

Best Practices for Working with People with Disabilities

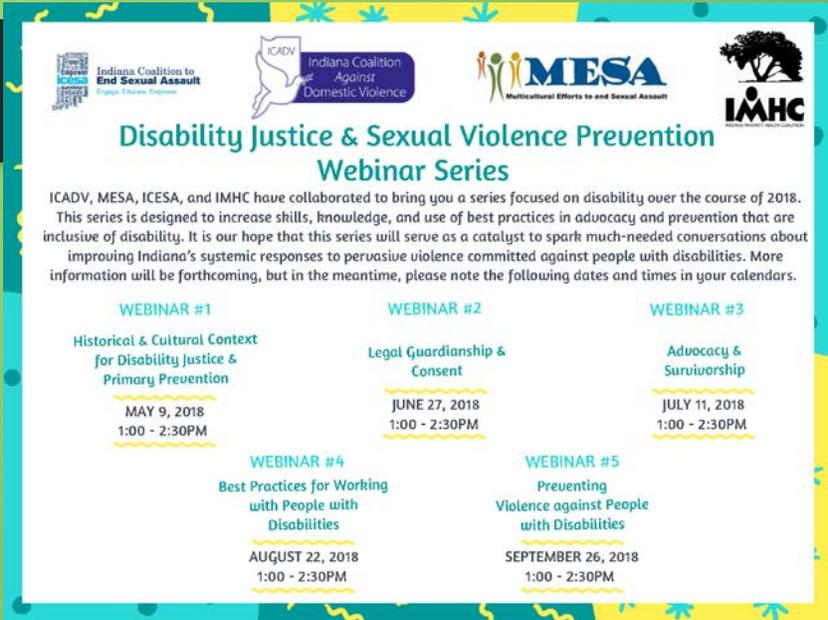
Disability Justice & Sexual Violence Prevention Webinar 4 of 5
A Collaborative Project by ICADV, MESA, ICESA, and IMHC
and Many Disability Advocates!

Today's Presenters

Jody Powers, Disability Advocate and ICADV Collaborator
Skye Ashton Kantola, Multicultural Efforts to End Sexual Assault

Agenda

- Welcome & Intro
- Ableism & Violence Prevention
- Interpersonal Best Practices
- Professional and Employment Best Practices
- Medical and Social Services Best Practices
- Closing



The graphic is a central white box with a colorful, patterned border (yellow, green, blue) set against a dark green background. At the top, it features logos for ICESA (Indiana Coalition to End Sexual Assault), ICADV (Indiana Coalition Against Domestic Violence), MESA (Multicultural Efforts to end Sexual Assault), and IMHC (Indiana Mental Health Council). The main title is "Disability Justice & Sexual Violence Prevention Webinar Series". Below the title, a paragraph explains the collaboration and the goal of the series. Five webinars are listed in a grid format, each with a title, date, and time.

Disability Justice & Sexual Violence Prevention Webinar Series

ICADV, MESA, ICESA, and IMHC have collaborated to bring you a series focused on disability over the course of 2018. This series is designed to increase skills, knowledge, and use of best practices in advocacy and prevention that are inclusive of disability. It is our hope that this series will serve as a catalyst to spark much-needed conversations about improving Indiana's systemic responses to pervasive violence committed against people with disabilities. More information will be forthcoming, but in the meantime, please note the following dates and times in your calendars.

WEBINAR #1	WEBINAR #2	WEBINAR #3
Historical & Cultural Context for Disability Justice & Primary Prevention	Legal Guardianship & Consent	Advocacy & Survivorship
MAY 9, 2018 1:00 - 2:30PM	JUNE 27, 2018 1:00 - 2:30PM	JULY 11, 2018 1:00 - 2:30PM
WEBINAR #4	WEBINAR #5	
Best Practices for Working with People with Disabilities	Preventing Violence against People with Disabilities	
AUGUST 22, 2018 1:00 - 2:30PM	SEPTEMBER 26, 2018 1:00 - 2:30PM	

Disability Justice

A social movement lead by PWD

- Mia Mingus: "disability justice is a multi-issue political understanding of disability and ableism, moving away from a rights based equality model and beyond just access, to a framework that centers justice and wholeness for all disabled people and communities."
- People valued for their humanity, regardless of their "productivity" or ability to contribute to economy
- No more attempts to "cure" disability
- Celebration, not just tolerance, of neurodiversity and **diverse ways of being**
- People have equitable access to health care, employment, housing, water, etc.
- All people are believed to know their own needs, bodies, and convey their own narratives; "quality of life" is defined by individuals themselves
- Universal Design: a product of disability justice in which spaces, and organizational practices are intentionally designed to be most accessible to those with least access

Why are we addressing other groups?

- Why discuss disability + race, gender, sexuality, immigration status, etc?
 - Disability intersects every other marginalized group
 - Multiply-marginalized people experience the greatest risks due to socio-historically rooted power structures

YOU HAVE SURVIVED
EVERY SINGLE
BAD DAY SO FAR

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What is Ableism?

- Ableism is the discrimination and prejudice against people with disabilities.
- The belief that disabled people are not as important as able bodied people.

Why Are We Talking about Ableism?

- Discussing ableism is not meant to divide people. Tough conversations can bring people together.
- If we are to end the violence against people with disabilities, we must address the issues that allow violence to exist and to continue.
- If we want to build relationships, both professionally and personally with other people with disabilities, we must confront our own ableism.

What We should Know About Ableism

- It can be subtle, obvious, or societally endorsed.
- We all have some form of ableism within ourselves. Let's be brave, own it, and deal with it.
- Ableism can be internalized.

Ableism: The Obvious

- National Crime Victimization Survey by the U.S. Bureau of Justice indicates that people with disabilities are at least 2.5 times more likely to experience violence than those without.
- In his book *Disability Hate Crimes: Does Anyone Really Hate Disabled People?* Mark Sherry documents numerous cases of violence against people with disabilities.

Ableism: The Subtle

- The inaccessibility of so many houses promotes the isolation of those with physical disabilities. Deep connections are usually forged outside the public arena.
- The absence of public, accessible restrooms communicates the basic human needs of disabled people are not as important.

The Societal Endorsement of Ableism

- Visit nursing homes to see how we tolerate ableism.

Internalizing Ableism

- We as people with disabilities can start to believe we are burdensome, so we are tempted to remain quiet when faced with discrimination or violence.

By using Best Practices, We Can Help Eliminate Ableism and create Disability Justice!!! Yay!!!

What are “Best Practices”?

- Language, actions, and processes that are known to have the greatest positive impacts and least negative impacts on PWD
- Basing our recommendations primarily on perspectives of people with disabilities and their publications
- Working on the concept of “universal design”
 - History: <https://humancentereddesign.org/universal-design/history-universal-design>
- May vary by other intersecting identities AND sometimes people have competing needs

What kinds of disabilities, though?

- Developmental and Cognitive disabilities, Neurodivergence, Mental illness
 - Autism
 - Downs Syndrome
 - Deafness
 - Traumatic Brain Injury
 - Personality Disorders
 - Plural Systems
- Mobility & Physical Disabilities
 - Cerebral Palsy
 - Multiple Sclerosis
 - Visual Impairment
 - Muscular Dystrophy
 - Chronic Illnesses

There are MANY ways to classify disabilities and both PWD and abled people disagree about these. This is not the only way to consider disabilities!



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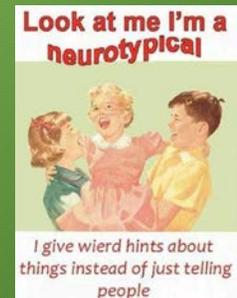
Interpersonal Best Practices: Conversation

- Speak to adults as adults (please don't infantilize adults)
- Be attentive to processing speeds and remember: someone needing you to speak slowly does not reflect their "intelligence"
- If you are unsure what someone needs or what they are doing, it's okay to ask.
 - "You've told me that you have MS. As a friend is there anything you'd like me to know so I can support you?"
 - "I want to provide you with the best medical care I can and I'm worried about whether you understood the test results I just told you about because you look confused. Would you like me to explain in another way?"
 - "You just said you are "flapping" - I'm not sure what that means. Would you be willing to tell me more?"

Interpersonal Best Practices: Conversation



- Metaphors and indirect language can be confusing. Please be explicit and concrete as possible.
- Everyone makes mistakes: Apologize and do better.



Interpersonal Best Practices: Social Settings

- Transportation!
- Do the places you are going have appropriate accommodations?
 - Braille menus
 - Accessible entrances, restrooms, sitting areas (even when waiting)
 - Is the space sensory-overstimulating with TVs, overly bright or dim lights, loud conversation? Do they have a sensory-friendly area?
 - If not, have you checked with your friend if there are ways they would appreciate your support?
- Many PWD appreciate knowing in advance the layout of the location and what will take place during outings



Interpersonal Best Practices: Social Settings

person: u should try to make more friends

me:



- Face people when communicating with them
- Remember: eye contact is not necessary
- A note on “associational” vs “logical” thinking
- Boundary setting is good for everyone!
- When ableism happens/you contribute to it, acknowledge/apologize, and then center the needs of the PWD

Interpersonal Best Practices: Sexuality

Guardians, caretakers, and educators

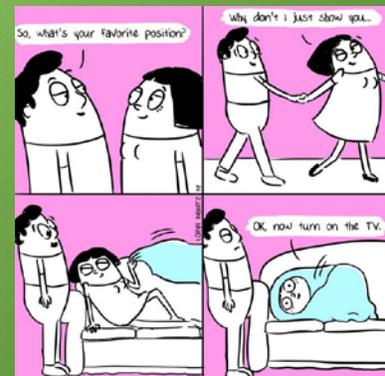
- Start body autonomy, consent, and healthy sexuality education early
- Practicing healthy parent-child and sibling relationships
- Encouraging development of strong communication skills
- Involving PWD of every age in advocacy



Interpersonal Best Practices: Sexuality

Intimate Partners

- Discuss boundaries ahead of time
 - What constitutes friendships vs. intimate partnership?
 - How will platonic, romantic, and sexual desires and boundaries be communicated before, during, and after any sexual and non-sexual activity?
 - Ex: safe words, when should consent be explicitly requested, soft vs. hard boundaries, light system
 - How and with whom are you each comfortable discussing sexuality with others?
- What do you assume has to be present for sex to be fulfilling? Let's rethink that.
 - Physical sensation?
 - Certain sounds?
 - Enthusiasm?
 - No mistakes?
- Sex can be fulfilling to each partner in different ways!



By Loryn Brantz

Interpersonal Best Practices Resources

- Sexuality
 - <http://www.sexualityanddisability.org/>
 - <http://www.advocatesforyouth.org/storage/advfy/documents/Factsheets/sexual-health-education-for-young-people-with-disabilities-educators.pdf>
 - The Ultimate Guide to Sex & Disability by by Miriam Kaufman , Cory Silverberg, and Fran Odette

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Professional & Employment Best Practices

1. Spatial layouts & design

- Movement, wheelchairs, and different communication styles
- COMFORTABLE sitting materials
- Service animal access/safety (Note: service and emotional support animals are NOT the same)

2. Communication Options

- CART services, subtitles, image descriptions, text readers
- ASL Interpreters - are there for hearing people, but often paid for by Deaf & HOH folks
- Advance notice for meetings, questions, etc.



Professional & Employment Best Practices

When you are dead inside but want to brighten up other people's lives



3. Fragrance-free /sensory friendly spaces

4. Time, Energy, and Productivity flexibility

- Flex time, working remotely, using social media and non-email platforms

5. Open communication, mutual critically constructive feedback

- Starting with questions rather than assumptions

Professional & Employment Resources

- National organization on disability
 - <https://www.nod.org/resources/best-practices/>
- EEOC: Recruiting, Hiring, Retaining, and Promoting People with Disabilities
 - https://www.eeoc.gov/eeoc/interagency/upload/employing_people_with_disabilities_toolkit_february_3_2015_v4-2.pdf
- Environmental Working Group (gives so much information about chemicals, toxins, and sensory-safe resources!)
 - <https://www.ewg.org/>

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Medical & Social Service Best Practices

- People are experts on their own bodies and experiences.
 - “You went to school for 20+ years and I’ve lived in my body for at least that long.” - both forms of expertise
- Recognize that you are one person in a large system that often fails PWD; support people in doing personal advocacy
 - Writing down questions in advance
 - Bringing an advocate or friend
 - Recognize the plurality of language
- Always inform of side effects and risks even when statistically “minor”



Medical & Social Service Best Practices

- #DisabilityLifeHack: Menstrual Cycle apps for tracking chronic illness symptoms!
- Many PWD have a very different and personal definition of “quality of life” and “longevity”
 - High quality of life does NOT equal monetary success/productive.
 - High quality of life is not defined by healthy or abled people.

being mentally ill + suicidal at a young age (before 18) is strange, because you grow up with this idea that one day you'll finally snap, turn off, be brave enough to kill yourself, or that you'll recover from your mental illness and that everything will fall in the right place like it seems to with "normal" people, so you don't really plan for the future. and then before you know it you're 18 and you're an adult but you never thought you'd get this far and sure it's great that you're still alive you guess but also you feel so alone + lost in a world you never expected or planned to be a part of. your 20s is picking up the pieces and trying to play catch-up with ppl who had a plan. And you have no idea how to be a functioning adult because you never planned on getting this far, or you never bothered learn

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Structural Changes & Global Efforts

- 2011 UN Document for Including Persons with Disabilities in All Aspects of Development Efforts
 - http://www.un.org/disabilities/documents/best_practices_publication_2011.pdf

my chronic illness is somehow my fault

chronic illness can happen to anyone because the human body is a fucked up mess

god had to nerf me because i was too powerful



Final Questions

- How can low-income folks access pain alleviation strategies?
- Who has least access to your space, agency, and organization? How can you focus on increasing access, inclusion, and marginalized leadership?
- Are your staff and volunteers equipped to work with LGBTQ+ people of color with disabilities? Immigrants, refugees, and undocumented people with disabilities? Where are the gaps?

Thank you! Please come to webinar 5!



when ur trying your best and things start
to get better

