

Tips for interacting with people with disabilities and special needs

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One in four U.S. adults — an estimated 61.4 million people — reported having any disability.¹

One in five U.S. adults — nearly 66 million people — are caregivers.²

What does this mean?

You most likely know or will interact with someone with a disability or special needs, such as a co-worker, friend, family member, acquaintance, etc. This guide offers tips on interacting with people who have various special needs and disabilities.



A sign of the times

The term “handicapped” is being updated with the preferred term “accessible”. Look for signs that say accessible parking and accessible access.



Words with dignity

Using words with dignity encourages equality for everyone. When in doubt, use people-first language (e.g. “a person with a disability”, not “a disabled person”). Below are a few examples of what you should and should not say.

Visible disabilities

Use: Person with a disability

Not: Cripple, handicapped, handicap, invalid (literally means “not valid”)

Use: Uses a wheelchair

Not: Restricted or confined to a wheelchair, wheelchair bound

Use: Non-disabled, typical/able-bodied, or typically developing

Not: Normal (Referring to non-disabled people as “normal” insinuates that people with disabilities are abnormal.)

Use: Little people, people of short stature, having dwarfism

Not: Midget

Non-visible disabilities

Use: Deaf, hard of hearing

Not: Deaf-mute, deaf and dumb

Use: Epilepsy, seizures

Not: Fits

Use: Psychiatric history, mental health issues, psychiatric disability, emotional disorder, mental illness

Not: Crazy, insane, mental patient, wacko, a lunatic, a psychotic, schizophrenic

Use: Learning disability, intellectual disability, developmental disability, cognitive disability, ADHD

Not: Mental retardation, slow, retarded, lazy, stupid, underachiever

Preferred terms to use when discussing disabilities

A quick snapshot of some examples of preferred terms to use:

- Blind (no visual capability)
- Legally blind, low vision (some visual capability)
- Hearing loss, hard of hearing (some hearing capability)
- Hemiplegia (paralysis of one side of the body)
- Paraplegia (loss of function in the lower body only)
- Quadriplegia (paralysis of both arms and legs)
- Residual limb (post-amputation of limb)

Terms to avoid

These terms should be avoided, because they have negative connotations and tend to evoke pity and fear:

- abnormal
- afflicted
- burden
- condition
- deformed
- differently abled
- disfigured
- handicap able
- handicapped
- incapacitated
- imbecile
- manic
- maimed
- madman
- moron
- palsied
- pathetic
- physically challenged
- pitiful
- retard
- spastic
- stricken with
- suffers
- tragedy
- unfortunate
- victim

Disability etiquette: Basic guidelines

How to think differently, when interacting with a person with a disability or special needs

- If the disability isn't relevant to the story or conversation, don't mention it.
- Remember, a person who has a disability isn't necessarily chronically sick or unhealthy.
- A person is not a diagnosis, so avoid describing a person, as such. Don't introduce someone as "autistic". Instead, say, "a person with autism".

“A person is not a diagnosis, so avoid describing a person as such.”

Common Courtesies

Examples of how to interact with a person with a disability in a considerate and tactful manner

- Don't feel obligated to act as a helper to people with disabilities. Ask if help is needed, but always wait until your offer is accepted. Listen to any instructions the person may have.
- If you shake hands with people you meet, offer your hand to everyone you meet, regardless if a person has a disability. If the person is unable to shake your hand, he or she will tell you.
- Leaning on a person's wheelchair is like leaning or hanging on a person. The chair is part of a person's personal body space; do not hang on it.

- When aiding a person with a visual impairment, allow that person to take your arm. This will enable you to guide, rather than propel or lead the person. Use specific directions, such as “left in 10 feet,” when directing a person with a visual impairment.
- When planning events that involve people with disabilities, consider their needs before choosing a location. Even if people with disabilities will not attend, select an accessible spot.

“When talking to a person who has a disability, speak directly to that person.”

Conversations

More in-depth tips for day-to-day conversation

- When speaking about people with disabilities, emphasize achievements, abilities, and individual qualities. Address them as parents, employees, business owners, etc.
- Relax. Don't be embarrassed if you use common expressions such as “see you later” or “gotta run.”
- To get the attention of a person who has hearing loss, tap him or her on the shoulder or wave. Look directly at the person and speak clearly, slowly, and expressively to establish if he or she reads lip. Not all people with hearing loss can read lips. Those who do, rely on facial expressions and body language for understanding. Keep food, hands and other objects away from your mouth. Shouting won't help; written notes will. Use an interpreter, if possible.
- For people who communicate through sign language, speak to them, not the interpreter.
- When talking to a person in a wheelchair for more than a few minutes, place yourself at eye level with that person.
- When greeting a person who has low vision or is blind, always identify yourself and others. For example, say, “On my right is John Smith.” Remember to identify people to whom you are speaking. Speak in a normal tone of voice and indicate when the conversation is over. Let him or her know when you move from one place to another.

Want to learn more?
voyacares.com

The Voya Cares program helps Americans with disabilities and special needs and their caregivers plan, invest, and protect their financial future.

¹Okoro CA, Hollis ND, Cyrus AC, Griffin-Blake S. Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults — United States, 2016. MMWR Morb Mortal Wkly Rep 2018;67:882–887. DOI: <http://dx.doi.org/10.15585/mmwr.mm6732a3> (2018)

²“Caregiver Resources & Long-Term Care”, U.S. Department of Health & Human Services, 2017, <https://www.hhs.gov/aging/long-term-care/index.html>.

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