

Tips for Communicating with Persons with Disabilities

This module offers service providers practical information for communicating with persons who have disabilities.¹ It seeks to build providers' confidence and skills in communicating with clients who have disabilities helping to create a welcoming and respectful environment for them to receive support and services.

Many of the modules in *Sexual Violence 101 and Disabilities 101* also explore communication considerations specific to sexual violence victims with disabilities.

Key Point

- This module offers general tips for communicating with persons with disabilities, as well as tips that are specific to persons with certain types of disabilities. The best way to apply these tips is not to memorize them and try to use them all in every interaction with persons with disabilities, but rather to pick and choose the ones which seem most appropriate for a specific situation.²

C3. Tips for Communicating with Persons with Disabilities

Purpose

This module offers practical information for communicating with persons who have disabilities. When service providers do not have frequent interactions with people with disabilities, they may feel uncomfortable communicating with them. They may also fear that they will impede communication by saying or doing something inappropriate or offensive. It is helpful to have some basic tips to follow when speaking to a person with any type of disability, while understanding that some disabilities require more specific communication accommodations. This module seeks to build service providers' confidence and skills in communicating with persons with disabilities, helping to create a welcoming and respectful environment for them to receive support and services.

This module provides general tips for communicating with persons with disabilities. It also includes specific considerations when interacting with sexual violence victims with disabilities. Many of the modules in *Sexual Violence 101 and Disabilities 101* explore these considerations in greater depth.

Objectives

Those who complete this module will be able to:

- Discuss tips for communicating with persons with various types of disabilities; and
- Identify challenges that service providers face related to communicating with persons with disabilities and strategies that can help them overcome these challenges.

Preparation

- Review *Disabilities 101. Person First Language*.

Part 1: CORE KNOWLEDGE

The best way to apply the communication tips offered in this module is not to memorize them and try to use them all in every interaction with persons with disabilities, but rather to pick and choose the ones which seem most appropriate for a specific situation.³

What are key general considerations when communicating with persons with disabilities?⁴

- **Communication involves speech, language and processing. Different types of disabilities impact communication differently.** Cognitive disabilities, for example, impact the processing of information and not necessarily the speech. The same communication assistive device will not be appropriate for every type of disability.
- **A person who has a disability is a person who is entitled to the dignity, consideration, respect and rights you expect for yourself.**
- **Do not be afraid to make a mistake when communicating with someone with a disability.** Anticipate how you would react if you were in a similar situation.
- **Treat adults as adults.** Address people with disabilities by their first names only when extending the same familiarity to all others present. Never patronize people with disabilities by patting them on the head or shoulder.
- **Take time to listen.** If your agency has a policy regarding standard session times (e.g., one hour in length), adaptations may need to be made. Shorter sessions over longer periods may reduce frustration for some clients. Adapt to the individual; not everyone will need extra time.
- **Relax.** If you don't know what to do, allow the person who has a disability to help guide you. Ask the person what support they need from you.
- **If you offer assistance and the person declines, do not insist.** If it is accepted, ask how you can best help, and then follow their direction. Do not take over.
- **If someone with a disability is accompanied by another individual, address the person with the disability directly rather than speaking "through" the other person.**
- **In general, if individuals are upset, they are more difficult to understand.** For victims of sexual violence, it might be helpful to initially talk about something other than the trauma that they experienced to become familiar with their communication patterns. Sometimes working as a team can be helpful in trying to understand a client, as long as it is not embarrassing for the client—either by asking if there is someone the client trusts to assist or by involving someone else on your staff.
- **Speak naturally.** It's fine to use common expressions like "I see" or "see you later" with a person who is blind, or "let's walk over here" with a person who uses a wheelchair.
- **When communicating with individuals who use a wheelchair, sit at their level.** Do not touch the wheelchair and, if you inadvertently bump into their wheelchair, excuse yourself

as you would if you bumped into another person. Wheelchairs and other mobility devices are often considered an extension of the person and should be treated as such.

- **Use terminology that places the person before the disability** (instead of “an epileptic,” use “a person with epilepsy”). Refer to the person first and then the situation, illness or disability—if that information is relevant to the conversation.⁵ (See *Disabilities 101. Person First Language.*)
- **By being fully present to persons with disabilities, you can build rapport with them.** If you show them you are caring and want to understand their situation, they will be more likely to open up to you. Do not make assumptions about a person’s abilities and needs based on her appearance.⁶
- **Have a plan for the next steps in communicating.** For example, consider in advance ways to respond in a variety of situations with clients, such as when someone calls for help in a crisis but cannot clearly communicate her needs.
- **Remember these keys to communication:** (1) Be honest—It’s acceptable to tell a person you do not understand the message she is trying to communicate to you; and (2) ask if there is anything you can do to make the interaction better.^{7,8}

FYI—These and other general tips are discussed in the 26-minute film and accompanying written material, *The Ten Commandments of Communicating with People with Disabilities* (I. Ward and Associates, 1994). It is available for loan through the Resource Center of the Corporation for National and Community Service at <http://www.nationalserviceresources.org/>. It is also used in *Part 2: Discussion* of this module.

FYI—With sexual violence victims with disabilities, it is helpful to try to determine the relationship between the suspected offender and the victim. If the offender is the victim’s caregiver, you will need to know what the relationship means to the victim in terms of practical and emotional issues.

What are some tips for communicating with individuals with cognitive disabilities that affect speech?⁹

A cognitive disability can impact a person’s ability to (1) understand what they see and hear, and (2) interpret social cues and body language. A person with a cognitive disability “may have trouble learning new things, making generalizations from one situation to another and expressing themselves through spoken or written language.”¹⁰ A cognitive disability can be the result of brain trauma during birth or an accident or illness that affects the brain. For many clients with cognitive disabilities, communications with service providers and the actual service provision will be no different than for clients without disabilities. However, some clients’ communication methods may be nonverbal—they may, for example, use gestures, diagrams or demonstrations. Some tips on communicating with persons with cognitive disabilities that affect speech are listed below.

- **Be respectful and patient.** It may take more time to communicate with clients with cognitive disabilities than it does with other clients with whom you work.
- **Speak directly to the person,** make eye contact before speaking and say the person’s

name often.

- **Individuals with cognitive disabilities might be very concrete in their thinking.** Phrase questions and statements in a way that avoids ambiguity or confusion. Try to avoid idioms, clichés, expressions and technical terms. Use simple language (e.g., “a lot of feelings” instead of “overwhelmed”).
- **Don’t speak too fast.**
- **Keep sentences short.** Break complicated instructions or information into smaller parts (e.g., “tell me what happened” instead of “tell me what happened and who did it”).
- **Avoid using leading or "yes and no" questions when communicating.** If you are smiling and nodding when you ask a question, you may receive a nod and a smile, but no real information. People of all levels of ability can be led by the actions of another person.
- **If a person you are talking with has trouble focusing or staying on track, help her by rephrasing or repeating questions.**
- **If the person is having trouble remembering dates or times, try using memory cues.** For example, ask a sexual assault victim what was on TV when the assault occurred, if the assault happened near her bedtime or if it occurred on the day she went to church.
- **If you are unsure if a person understands what you are saying, ask her to repeat it in her own words.**
- **Listen to all of the information the person provides and believe what you are told.** Make every effort to get accurate information from the person with a cognitive disability before relying on information from others.
- **If what the person is telling you seems to be factually incorrect, consider if it is possible that she has misinterpreted your question.**
- **For persons with a cognitive disability who are unable to communicate through oral language, work with them to identify their preferred method of communication** (e.g., through body movements, sounds, communication boards, drawing, anatomically correct dolls or pictures, etc.). Determine the best way to accommodate their preferences. (See *Disabilities 101. Accommodating Persons with Disabilities.*)

FYI—As in the general population, false disclosures of sexual assault are infrequent among victims with disabilities. It is more likely that a victim with a disability may retract a disclosure of victimization due to fear, confusion or pressure.

What are some tips for communicating with individuals with sensory disabilities?¹¹

Speech

- **Be patient.** Refrain from finishing words or completing sentences for others. Take your time. Ask for their preferred method of communication. Don’t assume it will be through another person.
- **Talk to people with communication disabilities as you would talk to anyone else, not slower or emphasizing enunciation.**

- **Ask the person for help, if needed, in communicating with her.** If she uses a device such as a manual or electronic communication board, ask her how best to utilize it. If she does not have the preferred device with her, discuss how to accommodate her needs (e.g., obtain the device from another source). (See *Disabilities 101. Accommodating Persons with Disabilities*.)
- **If you do not understand what an individual is saying, do not pretend that you do.** Tell her that you do not understand. Ask the person to repeat what she has said or perhaps spell out a word or two. Ask if writing it down is an option.
- **Rephrase back what you thought the person said,** giving her an opportunity to correct or confirm your understanding.

Vision

- **Repeat your name to the person and introduce others by name and title each time you initiate contact until the person is familiar with each voice.**
- **If new people enter the room, introduce them.** Inform the person with the disability when someone is leaving the room.
- **If the person uses a service animal, do not pet or otherwise distract the animal without the person's permission.**
- **Describe the layout of the room and all procedures in detail before they occur.** You can use clock cues (e.g., “the chair is at 5:00”) and point out obstacles in the path of travel such as planters, water fountains, etc.
- **It is appropriate to touch the person’s arm lightly when you speak so she knows you are speaking to her.**
- **Assist the person with completing any intake or treatment forms only after you have read the forms aloud in their entirety to her.** Have forms and resources available in accessible formats such as large print or Braille, useable by a screen reader, or on audiotape.
- **Offer assistance if it seems needed.** If accepted, ask the person how best to assist her. Do not attempt to physically lead the person without asking first; allow the individual to hold your arm and control her own movements. If you are assisting an individual in seating, place the person's hand on the back or arm of the chair and allow her to seat herself.

Hearing

- **Find out how the person best communicates** (e.g., speech/lip reading, writing, sign language or an interpreter).
- **If needed, provide a safe, trusted and qualified interpreter.** The West Virginia Commission for the Deaf and Hard of Hearing maintains a statewide directory of interpreting service providers and references. They can be accessed at www.wvdhhr.org/wvcdhh under the Commission’s resource section. If the person is a sexual violence victim, an interpreter who is also trained in the area of sexual violence would be ideal.
- **If there is an interpreter present, speak directly to the person who is deaf or hard of**

hearing and not to the interpreter. This approach may seem awkward as that person may need to focus on the interpreter and may not make eye contact with you. Communicate through writing if necessary and appropriate until the interpreter arrives.

- **If you do not know sign language, use paper and pencil.** Don't be embarrassed to use this method—getting the message across is more important than the medium used. But remember that American Sign Language (ASL) is not spoken English, with unique sentence structure and other differences, so communicating through writing can be challenging for a person who uses ASL. Therefore it is critical that you reiterate back to the clients your understanding of their responses.
- **If the person reads lips, then the following communication tips may be helpful.**
 - Approach the person from the front or signal your entry into the room. Identify who you are and make sure that you look directly at the person as you speak.
 - Gain the attention of the person (e.g., by placing your hand lightly on the person's shoulder) before beginning to talk.
 - Do not shout. Speak at your normal volume unless the person asks you to talk louder—hearing aids make sound louder, not clearer.
 - Look directly at the person while speaking. Speak in a clear, expressive manner, but do not over-enunciate or exaggerate words.
 - To make it easier for the individual to lip read, face the light source, speak clearly in a normal tone, keep your hands away from your face, and use short, simple sentences.
 - Do not turn your back or walk around while talking. Note that if you look away, the person may assume the conversation is over.
- **If you decide to communicate through writing, don't talk while you are writing a message.** The person cannot read your note and your lips at the same time.

What are some tips for communicating with persons with mental illnesses?¹²

(For detailed information on this topic, see *Disabilities 101. Working with Victims with Mental Illnesses*.)

Mental illness refers to a group of behavioral or psychological conditions that may “disrupt a person’s thinking, feeling, moods and ability to relate to others.”¹³ These conditions may be categorized by anxiety, mood swings, depression and a loss of contact with reality and result in “a diminished capacity for coping with the ordinary demands of life.” However, it is important to note that many mental illnesses are effectively managed with medications and other forms of therapies that result in recovery. Unfortunately, in spite of the progress made in treating mental illnesses, negative prejudice and stereotyping can be some of the most painful aspects of these disabilities.¹⁴

For clients with mental illnesses who are also victims of sexual violence, the trauma of the violence often adds additional stresses and challenges that need to be addressed by medical and mental health professionals. For example, someone on medication who has experienced

trauma may need to be monitored closely for changes in her medical needs. Many service providers report working with significant numbers of sexual violence victims with mental illnesses; they can work collaboratively to offer holistic, victim-centered services. (See *Sexual Violence 101. Understanding and Addressing Emotional Trauma.*)

Some tips on communicating with persons with mental illnesses are listed below.

- **Don't assume a person with a mental illness will be violent.** People with mental illnesses do NOT have a greater propensity towards violence than anyone else.¹⁵
- **Approach the person in a calm, nonthreatening and reassuring manner.** The person may be overwhelmed by delusions, paranoia or hallucinations and be afraid of or feel threatened by you.¹⁶
- **Help the person feel they are in control of/regaining control of the situation.**
- **Hold conversations with the person in a setting free of distractions, with as few people present as possible.**
- **Keep conversations simple and brief, being friendly and patient, but keep in mind that rational discussions may not be possible on some or all topics.**
- **Be aware that individuals experiencing delusions, paranoia or hallucinations may be able to accurately provide information outside of their false system of thoughts, including details related to their sexual victimization.**
- If the person is agitated, but poses no immediate threat to anyone's safety, **allow her time to calm down before engaging her in conversation** or transition her to a safer/calmer conversation. Take breaks and offer to continue the conversation at another time as needed.
- **Break the speech pattern of those individuals who talk compulsively by interrupting them with simple questions** (e.g., What is your birth date?).
- **Understand that hallucinations are real to individuals experiencing them, so don't try to convince them that their hallucinations do not exist.** Reassuring them that they are safe is the most important aspect of providing support.
- **Acknowledge paranoia and delusions by empathizing with her feelings, but neither agree nor disagree with her statements.**
- **Avoid excessive whispering, joking and laughing as these behaviors could be viewed as dangerous to someone with paranoia.**
- **Avoid casually touching the person or standing too close.**
- **Give simple instructions for what you ask the person to do.**
- **Be honest.** Being dishonest can increase a person's fears and suspicions. She will be able to figure out when you are not being honest.

Below are some common symptoms of different types of mental illnesses and what accommodations can be made to facilitate communication.¹⁷

Behavior/Characteristic	Adaptation
Confusion about what is real	Be straightforward and simple
Difficulty in concentrating	Be brief and repeat as necessary
Over stimulated	Limit input, don't require concentration
Poor judgment	Don't expect rational discussion
Preoccupation with internal world	Get the person's attention
Agitation	Recognize the agitation and if possible, transition to a safer/calmer conversation
Fluctuating emotions	Do not take words or actions personally
Fluctuating plans	Stick to one plan
Little empathy for others	Recognize this as a possible symptom of a mental illness
Withdrawal	Initiate conversation
Belief in delusions or hallucinations	Don't argue; respond to needs and feelings
Fear	Stay calm
Insecurity	Be caring and accepting

What are some tips for communicating with persons with autism?¹⁸

- **Be aware that “autism is a neurological disorder that affects the functioning of the brain.”** Although the effects vary greatly, autism may impact communication, social skills and processing information.
- **Know that the person may be socially awkward and have difficulty making eye contact and interpreting nonverbal cues,** such as facial expressions, gestures and tone of voice.
- **If the person has difficulty in interpreting nonverbal cues, be clear, direct and specific in your communications.**
- **Keep in mind that the person may be sensitive to touch, sounds, light or color.**
- **Be patient, since the person may tend to focus on particular objects.**
- **Be aware the person may quietly talk to herself frequently.**

FYI—It is critical that sexual violence victims who have disabilities, just like those without disabilities, are empowered to make their own decisions about what they need to survive and heal from the sexual assault. Service providers, family and friends must avoid taking over and trying to “fix” them or their situations.¹⁹ (See *Disabilities 101. Self-Advocacy and Victims with Disabilities.*)

Questions to Consider

- Think of a time when you felt uncomfortable interacting with a client because of a disability-related communication barrier. What was it about the situation that made you uncomfortable? What did you do or what could you have done to adjust and overcome the barrier?
- In your work, do you tend to interact more frequently with persons with specific types of disabilities? What do you find are the greatest challenges in communicating and creating a welcoming and respectful environment for persons with disabilities to receive support and services? What successes have you had in dealing with these challenges?
- Based on what you have learned in this module, what changes will you make in how you communicate with clients with the following disabilities:
 - Cognitive disabilities?
 - Sensory disabilities related to speech, vision and hearing?
 - Mental illnesses?
 - Autism?

Test Your Knowledge

Refer to the pages in this module as indicated to find the answer to each question.

1. What are examples of general considerations when communicating with persons with disabilities? *See pages C3.2–C3.3.*
2. What are some tips for improving communication with individuals with cognitive disabilities who have difficulty in communicating? *See pages C3.3–C3.4.*
3. What are some suggestions for communicating with individuals with sensory disabilities (speech, vision and hearing)? *See pages C3.4–C3.6.*
4. Give some examples of tips for communicating with persons with mental illnesses. *See pages C3.6–C3.8.*
5. What are some tips for communicating with persons with autism? *See page C3.8.*

Part 2: DISCUSSION

Projected Time for Discussion

2.5 hours

Purpose and Outcomes

This discussion is designed to help participants apply the information presented in *Part 1: Core Knowledge* of this module to their collaborative work with sexual violence victims with disabilities. The discussion could be incorporated into forums such as agency staff meetings, orientations and continuing education programs, as well as multi-agency meetings or trainings. Anticipated discussion outcomes include increased understanding of barriers and challenges

experienced in communicating with victims with disabilities; identification of ways to enhance communication; and greater comfort and competency in interacting with victims with disabilities.

Refer to the learning objectives at the beginning of this module for specific outcomes for this module.

Planning for the Discussion

- Ensure that the meeting is held at an accessible location. Ask participants prior to the meeting if they need any accommodations—if so, work with them to secure accommodations.
- The facilitator should have knowledge about communicating with persons with disabilities and be familiar with the activity selected under the *Suggested Activities and Questions* section. If Activity #1 is selected, the film, *Ten Commandments of Communicating with People with Disabilities*, should be acquired for viewing. (In West Virginia, this film should be available on loan from the local rape crisis center.)
- Participants and the facilitator should review *Part 1: Core Knowledge* of this module before the discussion, as well as *Disabilities 101. Person First Language*.
- Bring the following supplies and materials to the meeting: flipcharts and colored markers, sufficient copies of participant materials, office supplies (tape, pens, paper, etc.) and a clock/watch to monitor time. The proper audiovisual equipment will be needed if the video/DVD will be shown. Optional items include name badges and table tents.

Suggested Activities and Questions

1. **Invite participants to identify/review the discussion ground rules to promote open communication.** Utilize the following principles: (10 minutes)
 - An environment of mutual respect and trust is optimal. Everyone should feel comfortable expressing their opinions and feelings about the various topics.
 - Avoid personalized comments that are negative as they can lead to defensiveness and confrontation among participants and ultimately may shut down dialogue.
 - Be clear about what information discussed during this meeting is confidential and what the expectations are for confidentiality in the context of this partnership.
2. **Introduce the topic.** This discussion is geared toward helping participants identify what they find difficult in communicating with persons with various types of disabilities and to consider how to best apply the communication tips offered in *Part I: Core Knowledge* of this module to their work settings.
3. **Video/DVD presentation and discussion.** (60 minutes)
 - a. Arrange for the viewing of *The Ten Commandments of Communicating with People with Disabilities*. It includes a series of vignettes that, in a humorous way, demonstrate what not to do when communicating with people with disabilities while suggesting more appropriate

alternatives.

- b. Utilizing the resource guide available with the video/DVD, discuss how each of the suggested tips impacts working with victims with disabilities.
- c. Identify which tips highlight areas of training needs of your colleagues/agencies and discuss ways in which those communication tips can be shared.

4. Interactive exercise. (This activity can be done independently of Activity #1.) (60 minutes)

- a. The facilitator should read the following instructions to the group:

Although based on the game of charades, the purpose of this activity is not to successfully guess what is being communicated, but to experience and observe the potential frustration in the communication process. When communication is challenging, often either the sender or receiver of the message just gives up out of frustration. In the game of charades, the topics are inconsequential, such as movie titles or television shows. In communicating sexual victimization, the messages are personal and traumatic. In this version of charades, two volunteers are needed for each demonstration. One person (portraying a sexual violence victim with a disability) will convey messages to another member of the group (portraying a service provider) using limited verbal communication. The remaining members of the group will observe. The messages can be written by the remaining group members and given to the volunteer who is portraying the victim. The messages should include the type of disability that the victim has, identify the form of sexual victimization and detail the help that is needed. Just as there are a range of disabilities, also keep in mind the range of sex crimes (e.g., harassment, fondling, different forms of rape). In these scenarios, try to keep it realistic in terms of role playing as if the person were actually seeking your services.

After giving the group the instructions, facilitate the interactive exercise.

- b. After 3 to 4 minutes of the exercise (or after the message is successfully communicated), end the scenario and as a group discuss the following questions:
 - 1. What aspects of the message made the communication difficult (type of disability, type of victimization, etc.)?
 - 2. What emotions did you observe—both verbally and non-verbally—on the part of the victim? What emotions were conveyed by the service provider?
 - 3. What assistive devices could have helped facilitate the communication?
(Alphabet/communication board, interpreter, anatomically correct dolls, paper and pencil, etc.)
- c. If there is time, a new “service provider” and “victim” can be selected for the exercise and communicate a new message that is provided by the group by repeating the above steps. Below are points to bring up during the discussion:
 - o Each person with a disability is different. Enter every interaction with an open mind and without assumptions.
 - o Just because someone has a communication disability does not mean they have an

intellectual disability.

- o Your tone and manner can impact communication. Your tone and facial expressions should match those of the person with whom you are communicating. For example, when speaking with an adult, do not use the same tone you would use when speaking with a child.
5. Ask the participants if they tend to interact more frequently in their work with persons with specific types of disabilities. Facilitate a discussion about what they see as the **greatest challenges in communicating and creating a welcoming and respectful environment for persons with disabilities to receive support and services**. Ask them to describe any *general* successes they have had in dealing with these challenges. (15 minutes)
6. **Closing**. Ask each participant to write down how the information gained from this module discussion will:
- Change the way they interact with individual clients;
 - Change the way they partner with other agencies to assist clients; and
 - Promote change in their agency’s policies, practices or training programs.

Then facilitate a large group discussion on this topic. (10 minutes)

Project partners welcome the non-commercial use of this module to increase knowledge about serving sexual violence victims with disabilities in any community, and adaptation for use in other states and communities as needed, without the need for permission. We do request that any material used from this module be credited to the West Virginia Sexual Assault Free Environment (WV S.A.F.E.) project, a partnership of the West Virginia Foundation for Rape Information and Services, the Northern West Virginia Center for Independent Living and the West Virginia Department of Health and Human Resources (2010). Questions about the project should be directed to the West Virginia Foundation for Rape Information and Services at www.fris.org.

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¹Partnering agencies refer to the persons they serve as “clients,” “consumers” and “victims.” For convenience, “victims” and “clients” are primarily used in this module. Also note that the terms “sexual violence” and “sexual assault” are generally used in this module to encompass sexual assault, sexual abuse and other forms of sexual violence.

²Day One: The Sexual Assault and Trauma Resource Center, Rhode Island Coalition Against Domestic Violence and PAL: An Advocacy Organization for Families and People with Disabilities, *Is your agency prepared to ACT? Conversation modules to explore the intersection of violence and disability* (Advocacy Collaboration Training Initiative, 2004), Handout #1, 1.

³From Day One et al., Handout #1, 1.

⁴The material in this section was primarily excerpted/slightly adapted from Adaptive Environments Center, Inc., Fact sheet 3, Communicating with people with disabilities (1992), through <http://www.adata.org/>. Adaptive Environment Center, Inc. was authorized by the National Institute on Disability and Rehabilitation Research to develop information and materials on the Americans with Disabilities Act. Most of these tips are also mentioned in the film/accompanying written material, I. Ward & Associates, *The ten commandments of communicating with people with disabilities* (1994).

⁵Day One et al., 8.

⁶Day One et al., Handout #1, 1.

⁷Day One et al., 8.

⁸Although males and females are both victimized by sexual violence, most reported and unreported cases are females (see the endnotes in the *Toolkit User's Guide* for a full citation). Therefore, in this module, victims and clients are often referred to as female.

⁹Information in this section is primarily excerpted/slightly adapted from Wisconsin Coalition for Advocacy, Wisconsin Coalition Against Domestic Violence, Wisconsin Coalition Against Sexual Assault, and Independence First, *Cross training workbook: Violence against women with disabilities*, Appendix G: Screening and assessment information (Violence Against Women with Disabilities Project of Wisconsin, 2004), through <http://www.disabilityrightswi.org/>. Additional tips were drawn from Day One et al., Handout #1, 1. Note that all online documents referenced in this module were available at the links provided at the time the module was written. It is suggested you check the sites for any updates or changes. If you experience difficulty accessing the documents via the links, another option for locating documents is doing a web search using titles.

¹⁰S. Bruyere & T. Golden, *Working effectively with persons who have cognitive disabilities, Implementing the Americans with Disabilities Act series* (ILR Program on Employment and Disability, Cornell University, 1994).

¹¹This section is excerpted/slightly adapted from several sources: Day One et al., Fact sheet 3, Communicating with people with disabilities; and Wisconsin Coalition for Advocacy et al.

¹²Drawn from NAMI NJ Law Enforcement Education Program, *The police response to mental illness crisis* (2008), <http://www.naminj.org/programs/lee/lee.html>. This publication was adapted in part from Police Executive Research Forum (PERF), *The police response to people with mental illnesses* (Washington, D.C., 1997).

¹³Mental illness “does not include simple intoxication, transitory reaction to drug ingestion, organic brain syndrome or developmental disability.” PERF, 6.

¹⁴Drawn from NAMI NJ Law Enforcement Education Program, 2.

¹⁵PERF, 3.

¹⁶The remaining bullets in this section are from PERF, 8.

¹⁷Day One et al., Handout #1, 3. Originally adapted from R. Woollis, *When someone you love has a mental illness* (Texas Commission on Law Enforcement, 1997).

¹⁸Portland Community College, *Career and employment guide for job seekers and employees with disabilities and guide for employers: How to recruit, interview, hire and accommodate people with disabilities, Communications tips* (Portland, OR: 2003).

¹⁹Drawn from Day One et al. 10–11.