (not "they is").



PRACTICAL STEPS AND RESOURCES

WHERE DO I START?

If you are already engaged with people with disabilities:

- 1. Plan how you will learn about individual language preferences (e.g., one-on-one conversations with people with disabilities, surveys)
- 2. Commit to further study from available resources
- 3. Partner with your organization's decision-makers and communications teams to develop a language strategy for Meso and Macro communications

PRACTICE MAKES ACCEPTABLE!

Think of this as learning a new language called Social Justice.

The only way to ensure you will be ready to communicate appropriately when you need to is to practice alone or with colleagues and friends.

LEAN INTO YOUR MISTAKES

With language ever evolving and our exposure to cultural touchpoints that are ableist, racist, and anti-LGBTQ+, it is impossible to get it all right all of the time.

The key is to be courageous and use your best understanding and intentions.

Continue to listen and think critically about how you and others communicate and accept feedback. Then practice, and put these knew skills into action!

RESOURCES

LANGUAGE GUIDES

- <u>Disability Language Style Guide</u> (National Center on Disability and Journalism)
- <u>The Diversity Style Guide</u> (Center for Integration and Improvement of Journalism)
- <u>Bias-Free Language Guides</u> (American Psychological Association)
- Glossary of Terms (The Human Rights Campaign)
- <u>Disability Language Guide</u> (Stanford)
- <u>Guidelines for Writing about People with Disabilities</u> (ADA National Network)

RESOURCES (2/3)

ALTERNATE FORMATS FOR DOCUMENTS

Visit the <u>Living Safely with Disabilities and Special Health Needs</u> website to view examples of how to provide materials in multiple modalities for learners with different strengths. (This was developed as part of an IHC 1st Round project by Children's Specialized Hospital).

Video detailing steps to make screen-reader accessible PDFs (Kelly Mack)

RESOURCES (3/3)

INTERSECTIONAL DISABILITY LEARNING

<u>A Neurodiversity and Gentle Parenting Journey... in Color</u> (Autistic Women & Nonbinary Network (AWN))

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