

mediadiversity
AUSTRALIA

Disability Reporting Handbook

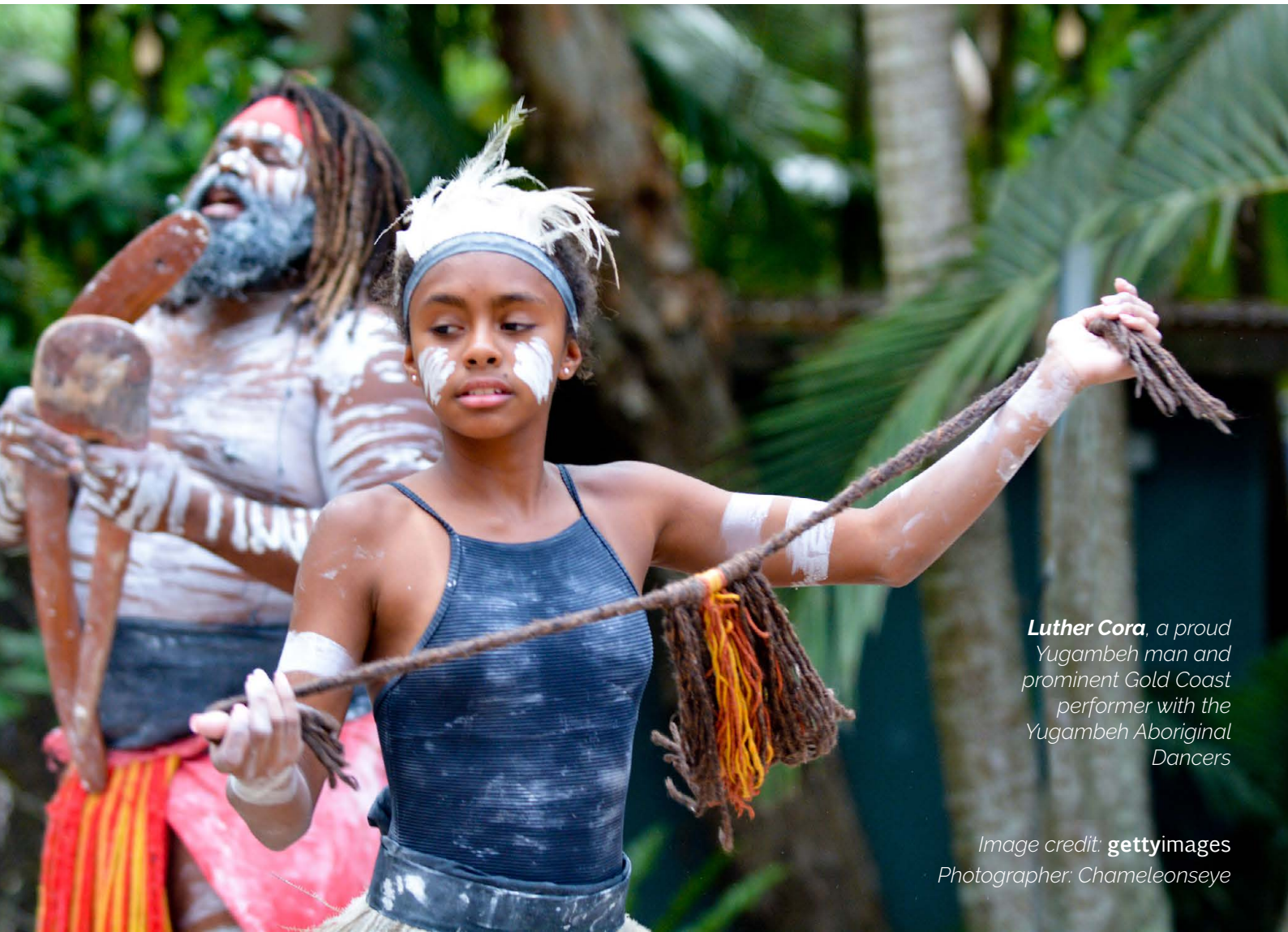
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Luther Cora, a proud Yugambeh man and prominent Gold Coast performer with the Yugambeh Aboriginal Dancers

Image credit: **gettyimages**
Photographer: Chameleonseye

Acknowledgement

We respect and honour Aboriginal and Torres Strait Islander Elders past, present and future. We acknowledge the stories, traditions and living cultures of Aboriginal and Torres Strait Islander peoples on this land and commit to building a brighter future together.

Front cover

Image credit: **gettyimages**

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Introduction

How to use this handbook

The media should reflect, connect with and include all people. This handbook has been created to assist journalists to do just that, with a particular focus on various communities with disability.

More than two years (and multiple lockdowns) in the making, it has been produced by a team of media professionals with lived experience of disability, in collaboration with peak Disabled People's Organisations and diversity advocates. In designing and writing this handbook, we made sure we lived by the golden rule – *nothing about us without us*.

While we encourage you to read the entire handbook, it has been designed to enable time-poor, task-rich media professionals to skip to key areas to get the practical knowledge they need to better report on and with people with disability.

We realise that language, culture and understanding changes, and we aim to review and update this handbook in the future. We hope this guide leads to a more inclusive media, and with it, a more inclusive world – one which recognises and welcomes the true spectrum of human diversity.

The DRH Team

The DRH team

Media Diversity Australia

Media Diversity Australia is a nationwide not-for-profit organisation working towards a news media that is reflective of all Australians. We seek to promote balanced representation in news and current media that reflects the community it serves. This includes cultural and linguistic diversity and disability.



Briana Blackett is a senior journalist with extensive global news experience. She was a founding member of Al Jazeera English in Qatar, which followed a successful career working for Associated Press Television, based at its headquarters in London. She has also worked for Greenpeace International in Europe, along with federal politics and broadcast news in Australia. Over a 20 year period, she has covered some of the world's biggest events and gained insights she still draws upon today from her home in suburban Sydney. Briana is the mother of two children with disability. She now works to assist families in the autism space. Briana is [Disability Affairs Officer](#) for Media Diversity Australia, and a [Carer's Representative](#) with Carer's NSW. She has advised on national projects regarding autism in the communications and health sectors.



Lisa Cox has combined her professional and academic backgrounds in media and communications with her lived experience of disability to become one of Australia's most respected [disability advocates](#). As a [Disability Affairs Officer](#) at Media Diversity Australia, Lisa is a media professional who is using her years of expertise to help others navigate the nuances of disability language. She is further committed to changing the representation of disability across mainstream popular culture given how influential these industries are in shaping social attitudes. Lisa has written and spoken for national and international audiences and has been featured in publications such as The Australian, Sydney Morning Herald, Huff Post and FOX.



Jessica Johnson is the Impact Engagement and Communication Lead at [Hireup](#). Hireup is a profit for purpose organisation committed to supporting people with disability to live the lives they choose via quality support services designed to facilitate true choice and control. In just under three years, Jessica has played an integral role as Talent Lead, helping to scale the business from 30 head office employees to over 240. More recently she has moved into the Impact and Innovation team, delivering impact projects such as the [Hireup Board Observership Program](#) - an initiative focused on increasing representation of people with disability at board level. A challenge Jessica is particularly passionate about shifting the dial on. In her spare time, Jessica works as a support worker - in many ways, her favourite part of the job.



Jo Kek-Pamenter is a senior research assistant, at [The Hopkins Centre](#), Griffith University. She is also an award-winning digital designer and illustrator with a background in education and communication. Through her lived experience with hearing loss, she has developed a keen interest in improving the lives of those with disability through inclusiveness, accessibility, dignity and advocating for equal opportunities. She is the Community Hub Manager of [The Dignity Project](#) and [HabiTec](#), sits on the Advisory Board for [Enabled.vip](#) and in addition to designing the Disability Reporting Handbook, amongst others - co-authored and designed the award-winning ADCET Guideline "[Supporting Deaf and Hard of Hearing Students Online](#)" - a [2021 Access Awards Finalist](#).



Antoinette Lattouf is a multi-award-winning journalist and media commentator. She is also the [co-founder](#) of Media Diversity Australia. In 2019, Antoinette was named among AFR's 100 Women of Influence. In 2021, she was awarded a Women's Agenda Leadership Award and B&T Women in Media Champion of Change. Her first book, 'How to Lose Friends and Influence White People' will be published by Penguin Random House in early 2022. Antoinette is also part of the [Judith Neilson Institute For Journalism](#) and Ideas' International Advisory Council. She is an Ambassador for mental health organisation the [Gidget Foundation](#) and [The Australian Thyroid Foundation](#).



Pip Miller assisted with the production of the DRH as part of her Bachelor of Communications post graduate Honours degree. From her home town of Cairns in Far North Queensland, Pip operates a busy public relations consultancy, [Pip Miller PR](#) which since it was established in 1994, has serviced the marketing and communications needs of a diverse clientele from government organisations and construction to creative industries and the region's many events and festivals.



Dr Faith Valencia-Forrester has combined her media experience, degrees in Arts, Law and Business, and her PhD in inclusive university-led work-integrated learning to help students gain experience and work toward social impact. Her work focuses on social justice and actively demonstrates inclusion and equity. Her work includes projects addressing media reporting of disability projectopendoors.org (2017) and projectallabilities.com.au (2020), and domestic violence projectsafespace.com.au (2015). She strives to move education beyond the typical classroom practice divide and the advantages stretch much further than students simply gaining practical experience; their work creates real-life impacts and can address disadvantage within the community. Faith specialises in designing and delivering innovative WIL projects, creating a fourth space where students, academics and industry can come together to create change.



Rachel Worsley is the founder and CEO at Neurodiveristy Media, a media company producing accessible information resources for neurodiversity in the workplace. She is an autistic journalist with ADHD who has more than 5 years of experience in trade media. She was previously shortlisted as Young Writer of the Year at the Mumbrella Publish Awards in 2017 for her reporting on doctors' mental health.

Image credit: **gettyimages**
Photographer: Lisafx



Foreword

A message from Dr Ben Gauntlett Disability Discrimination Commissioner

The portrayal of people with disability in the media is critical to ensuring people with disability are included in society now and in the future.

People with disability are diverse and the nature of disability is diverse too. However, in a time poor society where there is variable knowledge about people with disability, it can be easy to overlook the importance of language, imagery and storytelling. Journalists can change lives by asking questions that enable issues of concern to be brought to the foreground of public debate. They can also change lives by carefully reporting on issues in an inclusive manner. How a person is referred to in a story or dealt with in collating and researching a story matters.

Similarly, the willingness of members of the media to actively look for stories concerning people with disability is important. Investigative journalism based on rigorous research has led to many changes in disability policy. At a time of great policy upheaval and potential change, it is imperative that journalists engage with issues of concern for people with disability and their friends and family. Interviewing people with disability can give great insights in a story and needs to be encouraged. The Disability Reporting Handbook will hopefully make reporting on disability related issues more prevalent.



Approximately 20% of Australians live with disability. However, a significant amount of disability is invisible in nature. Therefore, when reporting on matters you might be reporting on a matter concerning a person with disability and not realise it. Careful attention to detail on how facts, ideas and opinions are expressed can reduce stigma and encourage respectful conversation about difficult issues.

Congratulations to Media Diversity Australia for creating a fantastic resource. The Disability Reporting Handbook will hopefully change lives. Well done also to Griffith University, the Menzies Health Institute Queensland, Hireup and Getty Images for sponsoring the publication.

I look forward to hearing about journalists using the Disability Reporting Handbook throughout Australia.

Image credit: Dr Ben Gauntlett

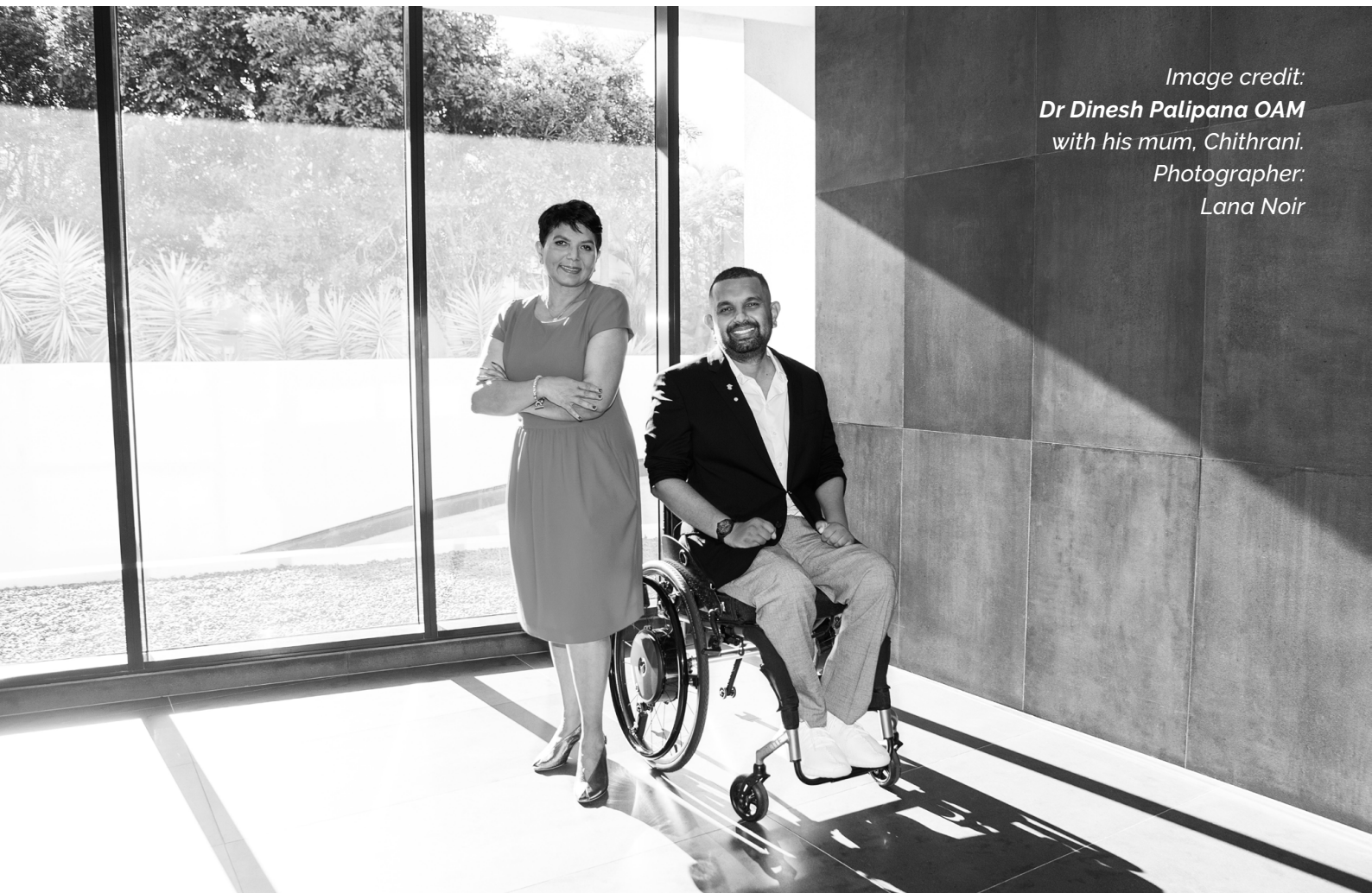


Image credit:
Dr Dinesh Palipana OAM
with his mum, Chithrani.
Photographer:
Lana Noir

*“**Disability** is an interesting word that has attracted a great deal of discourse. The community has a range of **different viewpoints**. All of these are valid. I think that it’s a matter of **preference**.*

I have done far more in my life after a spinal cord injury compared to before it. In that context, do I feel disabled? No. I don’t feel limited in a broad sense.

Other community members feel that the word ‘disability’ should not have any negative connotations. It should be celebrated even.

*In an ideal world, we wouldn’t need any **labels**. We would just be people existing together, thriving in our **diversity**.*

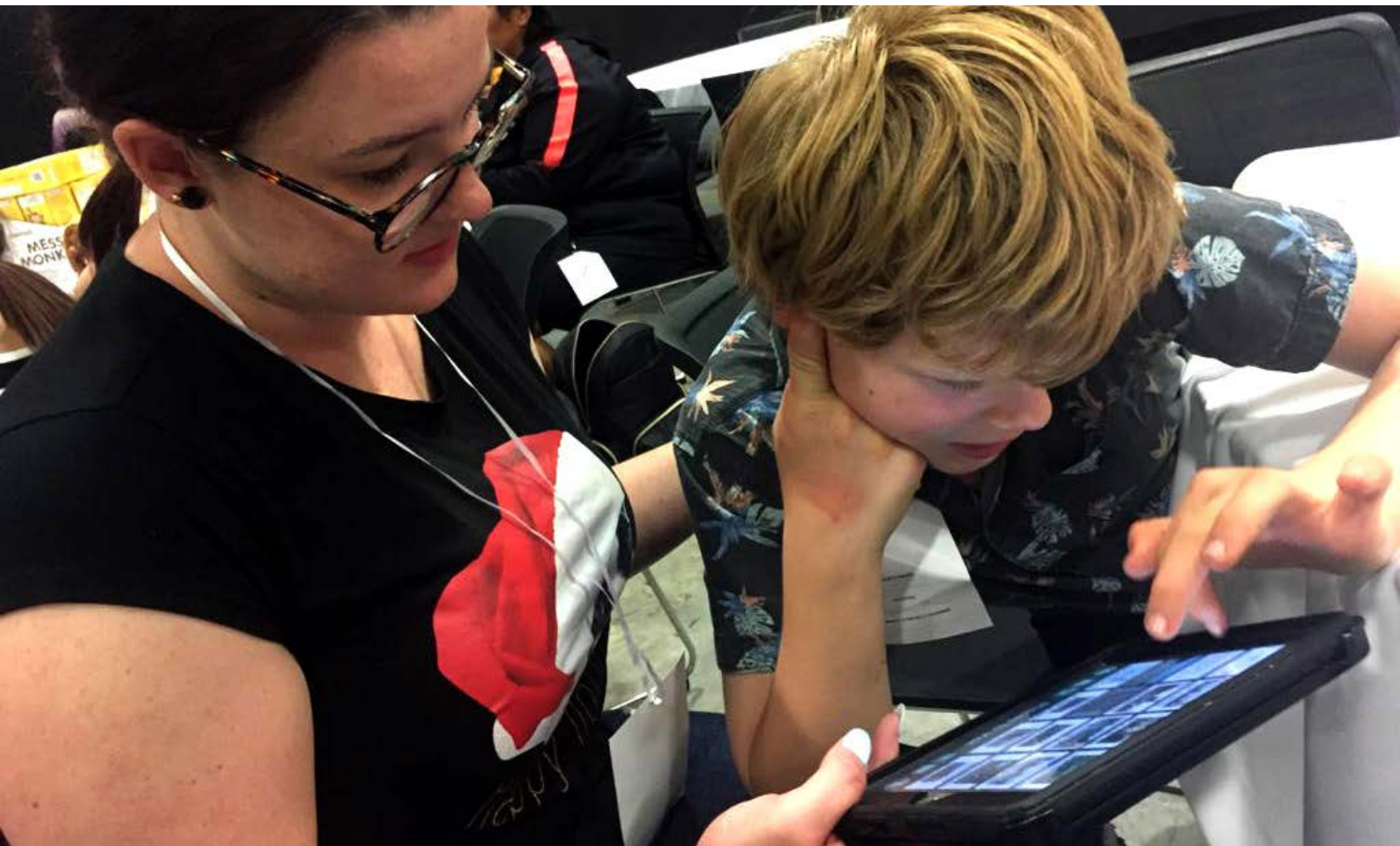
*Until that day comes, however, we can have **respectful discourse** about what these labels mean for each other.”*

– Dr Dinesh Palipana OAM

Madison de Rozario
Paralympian
Image credit:
Griffith University



Section 1: **Introduction to disability**



Teenager, Max, using his AAC device to communicate with a friend
Image credit: MDA

Disability 101

Disability is part of the human condition. The term 'disability' is multilayered and means different things to different people. There are many ways language can be used to acknowledge it – 'with disability', 'disabled', 'atypical' are some of the terms used. In this handbook, we use the term 'with disability' but acknowledge it is the person with disability's right to choose the language that describes them.

Here are key concepts, terms and definitions that are important to be aware of when reporting on or with people with disability.

Disability

*"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, **in interaction with various barriers**, may hinder their full and effective participation in society on an equal basis with others."*

– UN Convention on the Rights of Persons with Disabilities (CRPD)

What is the Convention on the Rights of Persons with Disability?

The [Convention on the Rights of Persons with Disabilities \(CRPD\)](#) is an international human rights convention created at the United Nations setting out the fundamental human rights of people with disability.

It is made up of two documents;

1. the Convention on the Rights of Persons with Disabilities contains the main human rights provisions expressed as a series of Articles,
2. the Optional Protocol to the CRPD is a more limited document that sets up an individual complaints procedure.

Australia has signed both the Convention and ratified the Optional Protocol.¹

The CRPD is one of nine international human rights instruments developed by the UN. It was;

- Developed by people with disability, to achieve a greater level of equality for people with disability around the world.
- Explains the steps that governments worldwide must take to uphold, promote and protect the rights of people with disability.

The Australian Government signed and ratified the CRPD in 2008. In doing so, it has made a legal commitment to uphold the principles the Convention establishes.

The Australian Government signed the CRPD in 2007, ratifying it in 2008. In doing so, it has made a legal commitment to uphold the principles the Convention establishes. However, disability advocates say Australia has not fully incorporated the CRPD. You can find a fact sheet on the issues [here](#).

What is Australia's Disability Strategy (ADS)

[Australia's Disability Strategy \(ADS\) 2021-2031](#) – formerly called the [National Disability Strategy \(NDS\)](#), is Australia's response as a signatory to the CRPD.

Each 10-year plan aims to support people with disability to “maximise their potential and participate as equal citizens in Australian society.” The current ADS runs from 2021-2031.

– Department of Social Services

¹ Credit: Australian Human Rights Commission



Image credit: **gettyimages**
Photographer: Maskot

What is the National Disability Insurance Scheme (NDIS)?

Run by the [National Disability Insurance Agency \(NDIA\)](#), the [NDIS](#) is a government scheme to support people with disability. Not everyone with a disability can receive NDIS assistance. It's estimated only around a fifth of people with disability are eligible for the scheme. People over the age of 65 with disability are typically directed to access support through a separate Aged Care scheme.

What is the Disability Support Pension (DSP)?

The [Disability Support Pension](#) is a payment for people with a permanent physical, intellectual or psychiatric condition that stops them from working. Not everyone with a disability or a medical condition can receive the DSP. To be eligible, an applicant must meet both "non-medical rules" and "medical rules".

For more specific information on the DSP, visit [Services Australia, Disability Support Pension](#).



Image credit: Graeme Innes

*"The **biggest barrier** to full participation in the community for people with disability is **attitude**. Most Australian's with disability experience the soft bigotry of **low expectations**."*

– Graeme Innes AM, Former Australian Disability Discrimination Commissioner

What is the Disability Discrimination Act?

The [Disability Discrimination Act 1992 \(DDA\)](#) makes it unlawful to treat people unfairly because they have a disability. This covers various areas of public life, including employment, education, accommodation, and accessing services or public places. People with disability experiencing discrimination can contact the [Australian Human Rights Commission \(AHRC\)](#) for information about human rights and discrimination issues, including how to make a complaint.

What does the Disability Discrimination Commissioner do?

The [Disability Discrimination Commissioner](#) is one of seven Commissioner roles within the Human Rights Commission. Their mission is to work *"in partnership with others to help all Australians understand their rights and meet their legal responsibilities by conducting public inquiries and negotiating disability standards and guidelines."*

What is the Disability Royal Commission (DRC)?

The *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*, established in 2019, investigates violence, neglect, abuse and exploitation of people with disability. The DRC was set up in response to community concern about widespread neglect and abuse of people with disability. (See DRH Chapters: [Violence against people with disability: Definitions and Violence: The Data](#)). Through a series of public hearings, private sessions, submissions and independent research, the Disability Royal Commission will deliver a final report to the Australian Government in 2023.

How do I know which organisation to reach out to for information?

National peak organisations can be either Disabled Peoples Organisations (DPOs), or Disability Representative Organisations (DROs). These organisations are experts in many aspects of disability, and represent particular groups of people with disability, such as First People with disability or people with intellectual disability. There are very clear differences between DPOs/ DROs and service providers that are important to be aware of.

When reporting on matters relating to disability, ensure you seek comment from the relevant DPO or DRO. You can find many of them in the [Contacts Database](#) in the DRH and by clicking on the links throughout the handbook.

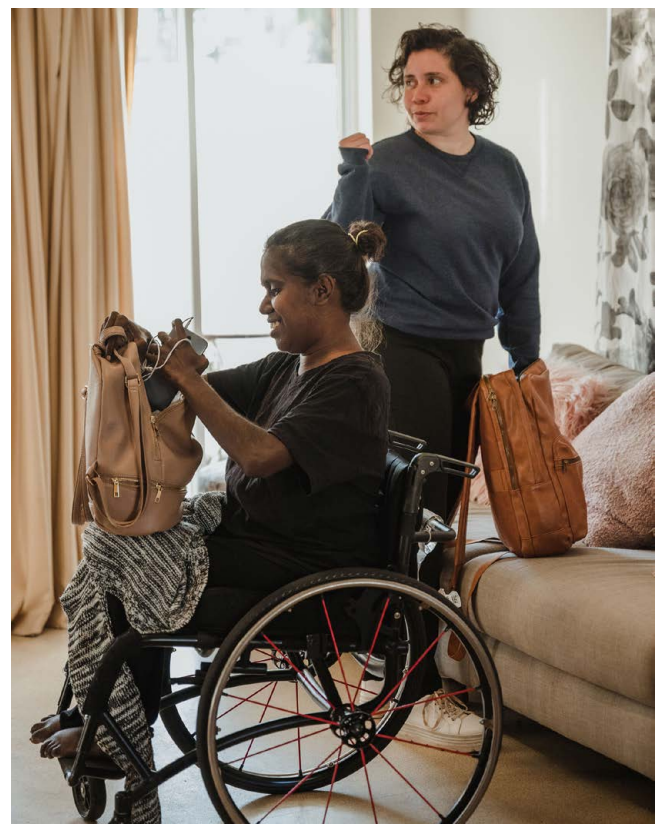


Image credit: **gettyimages**
Photographer: Bobbi LockyerRefinery29 Australia

Disabled People's Organisations (DPOs)

are organisations led by, and consist of, people with disability.

Disability Representative Organisations (DROs)

advocate for and support people with disability and often families. They can be, but are not necessarily, led by a mix of people with disability and non-disabled people.

Disability Advocacy Organisations can do systemic or individual advocacy or both. They are funded to directly assist people with disability and are independent of disability service providers and government.

For example;

Blind Citizens Australia is a DPO. Its membership and leadership are people who are blind or vision-impaired. **Vision Australia** is a not-for-profit organisation that advocates for and provides services to the blind community.

Disability Service Providers are organisations that provide services and supports to people with disability. They can be charities, not-for-profit organisations or commercial businesses. Supports they provide can range from legal advice, housing, in-home or in-the-community support, and assistive technology, to name a few. People with disability are their customers and clients. Disability service providers are not advocacy organisations, nor are they representative organisations for people with disability.

What is the difference between the social model and medical model of disability?

The **medical model** and **social model** are the two main contrasting views of disability. Both have powerful implications as to how people are treated within our society.

The **medical model** typically defines people by what they can't do instead of what they can. It's often referred to as a 'deficit model'. Certain aspects within this model view disability as a medical impairment that needs to be fixed or cured. People with disability may find this approach patronising, limiting and harmful.

The **social model** acknowledges disability as a natural part of human diversity and believes that people who move, perceive, think and communicate differently deserve the same respect and opportunities as everyone else in society.

It views a person's disability as **the impact of a person's interaction with their surroundings**. For example, a person using a wheelchair can enter a room with ramps but can't enter a room with stairs. It is the stairs, therefore, that are impacting a person's ability to enter the room.

The UN has adopted this model, as has Australia, by being a signatory to the UN's CRPD.

More tips on language

[Disability Gateway](#) assists people with disability, their families and carers.

[IDEAS](#) provides information on disability awareness services, and supports people with disability and their carers.



Julia Robertson, Image credit: Griffith University
Photographer: Sandra Chin, 2018

People With Disability Australia (PWDA) explains the difference between the **two models**: *“A social model perspective does not deny the reality of impairment nor its impact on the individual. However, it does challenge the physical, attitudinal, communication and social environment to accommodate impairment as an expected incident of human diversity. The social model seeks to change society to accommodate people living with impairment; it does not seek to change persons with impairment to accommodate society. It supports the view that people with disability have a right to be fully participating citizens on an equal basis with others.”*

For more on the social model of disability, click [here](#) for more from PWDA.

You can find other [models of disability here](#).



Disability in Australia: the data



About

1 in 5

Australians

18% or

4.4 million

are estimated to have a **disability**

44%

of complaints received by the **Australian Human Rights Commission**



are about disability **discrimination**



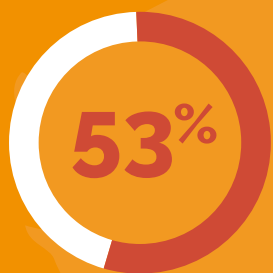
Not all Australians with disability are eligible to receive **funding** via the **National Disability Insurance Scheme**.

466,000

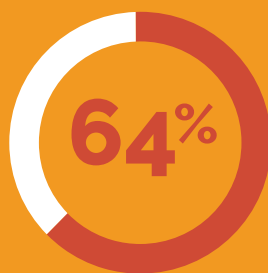
active participants are using the NDIS, with an average annual budget of

\$69,000

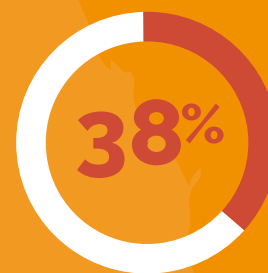
(as at June 2021)



of people with disability **have jobs** compared to 84% without disability



Almost two-thirds (64%) of people with disability are **home owners**



Almost 38% of people **living in poverty** have a disability



9 in 10

school-aged children with disability go to a **mainstream school**



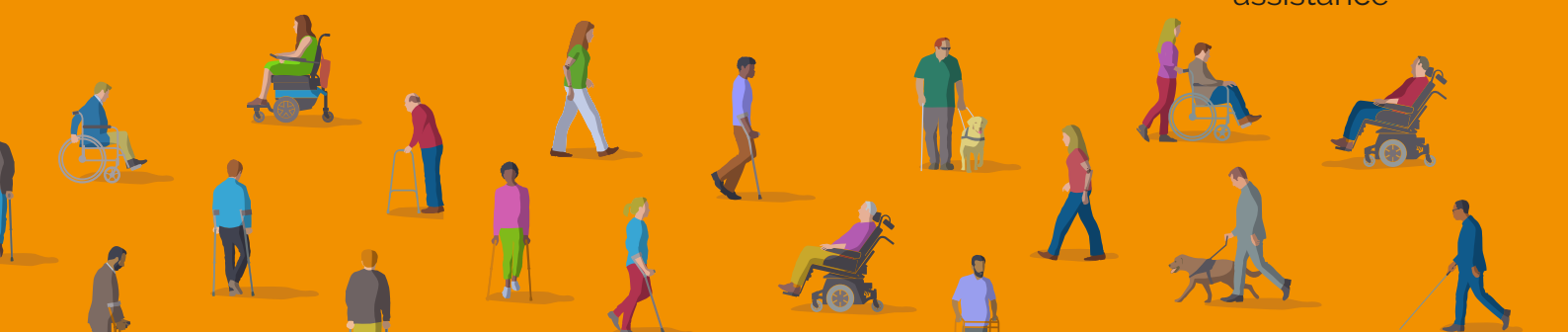
47%

1 in 2 adults (aged 15+ years) with disability have experienced **violence**

Almost half

47%

of people aged 5-64 with disability requiring **health care assistance** only get informal assistance





At age

65



Australians can expect to live, on average, **over half of their remaining years with some level of disability**



1 in 3

people with disability need **help with health care**



42%

of adults with disability **rate their health as poor**



700,000

people with disability with **children** in Australia



1.9 million

people with disability are **married**



576,400

people with disability are **business owners**



5,200

people with disability are **academics**



51,246

artists with disability

Technology, aids & equipment



1 in 10

PwD accessing **assistive devices**



29%

Communication aids



18%

Hearing aids



17%

Aids for **mobility**

All statistics have been sourced from the AIHW *People with Disability in Australia 2020 Web Report*, which collates data from all the major sources, including the ABS, SDAC and other related studies, roughly up to date between 2018-2019 depending on the data source. Please note: much of this data has not been *disaggregated*. View the full report AIHW [here](#).

Additional resources:

<https://humanrights.gov.au/our-work/education/face-facts-disability-rights>.



The problem with data (and what to do about it)

Data is commonly collected through three main avenues;

- specific surveys such as the Australian *census, academic or other independent studies,
- government departments, and
- reporting figures such as police reports, school enrolment figures etc.

Historically, these have often failed to capture the accurate and complete picture of disability through process or culture. Here's why; →

The problem with data from surveys

- Lack of regular surveying.
- Lack of consistent terminology, definitions and processes between different but similarly focused surveys.
- Key groups of people with disability are commonly left out of part or all of the process. For example, for the ABS Personal Safety Survey (seeking to quantify violence against people with disability), does not seek the input of non-speaking people and people living in care facilities. Also, those who required personal assistance to participate were not asked 'sensitive' questions, such as whether they had been victims of sexual assault or abuse. New migrants also face risk of deportation if they disclose having a disability.
- Governments have historically not collected comprehensive data disaggregated by disability.

The problem with data from reporting tools

The [social model](#) identifies several barriers to the collection of data from reporting tools; for example, people with disability may communicate differently, have barriers to accessing mainstream emergency services (such as the police), and face discrimination when giving evidence or telling their story.

Some of the obstacles people with disability can face trying to report their experiences may include:

- Have trouble communicating, or not being given access to devices or translators to help them communicate.
- Having trouble physically accessing external help (for example, police).
- Having difficulty being believed or taken seriously.
- Having trouble being seen as *credible* witnesses.
- Being coerced into not reporting their experiences or reporting false information.
- Not being legally allowed to testify due to their disability.
- Being afraid for their safety upon reporting a crime.
- Not being aware that what is happening to them is a crime, or
- Not knowing how to get help.

Journalists should bear these issues in mind when seeking and reporting on data regarding people with disability. They should also understand that disabled people are often not captured in regular data capture, which is not disaggregated.

Why journalists need to understand disaggregated data

Disaggregated data has been broken down by detailed sub-categories, for example, by marginalised group, gender, race, or level of education, income, etc. Disaggregated data can reveal inequalities that may not be fully reflected in aggregated data.

Why is data disaggregation important?

Fully disaggregating data helps to expose hidden trends. It can enable the identification of vulnerable populations, for instance, or help establish the scope of the problem and make vulnerable groups more visible to policymakers.

*A word about the census

The five-yearly Australian Census is the usual go-to for a snapshot of the nation. However, it doesn't directly ask about disability as per the standard definitions. Instead, it typically asks four questions based on a person's 'Need for Assistance', such as mobility or communication. Crucially, it doesn't ask if this need is due to a long-term disability or a short-term illness.

**The 2021 census added a question about chronic illness but didn't ask additional questions about disability.*

Journalists looking for more specific data on disability might be best to check the [Survey on Ageing, Disability and Carers \(SADC\)](#) conducted by the ABS every three years. This study uses more familiar definitions of disability; however, unlike the Census, it does not survey the entire population. Instead, it conducts a sample survey and extrapolates from those results. This makes the SADC less reliable than the Census in terms of margin of error.

What is disability prevalence – and prevalence data?

Disability prevalence is the number or proportion of the population living with disability at one time. Understanding prevalence data is important for journalists because it will help create fair, objective reporting on practices and policies that affect the provision of products and services to people with disability.

Prevalence data can be obtained in the following sources:

- [ABS summaries of the SDAC](#).
- Australian Institute on Health and Welfare Reports (AIHW) reports for health-specific information on [people with disability](#).
- Navigating the [NDIS dataset](#) if reporting on NDIS participants.

[Mindframe Media](#) has drafted a guideline titled **Helpful Ways to Present Information** to assist journalists in reporting data on suicide and mental health conditions that often affect people with disability.

Data and the Disability Royal Commission

The Royal Commission into Violence, Abuse, Neglect and Exploitation of people with disability (or the Disability Royal Commission, DRC for short) has repeatedly highlighted the very significant problem with the lack of data about people with disability across multiple jurisdictions and settings. The DRC is producing [significant research reports](#) that talk about this need for better data. In its [Interim Report](#), it said:

Without high-quality data, it is difficult for governments and organisations to plan policies and programs to prevent violence against and abuse, neglect and exploitation of people with disability. Data is needed to set goals and measure success against these goals and to allow others to hold governments and organisations accountable for delivering on these goals.

The Australian Government has set up the [National Disability Data Asset](#) project to start looking at the issues the DRC and many others have raised.

Tips for reporting on data

1. Before using statistics, take a look at how they were gathered. Consider who conducted the survey, who participated, and, crucially, who didn't. Ask why.
2. Balance data with lived experience by contacting the relevant DPOs/ DROs for their view of the data and position on some issues. Ask if the experiences of their members supports the data. Some DPOs/ DROs may have research of their own to add to the story. Academic journals and research centres at universities specialising in disability issues, may also be able to provide relevant information.

The Golden Rules

Six top tips to getting it right

1. Include

Remember this mantra: **'Nothing about us without us'**.

If you're producing a story on disability, ensure you include the voice of a relevant person with disability. If you're unsure where to start, refer to the contacts list in this handbook for DPOs.

If you don't have the relevant voice, don't do the story unless the issue/event is too crucial NOT to report on. If that is the case, explain why the key voice is missing.

Actively seek to include people with disability, and minorities in the disability community, in your everyday content, not just on issues regarding disability.

People with disability are parents, spouses, homeowners, business leaders, employees, students, consumers, voters, artists, athletes, influencers, scientists, academics, so draw from this community when seeking comment on any newsworthy issue. For example;

- Interview people with disability when gathering vox pops.
- Source experts for general news who also have a disability.
- Include people with disability in your discussion panel.

2. Ask

Personal preference is everything.

If you are unsure about something, simply ask.

It's ok to say, "I'm not very familiar with autism. Can you please tell me how you like to be called?" Or, "What's the best way to prepare the studio ahead of our interview?" Or, "Do you have any access needs that I can help with?"

3. Avoid

'Inspiration porn'.

Don't portray a person with disability as being inspirational, courageous or brave just for doing ordinary things. Ask yourself, would this still be an inspirational story if the person wasn't disabled? That being said, people with disability face numerous barriers - so there will be occasions when highlighting a person's efforts in breaking those barriers is important to share, mainly to demonstrate that society is still not equitable for people with disability. Check out Stella Young's TED Talk: ["I'm not your inspiration, thank you very much"](#) to learn more about inspiration porn.

Making assumptions or comparisons:

Don't assume someone can or can't do something because of their disability. Don't use language that suggests that one disability is better or worse than another.

4. Prepare

- Ask if there's anything the person would like to know or do to prepare for the interview. Bear in mind though, that many people may not know what support or preparation they may need, so offer suggestions. For example, "would it help to have the questions in advance?", or "are there any access requirements we should consider for the studio?"
- Be prepared to submit questions ahead of time.
- Be prepared to do mock interviews – some people like to know what the interview process is.
- Someone may not be able to hold a microphone, so ensure you have lapel or boom options.
- Allow extra time for an interview – including recording b-roll. At times, there can be significant delays due to things beyond a person's control, including transport and care requirements.
- When interviewing a person with disability about violence or a traumatic event, ask if there are any specific triggers (words, topics) you should be aware of. Allow plenty of time so that the interviewee to have 'space' between questions. Ask if the person has support to draw on during or after the interview. Provide a list of support services they can access. For more information, see the following chapters; [Violence and Disability: Key information](#), and [Violence and Disability: The data](#).

5. Respect

- Direct your questions and attention to the person with disability, not their translator, communication device or support person.
- Avoid patronising or condescending tones or language. It should go without saying, but....
- Respect the interviewee's personal space. For example, a person's wheelchair is part of their personal space. Don't lean on it, or touch it without permission. The same goes for a person's communication device or interacting with a person's dog guide.

6. Review

Ask for feedback at the end of the interview, "What worked well, what didn't?"

- Share your experience and the feedback you received with your peers so they can learn from your experiences.
- Where appropriate, share the final product/content with the interviewee.

For more specific tips on interviewing people with Disability, see the following 'How To' Interview chapters.

- [D/deaf or hearing impaired](#)
- [Blind or vision impaired](#)
- [Physical disability or reduced mobility](#)
- [Cognitive disability](#)
- [Non-speaking and use Augmented Assisted Communication \(AAC\)](#)
- [Psycho-social disability](#)
- [Neurodivergent \(autism, ADHD, dyslexia and tourette's syndrome\)](#)

A word about words

What's the best way to describe someone with a disability?

There are typically two ways people with disability prefer to be addressed. Always ask people you interview which method they prefer.

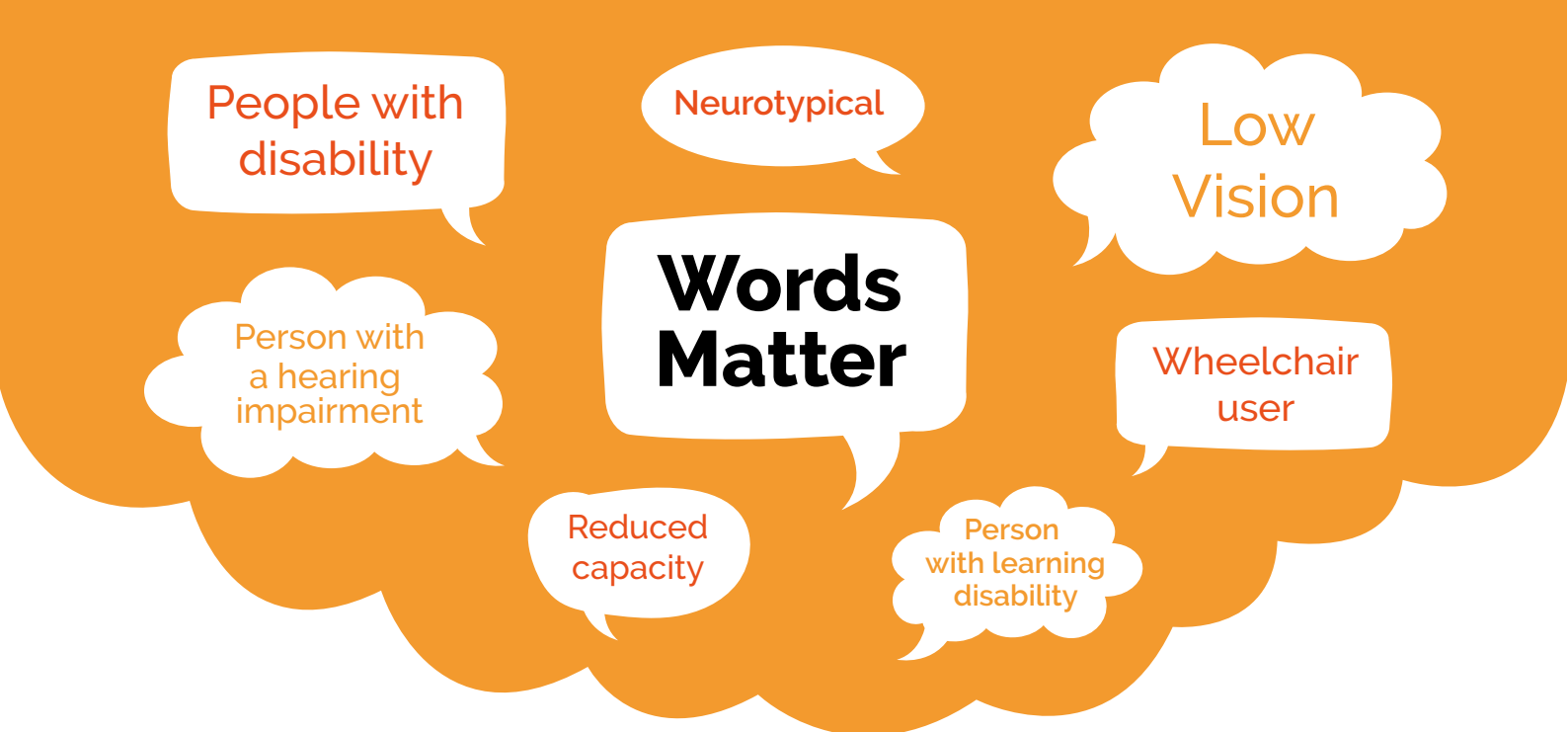
Person first	Identity first
<p>...acknowledges the person before the disability. E.G.: "people with disability" or "person with autism".</p> <p><i>"Person first language is viewed as emphasising the value and worth of the individual by recognising them as a person instead of reducing them to their disability."</i></p> <p>~ Disabled People's Organisation Australia (DPO Australia)</p>	<p>...acknowledges the disability is an inseparable part of a person's identity. E.G.: "disabled people" or "autistic person".</p> <p>Identity first language <i>"acknowledges disability as an important aspect of a person's identity. [It] is viewed as recognising that disability is a part of a person's identity, not an added extra. Disability cannot be separated from who you are as a person."</i></p> <p>~ Disabled People's Organisation Australia (DPO Australia)</p>

If in doubt

As a general rule, always ask each person you interview how they prefer to be identified. If that's not possible, for example, the person has already left or can't be contacted, err on the person first approach.

A person with more than one disability may refer to themselves as having *dual* (or *multiple*) *disability/ies*. They may also identify one of their disabilities as being a *primary disability*.

For more on person first or identity first language, click [here](#) to read a comprehensive guide, including a Do and Don't list, by People With Disability Australia. We have included excerpts from the guide on the pages following.



When referring to:

People with disability in general

Terms to avoid:

- afflicted by
- crippled by
- diffability
- differently-abled
- handicap(ped)
- handicapable
- specially-abled
- special needs
- suffers from
- the disabled
- victim of
- with different abilities
- person with a disability
- people with disabilities

Recommended:

- people with disability, women with disability, children with disability, etc.
- has disability
- lives with disability
- has a chronic health condition
- lives with a chronic health condition
- person with reduced capacity

Someone who uses a wheelchair

- confined to a wheelchair
- wheelchair-bound

- wheelchair user
- person who uses a wheelchair

Someone whose legs and/or lower body are paralysed

- paraplegic (*unless they identify that way – DRH team)

- person with paraplegia

When referring to:

Terms to avoid:

Recommended:

A person of short stature

- dwarf
- midget

- person of short stature

A person with intellectual disability

- intellectually challenged
- mental defective
- mentally retarded
- mentally disabled
- simple
- special
- moron
- retard/retarded
- imbecile
- cretin

- person with cognitive disability
- person with intellectual disability

A person who has Down syndrome

- downy
- mongol(oid)

- person with Down syndrome

Someone who has a learning disability

- slow
- slow learner
- retarded
- special needs

- person with learning disability

A person with diagnosed with Attention Deficit Hyperactivity Disorder (ADHD)

- hyper
- hyperactive

- person with ADHD

A person with a brain injury

- brain-damaged
- brain-impaired

- person with a brain injury

When referring to:

Someone who has autism

Terms to avoid:

- aspy/aspie
- 'an autistic' *(unless they identify this way)
- High-functioning or low-functioning
- Profoundly or severely autistic

Recommended:

- 'an autistic person'
- person with autism
- person on the autism spectrum
- neuroatypical or atypical
- neurodivergent

Someone with psychosocial disability

- crazy
- insane/insanity
- mad
- maniac
- mental
- mental case
- mental defective
- mentally unstable
- psycho(tic)
- psychopath(ic)

- person with psychosocial disability
- person with a mental health condition
- person with _____ (insert the name of their condition if you know it and have their consent to disclose it. e.g. person with depression, person with bipolar disorder, etc.)

Someone with sensory disability

- blind as a bat
- deaf and dumb
- mute

- Blind (if they identify that way)
- d/Deaf (if they identify that way)
- hard of hearing (sometimes stylised as HoH)
- person with a hearing impairment
- person with a visual impairment
- person with vision impairment/low vision
- non-speaking person/ person who is non-speaking (*This recommendation has been added by the DRH team)

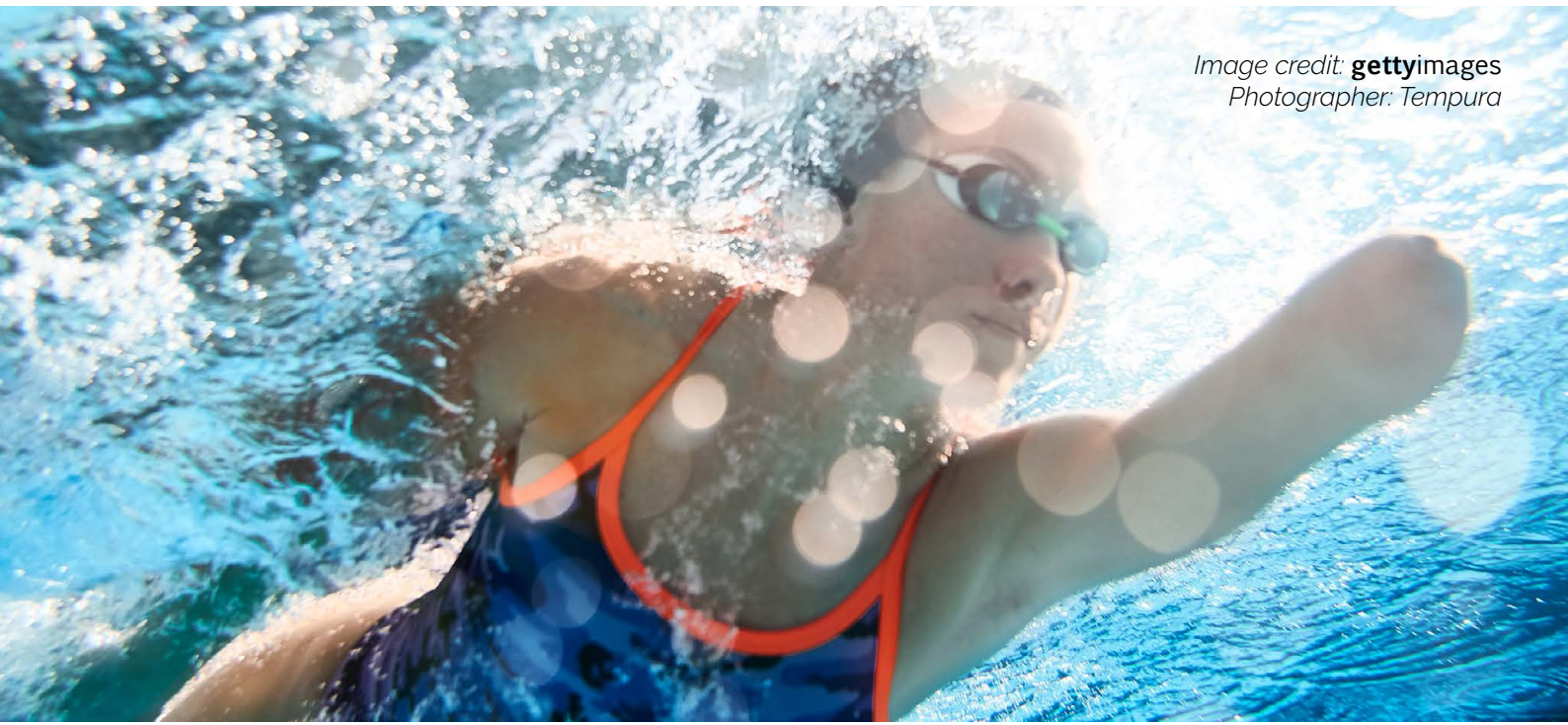


Image credit: **gettyimages**
Photographer: Tempura

When referring to:

Someone who does not have disability

Terms to avoid:

- able-bodied**
- abled**
- healthy
- hearing
- normal
- of sound body
- sighted
- well

Recommended:

- person without disability
- non-disabled person

Someone who does not have intellectual, psychosocial or cognitive disability

- normal
- of sound mind

- neurotypical

* Some people with autism identify as autistic people, or do not find the term 'autistic' offensive, because they consider autism an identity beyond the medical diagnosis.

** Some people with disability who use identity-first language will use 'abled' to describe non-disabled people and 'able-bodied' to describe people without physical or mobility-related disability.

Language to avoid

The following are derogatory terms for people disability, no matter the context in which they are said. Usage should always be avoided. The terms are listed here to educate what words must be avoided, and PWDA does not condone their use.

It is important to note that some people with disability have reclaimed some of these derogatory terms, but that does not mean those terms are appropriate for non-disabled people to use. For some people with disability, proudly identifying as 'a crip' or 'mad' is a way of surviving in a world that is still slinging those slurs at us. It may feel empowering for some people with disability to take back a violent word, but others will find the word still unbearably painful. Avoid or approach these words with caution because they have a violent history (and present).

SOURCE: PWDA, Language Guide, 'Words to describe people with disability.'

Note: There may be differences in preferred language for journalists reading this (or producing stories for) outside Australia. As always, ask the individual being interviewed or check in with your local DPO/DRO or disability advocacy organisation.

Intellectual or cognitive disability

- brainless
- cretin
- derp(y)
- dim(-witted)
- dumb
- idiot(ic)
- imbecile/imbecilic
- feeble-minded
- few _____ short of a _____
- mental(ly) defective
- mongol(oid)
- moron(ic)
- mong
- nong
- retard(ed)
- simple-minded
- simpleton
- slow-witted (also fuckwit, witless)
- stupid

Psychosocial disability

- crazy
- daft
- insane/insanity
- loony
- lunatic
- mad(ness)
- madhouse/madman
- maniac
- mental case
- nuts
- psycho(tic)
- psychopath(ic)
- sped (from 'special education')
- whacko

Physical or mobility-related disability

- cripple
- crip
- crippled by _____
- handicapped
- gimp(y)
- invalid
- lame
- spastic/spazz

Golden Rules: Language

1. Each person with disability will have their **language preference**, and it's essential journalists **respect** that. If you're unsure of the language a person with disability uses to describe themselves, remember the **Golden Rule: if in doubt, ask**.
2. Avoid language that assumes a **negative** relationship between a person and their disability. For example, "she's confined to a wheelchair" or "wheelchair-bound" can be replaced with "she uses a wheelchair". (*NB: Many wheelchair users see their wheelchairs as tools of independence.)
3. Similarly, avoid referencing disability with **suffering**: e.g.: "he suffers from Downs Syndrome." Phrases such as: suffering from, stricken/afflicted with imply life with a disability is of lower quality when many people with disability do not feel this way.
4. Avoid portraying disability as something that needs to be **"fixed"** or **"cured"**. While certain illnesses can be cured, be careful of using this word around disability.
5. Avoid putting **"the"** in front of a disability. For example, you would never say "the females", so don't say "the blind".
6. Do not refer to people with disability as **'patients'** unless they are explicitly receiving treatment for an illness.
7. While there are **'grey areas'**, some words and phrases are always unacceptable, offensive and derogatory. People with Disability Australia (PWDA) has created a [list of words to avoid and suitable alternatives](#). ****WARNING:** This list contains ableist language that may offend some readers.

Please also note: There may be differences in preferred language for journalists reading this (or producing stories for) outside Australia. As always, ask the individual being interviewed or check in with your local DPO/DRO or disability advocacy organisation.

A word about grading disability

Historically, under the medical model, disability has been assigned levels of severity. These typically include: profound, several, moderate, and mild. Other terms you might hear are low-functioning or high-functioning. Some organisations and medical institutions may still use these terms. However, they are increasingly challenged by the disability community, which sees them as inappropriate, unnecessary, and ignorant of a person's actual capacity and potential. When reporting, avoid grading a person's disability unless they identify themselves that way.

Examples: Instead of saying "John is severely disabled", say, "John lives with intellectual disability and needs help with daily tasks." Instead of writing "Jenny has low-functioning autism", write "Jenny has autism. She is non-speaking and uses a device to communicate".

Case study challenge

Stephen Hawking had motor neurone disease for most of his adult life. He was unable to move and communicate without assistive technology and other supports. At the same time, he was one of the world's most celebrated scientists, a cultural icon and a best-selling author. How would you describe him?

* Always remember the Golden Rule: avoid making assumptions about a person's capabilities.

** Many people with disability have had no, or negative, experiences with the media so they may feel afraid to get involved. Additionally, some people with disability are constantly questioned about their lives by the NDIS, health professionals, education departments etc. These discussions often focus on a person's deficits and, as such, can take an emotional toll. For these reasons, be mindful that it may take time to build trust with people with disability. Be conscious to direct your questions in a way that conveys an authentic desire to understand and include, not assess and categorise.

Other ways to make the media more inclusive for people with disability

- Employ people with disability in your newsroom.
- Ensure media events are accessible to people with disability.
- Ensure the studio, newsroom, or other venue is accessible (including accessible toilets and parking). Are there lifts or stairs?
- Make your story more accessible by offering closed captioning and high contrast options and adding image descriptions to pictures.
- We recommend newsrooms and media platforms undertake an [accessibility audit](#) of their websites, content and venues.
- Develop a Disability Action Plan to support improvements over time.

Additional resources

[People with Disability Australia Language Guide](#)

[International Paralympic Committee Media Guide](#)



Photographer: Adamkaz

Golden Rules: Images and audio

This section is published in collaboration and with kind permission of Getty Images.

Although almost a fifth of the population in Australia lives with some form of disability, they aren't well-represented or visible within the media. When they are visually portrayed, it is often in ways that focus on their disability rather than them as a person.

At Getty Images, of the visuals downloaded by Australian businesses and media from 2020 to 2021, less than 1% included people with disability. Of these;

- more than 70% of those visuals focused on physical disability,
- less than 30% focused on cognitive and long-term mental illnesses,
- 93% were white, while the rest represented Chinese, East and Southeast Asian ethnicities,
- none represented Black, Indian or First Nations people, even though such images are available in the Getty Images library.

For people living with disability, inclusivity means shifting away from stereotypes and good intentions and focusing on the richness of real life. It is not about being tokenistic; it's about an honest reflection on people's different lifestyles and cultures across all different identities.

It is important to always check back in with yourself and ask whether you are unconsciously choosing stereotypical representations of people with disability in all circumstances. Choose imagery that highlights the individual rather than showing the difference and more accurately reflects the millions of people who live active, dynamic lives with their disability.

Disability to consider when using inclusive imagery

- Vision
- Hearing
- Speech
- Mobility
- Cognitive
- Physical



Tips for photographers, videographers, photo editors and television producers:

- Are you focusing on a person's disability rather than on their whole identity?
- Are you showing people with disability as active members of society?
- Are you only showing people with disability being helped, cared for, or trying to overcome their challenges?
- Are you only featuring people in wheelchairs or with other easily identifiable differences? What about people with cognitive challenges or an invisible disability?
- Are you conveying positive messages, such as love, friendship, or achievement?
- Have you considered the camera angle? Is the viewer looking down at the person with a disability?
- Are you showing the whole range of life experiences that a person with disability may have? Are you showing them at work? At play? Different ranges of emotions?
- Are you representing people with disability alongside other intersections of their identities (e.g., race/ethnicity, gender identity or expression, age, etc.)?

- Look for the opportunities to seamlessly include disabled talent where possible. For example, in a crowd scene with several non-disabled strangers. Request that at least one person be disabled.

Getty Images, in partnership with US organisations, has produced an inclusive stock database called [The Disability Collection](#), which you can find [here](#).

The [Attitude Foundation](#) in Australia is primarily focused on producing screen and audio content that challenges stereotyped and problematic portrayal of people with disability in the media. It works with broadcasters and content creators who are looking for advice and support around inclusive practice in front of and behind the camera.

Don't forget to include images of people with disability in all of your content, including stories that aren't about disability. For example, on economic issues, fashion, science, pop culture, foreign affairs, sport, education etc.



Image credit: **gettyimages** Photographer: FG Trade

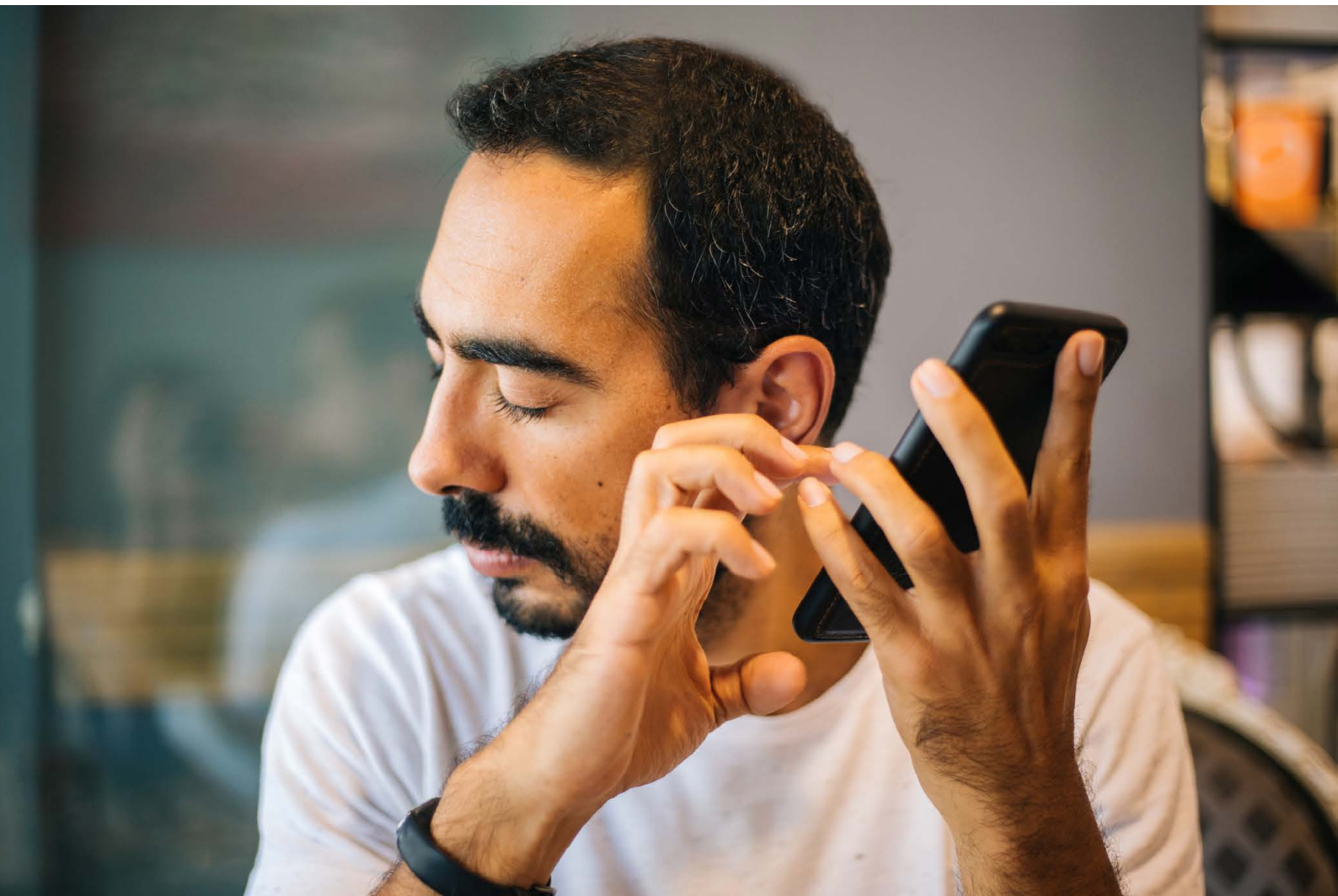


Image credit: **gettyimages** Photographer: Agrobacter

Audio

Inappropriate sound-editing that reinforces stereotypes or offends people with disability has the potential to 'undo' great journalism. Here are some things to keep in mind:

Don't

1. Don't use of sad or depressing audio (such as music or the tone of a voiceover) when a person with disability comes on screen unless the story itself warrants it. While some stories are heartbreaking, overuse of disability stories only reinforces stereotypes that evoke pity.
2. Similarly, don't use rousing, inspirational music if it's not warranted. Beware of inspiration porn in music form.



Section 2:
Intersectionality and disability

Artist's statement

'Celebrate' – Cheree Stokes

Acrylic on canvas board

Cheree was born during the era of the "Stolen Generation" and is the child and grandchild of a "Stolen One", born to a father who was removed from his family and who himself was born to a mother removed from her ancestral land.

Being that she could also be removed from her birth parents, her father made the heart-wrenching decision to keep her separated from her Aboriginal roots and bring her up in "White Society" in order to give her the best chance at life. This left Cheree, and many others like her, with a deep sense of loss, because they no longer knew where they came from, or more importantly, where they belonged.

Cheree has painted all her life, with her early works expressing a delicate European style, and it wasn't until 2016 that she felt inexplicably drawn to her deep ancestral heritage and started painting in the traditional Aboriginal style. As if channelling her ancestors, she soon realised that her works were becoming part of a cathartic healing process, with each painting reconnecting her with her long-forgotten past.

Today Cheree's Original Artworks are called "Healing Works" which incorporate her unique style of bold bright colours and gold crosshatching on black, and 3-dimensional "healing dots®" with each dot created singularly and with painstaking detail. Unlike most original artworks, Cheree's works are meant to be touched and it is said that when one rubs their hands over her paintings they create a calming and healing effect.

Cheree also credits her art journey as the reason for her family now reconnecting with the Gabi Gabi people where her grandmother was taken from. She currently resides between her gallery at the small village of Trundle, NSW and Larras Lee, NSW with her rescue dog Harry, a one-eyed Norwich Terrier, and her miniature pony Lily.

[Original Art by Cheree](#)

cheree@originalartbycheree.com

What is intersectionality?

According to the Oxford English Dictionary, intersectionality is “the interconnected nature of social categorisations such as race, class, and gender, regarded as creating overlapping and independent systems of discrimination or disadvantage”.

In short, intersectionality refers to the overlapping aspects of a person's life. With regard to disability, it considers how a person's race, gender or culture etc., impacts how a person is affected by their disability.

The term **'double disadvantage'** is often used when considering intersectionality and disability. It refers to the discrimination someone may experience by being part of two or more traditionally marginalised or disadvantaged groups.

Journalists and the media need to understand intersectionality when covering matters regarding disability and when interviewing people with disability.

Women, Indigenous people, culturally and linguistically diverse (CALD) people, and lesbian, gay, bisexual, trans-gender and intersex and queer (LGBTQIA+) communities will have varying and often different experiences of living with disability.

Alternative media sources: Women, and people from CALD, Indigenous or LGBTQIA+ communities often have their own media outlets outside of mainstream ones. For example, there may be community radio stations, podcasts, Youtube channels, newspapers and newsletters, broadcasting and publishing in different languages. It would be worth familiarising yourself with these alternative media sources to better understand and communicate with people from these communities.

Woman with disability

“Women with disabilities face multiple discriminations and are often more disadvantaged than men with disabilities in similar circumstances. Women with disabilities are often denied equal enjoyment of their human rights, particularly by virtue of the lesser status ascribed to them by tradition and custom or as a result of overt or covert discrimination. Women with disabilities face particular disadvantages in the areas of education, work and employment, family and reproductive rights, health, violence and abuse.”

– Women With Disabilities Australia

The information on the following page is from DPO, [Women With Disabilities Australia](#) (WWDA), an organisation that stands for women, girls, feminine identifying and non-binary people with disability.

Note: The language used in this handbook is person-first unless using the preferred language of the organisation.

Women with disability: key issues

MORE WOMAN
than men are
CLASSIFIED
AS HAVING A
DISABILITY



particularly
within **AGING**
POPULATIONS

Women with
disability from
ETHNIC OR
INDIGENOUS
COMMUNITIES



are more likely to
have to contend
with forces that
EXCLUDE them
as well as disability,
culture & heritage



MEDIA IMAGES CONTRIBUTE
to the **PRESUMPTIONS**
that the bodies of women with
disability are unattractive,
asexual & outside the societal
ASCIBED NORMS OF 'BEAUTY'

COMPARED TO MEN WITH DISABILITY,
WOMEN WITH DISABILITY:



Are likely to
BE POORER



Have a higher
RISK OF DIVORCE



Have less
FINANCIAL
RESOURCES
at their disposal



Experience
difficulty with
CUSTODY
DISPUTES



Are vulnerable to
INADEQUATE
HOUSING



Are more likely
to be **SOLE**
PARENTS



More likely to
LIVE ALONE
or with their
parental family



Are more likely to face
medical interventions
to control their
FERTILITY

Sources: *Women With Disabilities Australia, WWDA Position Statement 1: The Right to Freedom from All Forms of Violence, Employment of People with Disability, WWDA Position Statement Sexual and Reproductive Rights*



1 in 6

women with disability
seek specialist
HOMELESSNESS
services because of
DOMESTIC OR
FAMILY VIOLENCE



54% of employed working-age
women with disability
WORK PART-TIME



COMPARED WITH ONLY
28% of working-age
men with disability

Other things to consider about women with disability

- [Like many women, women with disability] are likely to have caring responsibilities, e.g., kids and other family members with disability, that you may need to account for when trying to schedule an interview.
- When interviewing women with disability about violence, ask if they have support they can reach out to after the interview. If they don't, endeavour to link them up with appropriate supports, e.g. [1800RESPECT](#) (see: [support services](#)).
- Consider that it may not always be safe for women with disability to use their name publicly – offer alternatives, whether it is going on record under an alias, anonymously etc.
- Be mindful that most women with disability may have experienced many overlapping forms of violence, and questions that may not seem invasive can be triggering. This approach is sometimes called “trauma-informed”.

- If doing an interview on violence, respect that some [women with disability] may not feel safe talking to male journalists about their experiences.
- When discussing chronic illness, try to include perspectives from women from Culturally and Linguistically Diverse (CALD) and other minority communities who may have had different experiences with the health system to people from non-CALD communities.
- Understand that [women with disability] do not have the same access to financial and other resources as [men with disability], which may limit what spare money they have to travel to an interview etc.

For more information

[Women With Disabilities Australia](#) – peak body and DPO.

[Our Watch](#) – an organisation that lobbies for the prevention of violence against women and their children.

[Disability Royal Commission](#)

Image credit: Trish Jackson





Image credit: **gettyimages**
Photographer: Kalig

A note on children with disability

For people born with disability, or acquiring it in their youth, their experience of childhood can be vastly different from children without disability. The role of schools, and other education settings, is incredibly important in shaping the long-term, life outcomes for children with disability. Issues regarding accessing education, and the treatment of students with disability within school settings, have been highlighted multiple times at the Disability Royal Commission.

These can be found in the [DRC's Issues Paper on Education and Learning](#), which outlines some the barriers students with disability face, such as 'gate keeping' (when schools seek to stop a child with disability from enrolling), to partial enrolment, exclusion from activities, suspensions and expulsions.

"Children with disabilities are often more likely to be victims of bullying. More than half—62%—of students with autism, for example, report being bullied once a week or more. This is significantly higher than the 1 in 5 to 1 in 7 Australian students who report being bullied once a week or more". (Source: [Queensland government: Bullying, Disability and Mental Health](#))

Tips for journalists

When reporting on matters to do with children, especially childcare and education, ensure you seek to include the voices and images of children with disability and/or their families. Please refer to [The Golden Rules](#) for how to best include people with disability and what to avoid.

For more information

[Children and Young People with Disability Australia](#) – the national peak body that represents children and young people (aged 0-25) with disability.
[The Australian Institute of Health and Welfare report on Australia's Children](#)



Andrew Gall, whose spiritual name is kurina – is a pakana (Aboriginal man) from lutruwita (Tasmania) who is currently completing his Doctorate in Visual Arts (PhD) with Queensland College of Art, Griffith University. Image credit: Griffith University

Aboriginal and Torres Strait Islanders with disability

“Our journey has been long and difficult. Because of the intersection of race and disability. We have had to confront and overcome apathy, neglect and prejudice, both in the general community and in our own communities. That struggle continues.”

– First Peoples Disability Network

Do they really understand the lived experiences of Aboriginal and Torres Strait Islander people living in regional and remote Australia?

Do they know, for example, that some of our people with disability live in unsafe housing, don't have access to clean and consistent water supply, have no means of moving around their communities and don't speak English as a first language? Do they have that understanding?

Do they know that there is often—as many committee members would know—a deep distrust between government and Aboriginal and Torres Strait Islander people when people engage? That's based on historical realities.

You have to understand the lived experience. You have to understand that, in regional and remote parts of Australia ... a lot of our people face challenges that are non-existent in other parts of the Country.

– FPDN CEO, Damian Griffis

The double disadvantage

Aboriginal and Torres Strait Islanders with disability and their families experience some of the worst levels of disadvantage within the Australian community. They bear the impact of double disadvantage, that is, of being in two typically marginalised communities.

Indigenous people face hurdles other people with disability do not. Some of these are outlined by First Peoples Disability Network CEO Damian Griffis in his response (see insert, left) to an effort by the NDIS to have external contractors assess people with disability before supporting them (a process known as 'independent assessment').

Traditionally, Aboriginal and Torres Strait Islander communities have practised the social model of disability, with language reflecting a person's need rather than their diagnosis. For example, there may be words describing a person's walking stick, but not a word describing the medical reason they use one.

In many Aboriginal and Torres Strait Islander language groups, there is no equivalent word for 'disability' or for specific disabilities, and many Aboriginal and Torres Strait Islander people living with disabilities do not self-identify as having a disability. Culturally, disability may be seen as an integrated part of the human experience, or unique to the individual living with the disability.

Source: [Understanding Disability Through the Lens of Aboriginal and Torres Strait Islander people: Melbourne University, Centre for Health Policy.](#)

In Indigenous communities, people with disability have traditionally been seen as a natural part of human diversity. This has changed somewhat since colonisation and the introduction of the medical model of disability, not to mention the ongoing forces of colonial violence, which have themselves been disabling. In some communities, stigma is now attached to disability, although this varies between different communities.

Indigenous Australians: The data

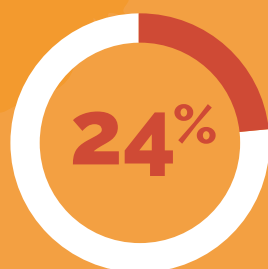
Indigenous
Australians are



**Almost
twice**

(1.8 times)

as likely to have
a **disability** than
non-Indigenous
Australians



of Indigenous
Australians live
with **disability**



of Indigenous
Australians live in
**remote or rural
communities**

Which makes
accessing



**disability
supports**

and other
**systemic
services**
difficult

Source: [AIHW](#)

Journalists need to know

- When addressing disability, remember that Indigenous Australians may use different terminology, and therefore may not be familiar with the terms you are using. Seek to ensure you are describing disability correctly in connection to that person's/community's culture. Ask, if in doubt.
- Ask how a person would like to be identified both in terms of Indigenous identity and disability.
- See beyond the disability and into the person's connection to community and Country. Is this person an Elder? Do they live on Country? Do they hold knowledge of women's business and men's business?
- Be aware of other intersectionality issues. Is the person a woman? Do they identify as LGBTQIA+? How do these issues intersect with their Indigenous culture and their disability?

Imagery

Because imagery and visual storytelling are central to Indigenous communities, there may be symbols representing disability or types of disability even when there are no words. However, certain images and artworks can't be used in the media or outside their purpose or community. Ensure you ask for permission before using these images.

Contacts and resources

[First Peoples Disability Network](#)

The FPDN is the national Peak Body for Aboriginal and Torres Strait Islanders with disability. It is a Disabled People's Organisation. Check your state directory for more localised disability networks.

Media Diversity Australia's [Indigenous Reporting Handbook](#) for general reporting tips.

Note: The language used in this handbook is Aboriginal and Torres Strait Islanders or Indigenous Australians, unless using the preferred language of the organisation or person interviewed/quoted.

Culturally and Linguistically Diverse (CALD) communities and disability

There is a noticeable lack of data and information about people from CALD communities with disability. This is due to many reasons, including issues around collecting the data, cultural issues with regard to speaking out, and the stigma attached to disability in some communities.

Some CALD communities are more hidden than others, with people with disability hidden again within them. These communities already experience racism which can be amplified for people with disability. This is often referred to as 'double disadvantage'. Similarly, healthcare and legal gaps can exacerbate the impact of living with a disability for people from CALD backgrounds.

Women and LGBTQIA+ communities experience amplified gaps within the CALD space. Also, the family dynamics of some communities may make certain members, like women or youth, less likely to speak openly to the media.

For people with disability on temporary visas, there is a lack of access to crucial health, disability and income supports. But, due to discrimination built into our immigration legislation (see [Migration Act 1958](#)), they are unlikely to speak publicly about these issues.

Please be conscious of these issues and tailor your questions and coverage accordingly.

Key issues:

Stigma and disability

Many interviewees often opt to stay anonymous because of the social repercussions of having a disability, caring for someone with disability or having a family member with a disability – disability is still taboo in many cultures. Because of this, many people from CALD communities chose to “hide” their disability. People from CALD backgrounds with “invisible disability” can be especially reluctant to share their stories due to the twin stigmas attached to disability and the general lack of understanding regarding invisible disability.

Trust issues

For some people with disability from CALD backgrounds, there can be a lack of trust in institutions – including the media. Also, speaking out can have detrimental ramifications for immigrants with disability hoping to attain permanent residency or citizenship (see *Disability and Systemic Discrimination below*).

Challenges when talking to the media

Some people from CALD communities might not have the confidence to talk to the media due to cultural, social or economic limitations. Media training or “preparation” might be required for organisations facilitating the interviews and/or for people doing the interviews.

****Tip:** Outline to the interviewee precisely what the interview entails. Explain;

- where it will be conducted,
- who will be there and what their roles are,
- how long it will take,
- provide questions in advance, if possible,
- suggest the interviewee bring a support person if they'd prefer,

- explain what happens after the interview, i.e., how their interview will be placed within the story, how long it will be before the story is published/aired etc.

Translators (spoken word), interpreters (written word)

When interviewing people with disability from CALD communities, there may be standard cultural considerations like preferences for women of the Islamic faith. Endeavour to confirm the translator is culturally appropriate.

You should also note that translators may not always translate the material accurately or may include their own interpretations. This is especially important if the translator is a friend, family member or carer, or when interviewing people about family violence, abuse or neglect.

Disability and systemic discrimination

Australia's migration laws discriminate against people with disability, which can have a significant impact on new immigrants. The Act allows for people to be deported if they, or a family member, has or acquires a disability. This applies to non-residents and non-citizens. Even if the family member is a child born in Australia, the entire family can be ordered to leave under the Act.

This means that new immigrants who have yet to attain permanent residency or citizenship are unlikely to discuss or declare if they or a family member have a disability as they risk deportation by doing so.



Did you know?

The ***Migration Act 1958*** replaced the ***Immigration Restriction Act of 1901***, which laid the foundations for Australia's White Australia Policy. Much of the discriminatory legislation in that policy has been repealed, however, the rules regarding health and disability remain in the Migration Act.

For more information

[National Ethnic Disability Alliance \(NEDA\)](#)

The peak Disabled Peoples Organisation (DPO) for CALD communities.

NEDA [factsheets](#) to:

Explain the discrimination people with disability experience when navigating the complex Australian migration system.
Break down the different processes a person with disability must go through when applying for a visa in Australia.
Provide information to people with disability on where to find professional migration assistance and support.

[Welcoming Disability](#) – for more information about the discrimination migrants and refugees face applying for a visa.
NEDA has developed [resources – factsheets and videos – on the Disability Royal Commission](#).

LGBTQIA+ communities and disability

Lesbian, gay, bisexual, transgender, intersex and queer people and other sexuality, gender and bodily diverse people are part of the LGBTQIA+ community.

LGBTQIA+ people with a disability can also experience multi-layered discrimination due to their diverse sexual orientations, gender identity, and intersex status, particularly when also identifying with other minority groups.

People from LGBTQIA+ communities with disability can experience;



Higher rates of **discrimination & reduced service access** compared to people without disability



Greater restrictions on **freedom of sexual expression**



Reduced social support & connection from both LGBTQIA+ and disability communities

Lack of professional training, resources and support



for disability and **allied health care** workers for LGBTQIA+ people with disability

Disability services and workers



unwilling to address **sexual & gender identity right and freedoms**

Poor mental health outcomes and higher risk of suicidal behaviour



directly related to experiences of **stigma, prejudice, discrimination & abuse**

Source: [La Trobe University 2018 report: Key Findings](#)

Applying an intersectional lens when interviewing LGBTQIA+ people with a disability is fundamental to respectful and effective communication – as is using the right words (see below).

Language guide

The following information is from LGBTIQ+ Health Australia.

What does 'Lesbian' mean?

A lesbian is a person who self-describes as a woman and experiences romantic, sexual, and/or affectional attraction solely or primarily to other people who self-describe as women. Some women use different language to describe their relationships and attractions.

What does 'Gay' mean?

A gay man is a person who self-describes as a man who has experiences of romantic, sexual and/or affectional attraction solely or primarily to other people who self-describe as men. Some men use other language to describe their relationships and attractions.

What does 'Bisexual' mean?

A bisexual person is a person of any gender who has romantic and/or sexual relationships with and/or is attracted to people from more than one gender. Some people who fit this description prefer the term 'queer' or 'pansexual' to recognise more than two genders. Although 'bi-technically refers to two, it is often used by people who have relationships with and / or attractions for people of more genders than just women or men.

What does 'Trans' mean?

Trans and Transgender are umbrella terms often used to describe people assigned a sex at birth that they do not feel reflects how they understand their gender identity, expression, or behaviour. Most people of trans experience live and identify simply as women or men; most do not have a 'trans identity'.

In addition to women and men of trans experience, some people identify their gender as trans or as a gender other than woman or man. People from Aboriginal/Indigenous and Torres Strait Islander communities often use the words *sistergirl* or *brotherboy*. People from societies around the world with more than two traditional genders often use culturally specific language.

What does 'Intersex' mean?

A person with an intersex characteristic is born with physical characteristics that differ from modern medical norms about strictly 'female' and strictly 'male' bodies. Intersex is not about gender but innate physical variations. Most people with intersex characteristics describe their gender as simply woman or man, not as a 'third gender'.

For more information

[LGBTIQ+ Health Australia](#) - An organisation that supports lesbian, gay, bisexual, trans/transgender, intersex, queer and other sexuality, gender, and bodily diverse people and communities throughout Australia.

[Inclusive Practice Fact Sheet](#)

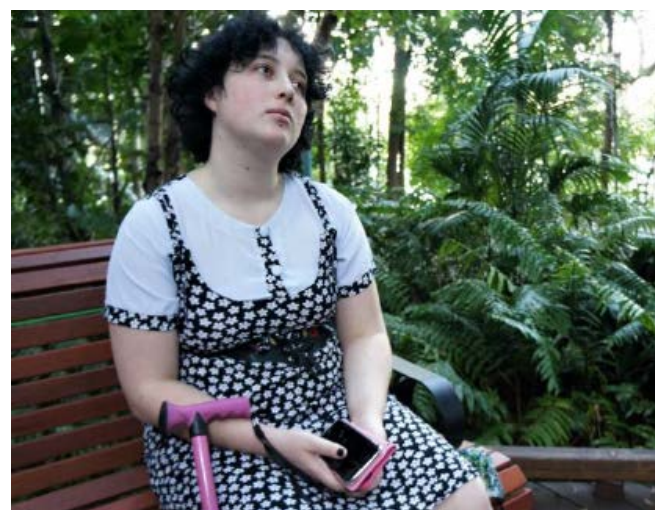


Image credit: Felix, pictured on a day out in the Brisbane Botanic Gardens, experiences a genetic disorder, which causes him chronic pain, particularly when walking. Photographer: Nayana Kiernan



*Nathan Campus
Image credit:
Griffith University*



Image credit: Pixabay

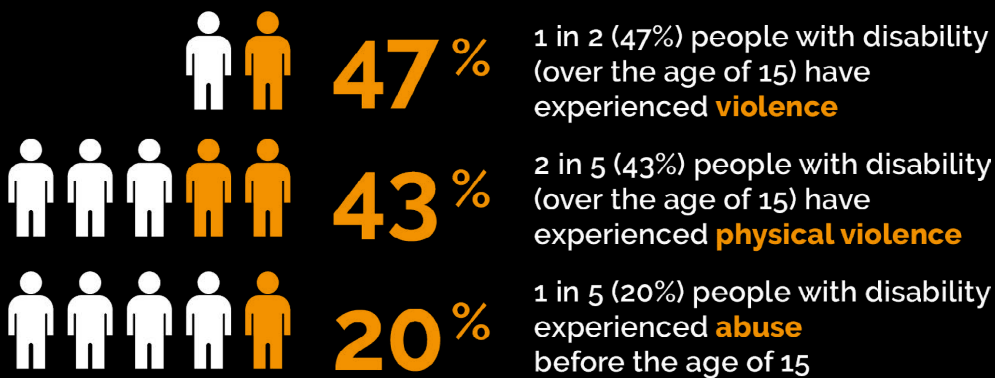
Section 3: **Violence and disability**

Violence against people with disability

People with disability are more likely to experience violence than people without. In 2019, a Royal Commission was established to shed light on Violence, Abuse, Neglect and Exploitation of people with disability.

It's commonly called the [Disability Royal Commission \(DRC\)](#) and is due to report its findings in September 2023. When reporting violence against people with disability, it's important to understand the various forms of abuse and avoid inadvertently blaming or dehumanising the victim.

Violence, abuse, neglect and exploitation



Source: [AIHW](#)



Key information

Definitions - violence

Violence and abuse

Violence and abuse include assault, sexual assault, constraints, *restrictive practices (physical and chemical), forced treatments, forced interventions, humiliation and harassment, financial and economic abuse and significant violations of privacy and dignity on a systemic or individual basis.

Sexual and reproductive violence

Sexual and reproductive violence, including forced sterilisation, forced abortion and menstruation suppression – are all forms of violence. More information on this can be found in the [“Dehumanised - The Forced Sterilisation of Women and Girls with Disabilities in Australia”](#) paper by Women with Disabilities Australia.

Neglect

Neglect includes physical and emotional neglect, passive neglect and wilful deprivation. Neglect can be a single significant incident or a systemic issue that involves depriving a person with disability of the necessities of life such as food, drink, shelter, access, mobility, clothing, education, medical care and treatment.

Exploitation

The improper use of another person, or the improper use of or withholding of another person's assets, labour, employment or resources, including taking physical, sexual, financial or economic advantage.

[Disability Royal Commission, Key Terms](#)

Other forms of violence not explicitly in the RC Guidance Notes

- Emotional abuse
- Manipulation



Restrictive practices

What are restrictive practices?

According to the DRC, 'restrictive practice' refers "to any action, approach or intervention that has the effect of limiting the rights or freedom of movement of a person.

Restrictive practices can be used...as a last resort, to prevent or protect people from harm. This includes a perceived risk of harm. This may include preventing or protecting an individual or others from behaviours referred to as 'challenging behaviours' or 'behaviours of concern' (see below).

Restrictive practices include:

- **seclusion**, where a person is confined to a physical space and prevented from leaving. An example is locking a person in a room for a set period of time.
- the use of restraints, which may be;
 - **physical**, for example, holding a person down on the ground so they cannot move in a hospital,
 - **chemical**, for example, using medication to sedate a person,
 - **mechanical**, for example, tying a person to a chair in a classroom, disconnecting the power of an electric wheelchair or taking a person's communication device away from them,
 - **environmental**, for example, locking a garden area or fridge in a group home to stop people accessing it,
 - **psychosocial**, for example, constantly telling a person that doing an everyday activity is too dangerous, without reasonable justification.

The problem with restrictive practices

According to the DRC:

"Some consider restrictive practices to be a 'disability-specific' form of violence. That's because they can cause serious physical injury, psychological harm (trauma, fear, shame, anxiety, depression and loss of dignity) and can cause death.

Also,

"Australia is required under the UN Convention on the Rights of Persons with Disability to protect the human rights of people with disability. This includes the right to be free from violence and abuse, and torture or cruel, inhumane or degrading treatment. People with disability also have rights to physical and mental integrity, liberty and autonomy. The use of restrictive practices may conflict with these human rights."

"Many people with disability, and representative and advocacy organisations and others argue that restrictive practices are not needed and should be eliminated. Others consider that sometimes they are needed, as a last resort, to protect people from harm or from harming others. Research is showing that restrictive practices can be prevented or avoided. It focuses on addressing what causes or leads to behaviours of concern and reducing these risk factors."

Source: [Disability Royal Commission Issues Paper on Restrictive Practices](#)



'Behaviours of concern' or 'challenging behaviours'

All behaviour is a form of communication. People with disability who have trouble expressing themselves through traditional means, or regulating their physical and emotional states, may communicate in ways that can be deemed inappropriate or unsafe.

A Disability Royal Commission report referred to 'behaviours of concern' as when people: "through their behaviour, seek to communicate emotions such as pain, frustration, anxiety, distress or fear. When behaviour is dangerous or falls outside generally accepted social norms it can cause, or be perceived as likely to cause, harm to the person themselves, or to others".

Source (and for more information): [Disability Royal Commission Report: Psychotropic medications, Behaviour Support and Behaviours of Concern](#)

Journalists should be conscious of providing context when reporting on "Challenging Behaviours" or "Behaviours of Concern". Where possible, include – or investigate – the reason for the behaviour (pain, fear, confusion, frustration, over-stimulation etc). This is especially important when it is being used as a reason to use a restrictive practice on, or commit an act of violence against, a person with disability.

A word about vulnerability and 'dignity of risk'

The evidence – both lived and gathered – suggests people with disability are more vulnerable to violence. This is mainly due to systemic obstacles to education, housing, safety and justice – not the disability itself. When constructing a story, place focus on the system and/or violence rather than the person with disability – as the person is not inherently vulnerable.

Do not generalise people with disability as being inherently helpless or vulnerable. Doing so is just another way of infantilising people and blaming them for their disability, rather than addressing the violence itself and the barriers to safety.

Be conscious also not to report from a protectionist viewpoint. People with disability have the same right to the ['dignity of risk'](#) and privacy as everyone else.

Violence and intersectionality

There can be significant disparities in violence experienced by women or minority groups of people with disability.

Women (with disability or without) typically experience violence on a greater scale than men, but men with disability are more likely to experience violence than men without. In CALD and Indigenous communities, people with disability are more likely to experience violence.

There is also the issue of [double disadvantage](#) to consider, which expose women and minority groups with disability to greater risk of violence, and reduces their capacity to escape from it.

For example, the [Disability Royal Commission heard evidence](#) that First People's women in violent relationships were hesitant to seek support because they risked losing their children.

Indigenous women who have a disability face intersecting forms of discrimination because of their gender, disability, and ethnicity that leave them at even greater risk of experiencing violence—and of being involved in violence and imprisoned.

– Kriti Sharma (2017) SBS

Source: [Human Rights Watch](#)

LGBTQIA+ people with disability also face higher rates of [crime](#), risk of violence, and difficulties in managing [multiple identities](#) and accessing support services.

Please read our [Intersectionality](#) section for more understanding of how gender and cultural issues impact people with disability.

Tips for interviewing people with disability who have experienced violence or trauma

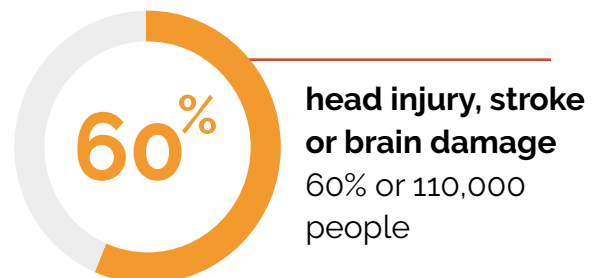
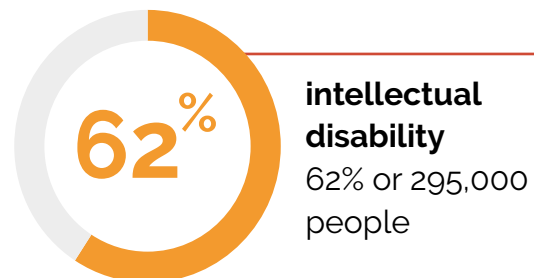
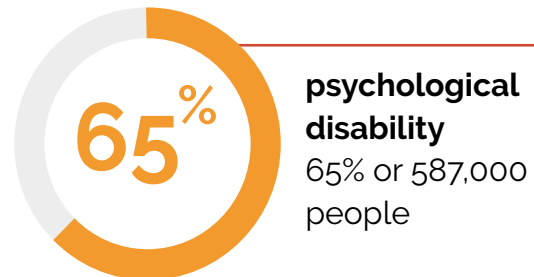
- Ask if there are any specific triggers (words, topics) you should be aware of.
- Allow plenty of time so that the interviewee has 'space' to recover between questions.
- Ask if the person has support to draw on during or after the interview.
- Provide a list of [support services](#) they can access.

The data

- People with disability or a long-term health condition are more likely to experience physical violence
– [ABS, 2016](#)
- women and girls with intellectual disability are at significantly increased risk of being sexually assaulted in their lives;
- children with disability are three times more likely to experience abuse than other children;
- in many cases, people with disability experience violence in places where they are meant to be receiving support;
- people with disability can't always rely on the police for protection against violence and, in many cases, routinely experience police brutality;
- people with disability [have less access to justice as they] are often treated as 'unreliable witnesses' or are not even permitted by law to provide testimony at all.
– [Disabled People's Organisation – Australia](#)

Image credit: Shutterstock

The groups who are most affected by violence are those with;



Source: [AIHW](#)



Violence against women with disability

Women with disability are at [increased risk of violence](#), particularly sexual violence against women with intellectual disability, and within institutions such as group homes.

“Women with disability experience the same kinds of violence experienced by other women (including domestic or family violence), but also experience violence that results from their position as a person with a disability in a society that fails to ensure that they have equal access to resources and opportunities.

Source: *Our Watch: Reporting on Domestic Violence*



Image credit: [gettyimages](#) Photographer: Image Source

For more information

[Women With Disabilities Australia](#), peak DPO for women with disability in Australia. [Our Watch](#), organisation that seeks to end violence against women and children.

Key statistics

- Women with disability experience violence, particularly family violence and violence in institutions, more often than men with disability.
- Gender-based violence, including domestic/family violence, sexual assault/rape, can be a cause of disability in women.
- Women and girls with disability are often at greater risk than men with disability, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation.
- Various factors contribute to why women with disability may be put in more vulnerable situations, regularly becoming victims of crime from both strangers and people known to them. Some factors may include social isolation, the need for assistance with health and care needs, coupled with gender and disability-based discrimination.
- Some women with disability have their children forcibly removed because they have a disability.
- Crimes against women with disability are often not reported to law enforcement agencies. This leaves victims without the support they need to stop further acts of violence and/or abuse or receive the appropriate physical and emotional support after the fact.
- Women with disability are more exposed to practices that qualify as torture, inhuman or degrading treatment (such as sterilisation, forced abortion, violence, forced medication, chemical restraint).

Source: [Women with Disabilities Australia: An Overview](#)

Support services

Translating and interpreting service

Call 13 14 50 and ask them to contact the support service of your choice.

[National Relay Service](#)

For callers who are d/Deaf, hard of hearing or have a speech impairment. Visit the [website](#) and ask them to contact the support service of your choice.

[TTY/Voice Calls](#)

Call 133 677 and ask them to contact the support service of your choice.

[Speak and Listen](#) (*Speech-to-speech relay*)

Call 1300 555 727 and ask them to contact the support service of your choice.

24/7 Crisis services

[beyondblue](#)

Ph: 1300 22 46 36

[Lifeline](#)

Ph: 13 11 14

[Sexual Assault Helpline](#)

Ph: 1800 010 120

[Suicide Call Back Service](#)

Ph: 1300 659 467

[Womensline](#)

Ph: 1800 811 811

Crisis phone helpline for those wanting to escape domestic violence.

Support services

[1800RESPECT](#)

Ph: 1800 737 732

The national sexual assault, family and domestic violence counselling service for anyone in Australia who has experienced, or is at risk of, family and domestic violence or sexual assault. 24 hours, 7 days a week.

[Australian Childhood Foundation](#)

Counselling for children and young people affected by abuse. 24 hours, 7 days a week.

[Blue Knot Foundation](#)

Ph: 1800 421 468

Free, specialist counselling support and a referral service for people with disability, their families and carers, who have been affected by violence, abuse, neglect, exploitation and other forms of extreme trauma.

[Kids Helpline](#)

Ph: 1800 55 1800

Telephone, email and web counselling for children and young people. 24 hours, 7 days a week.

[Mensline Australia](#)

Ph: 1300 789 978

Supports men who are dealing with family and relationship difficulties. 24 hours, 7 days a week.

[Relationships Australia](#)

Ph: 1300 364 277

Support groups and counselling on relationships, and for abusive and abused partners.



Section 4:
**Interviewing people with disability:
'how to' guides**

How to interview a person who is d/Deaf, hearing-impaired, or hard of hearing

Before you begin

Do you know the difference between Deaf and deaf?

Big D – refers to the Deaf community as a culture that shares a common language. In Australia, that language is Auslan (Australian Sign Language), which has regional variations.

Little D – refers to hearing loss or impairment in general and may include people who don't necessarily identify with Deaf culture or use sign language to communicate.

You might see the word *D/deaf* used to encompass both of these groups.

People also use different terminology, and you should check with the individual about what terms they use.

Sign language is not the universal language of all deaf and hard of hearing people. Like spoken languages, sign languages may only be used by a particular country or community. So, when preparing for an interview with a Deaf person, make sure you book an interpreter fluent in their specific sign language. It is also important to note that amongst Indigenous communities, there are many different sign languages. More information on that on the ABC website - [Australian Indigenous Sign Languages](#).

Not everyone who is deaf or hard of hearing uses sign language. Some people may communicate verbally and lip read or use assistive technology such as hearing loops or aides to hear.

Preparing for an interview

- Ask how the talent wishes to be interviewed and what terms they prefer to use.
- Ask if they have a preferred interpreter they would like to use.
- If they prefer to communicate using sign language, [book an interpreter](#). Factor in time to do this.
- Ensure you book interpreters through reputable organisations (e.g. [The Deaf Society](#), [Sweeney](#)).
- Discuss the best place to conduct an interview. Generally, quiet, well-lit areas are best (as opposed to a busy café with lots of background noise).



Jo Kek-Pamenter – a Senior Research Assistant and designer at Griffith University, acquired a hearing impairment from an adverse reaction to a vaccination
Image credit: JUSJO Creative

During the interview

- Speak clearly (there is no need to speak slowly or loudly).
- Face the person, talk directly to them.
- If you believe you have not been understood, rephrase the question (don't simply repeat it).
- Encourage the interviewee to let you know if your communication is unclear.
- Have pen and paper or pre-written questions available. Some people may not be able to lip-read well, or there may be too many distractions.
- There is also a variety of software available to assist with speech to text e.g. [Dragon by Nuance](#) or [Google Docs Voice Typing](#). Each interviewee will have their personal preference so ask in advance which programme they prefer to use.

If you are using an interpreter

- Seat the interpreter next to the interviewer, with both directly facing the talent (so the talent can have a clear view of both.)
- Determine whether the talent wants to speak for themselves, whether the interpreter will voice what the talent

signs, whether a third person will do this in post-production, or whether subtitles will be used.

- Address the talent, not the interpreter.

Post interview

- If using an interpreter, ensure what the interpreter is saying aligns correctly with what the talent is saying and what is being seen on screen.
- Ask the interpreter to review the edit and confirm it is correct.
- Ensure captioning accurately reflects what is being said.

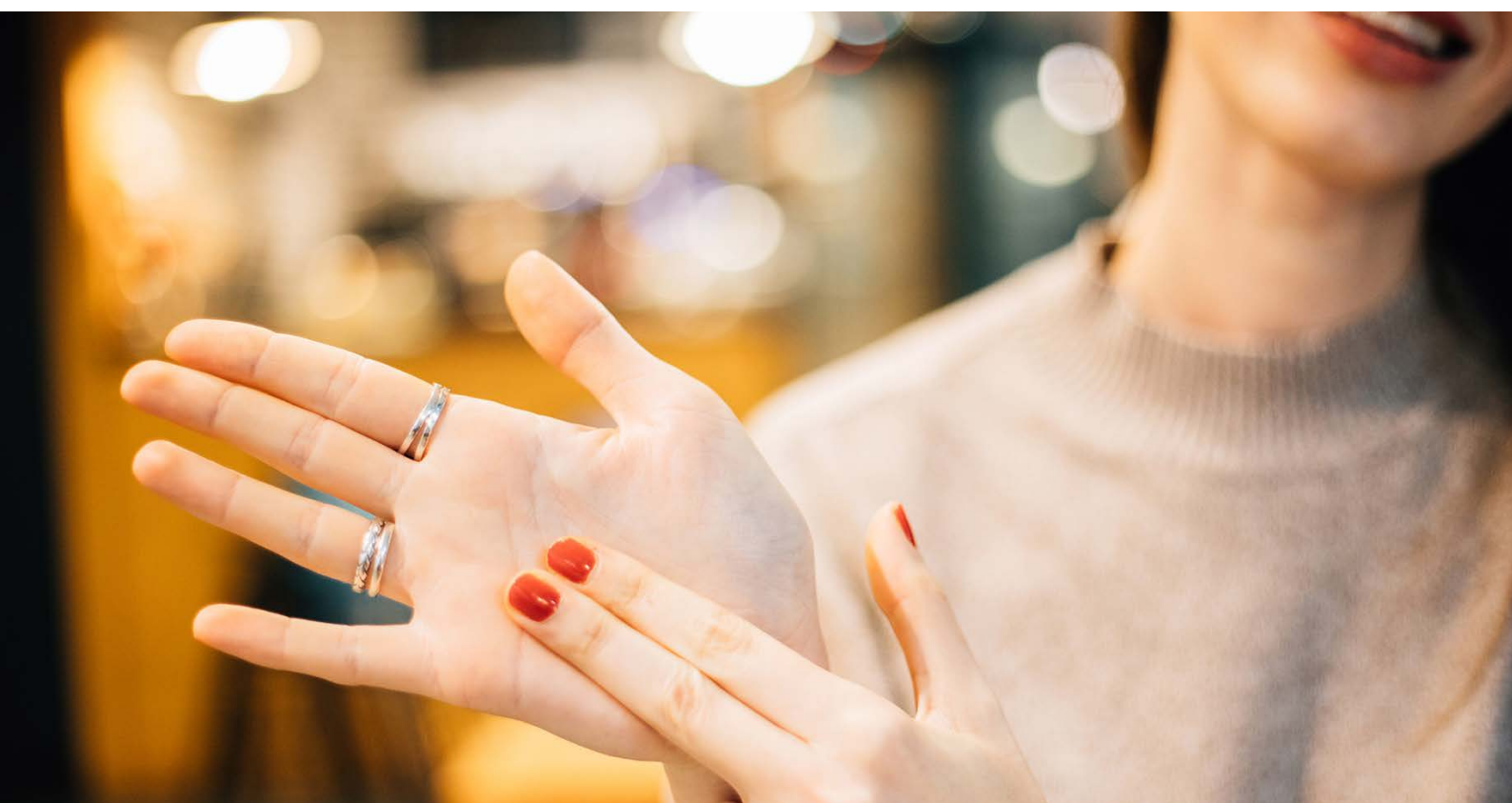
For more information

[Deaf Australia](#) – is a DPO and the national peak body for Deaf people.

[Deafness Forum Australia](#) – is the national peak body representing the interests of deaf, hard of hearing, or hearing-impaired people.

Additional information

The Australian Disability Clearinghouse on Education and Training (ADCET) has developed a comprehensive guideline on [supporting Deaf and hard of hearing people in online environments](#)



How to interview a person who is blind or vision impaired

Each blind or vision impaired person is different, and the level of 'vision' will vary widely from low vision and the ability to read printed text to total blindness.

Blind and vision-impaired people will often rely on their own personally developed strategies to communicate and get around. These may involve various communication and mobility aids such as using Braille to read and write, magnifying glasses, dog guides, a cane, or any combination.

Did you know?

'Dog guides' is the generic name for guide dogs and seeing-eye dogs.

Preparing for the interview

- Ask how the interviewee wishes to be interviewed.
- If they prefer to communicate using email or their own technology (e.g., screen readers, magnification, or Braille display).
- Ask what is the preferred format for attachments (a pdf is a scanned document that screen readers cannot use). Word documents are usually preferred.
- If meeting up face to face, ask if there are any arrangements the interviewee would like to make. E.g., "Can I take a number to notify you when I have arrived?"
- If you need the interviewee to come to you, consider all accessibility aspects of the location. You may need to provide verbal guidance to the location. At a practical level, when meeting a blind or vision impaired person, consider that they may require detailed descriptions and guidance of the place you are meeting.

Extra things to consider when preparing for a studio interview

- The interviewee may need to bring a support person.
- If attending alone, offer to guide the interviewee by asking if they would like your assistance. E.g., "Would you like to take my arm?"
- Always identify yourself first when greeting a blind or vision impaired person. E.g., "Hi Samantha, it is Mary" when passing a blind or vision impaired person in the corridor.
- Identify yourself whenever you speak in a group interview setting. For instance, when it is your turn to talk, start with, "Jack here, my question is..." Another strategy is to begin the interview with a roll call to clarify who is in the room.



*Image credit: **Julia Robertson** – a Disability Support Officer at Griffith University, acquired a hearing and vision impairment after a serious brain tumour*

Erin Condrin

Image credit: Griffith University



How to interview a person with physical disability or reduced mobility

This guidance is not limited to people in wheelchairs but may also include amputees and people who cannot walk long distances for various reasons (such as fatigue or another chronic illness). Remember that what seems like a short walk to you, may be exhausting or painful for some people with disability.

Each person with a disability is different and what's easy for one wheelchair user could be impossible for another.

Depending on your deadline and the distance, it may be better for you to travel to the talent to conduct an interview. If possible, a video call, phone, or email interview may be easier for the interviewee.

Preparing for the interview

- If you can be flexible, ask where the interviewee prefers to meet.
- If you need the interviewee to come to you, consider all accessibility aspects of the location you would like them to meet you. (see below for more)
- Consider providing transport for the interviewee if they do not have their own. Public transport is not always fully accessible.
- Allow extra time for an interview. There can, occasionally, be significant delays due to things beyond a person's control, including transport and care.
- If you are interviewing via email or text and the physical disability impacts their typing speed, set realistic deadlines. What takes you minutes could take a person with disability hours or longer.

- Some people may find it hard to stand or sit for long periods of time (even a few minutes), so ensure you give them a realistic time in advance as to how long the interview will go for.
- There may be environmental factors to consider, like temperature. The ability to control body temperature, for example, is lost in some conditions such as spinal cord injury. Other considerations might include lights and sounds. Ask the interviewee if you need to accommodate any of these factors.
- Where necessary, allow for accessibility equipment, including support animals. Ask in advance if you need to make particular accommodations for these.
- Equipment like ventilators may cause additional sound in audio recordings, so alert your camera operator, sound engineer or editor to the possibility.
- Ask if there are any additional infection control measures that are necessary - especially in light of the COVID-19 pandemic. People with disability may be more susceptible to infection.



Image credit: **Dr Dinesh Palipana OAM**
Photographer: Lana Noir

Extra things to consider when preparing for a studio interview

- Is there accessible parking at the studio?
- Is there an accessible bathroom at the studio?
- Are there any steps at the studio (even one)? If so, is there a lift or ramp?
- Approximately how far will they have to travel from A to B (for example, from the carpark to the front door)?
- Are there any inclines the talent should know about? If so, the talent may need to bring a support person or arrive earlier. Remember that what seems like a short walk, small incline or little bump to you may be a considerable problem for some people with mobility issues.
- Is there comfortable, supportive seating? E.g. Many people opt to do interviews at cafes, but often seats are small stools etc. which may not be comfortable for people with a disability.

During the interview

- Respect the interviewee's personal space. For example, a person's wheelchair is part of their personal space.
- Where possible, place yourself at eye level with the talent and take a seat if they are seated.
- Speak to and make eye contact with the talent rather than the carer/support person (if one is present), unless the question directly relates to the carer/SP.
- Always have a lapel microphone ready to go in case the talent cannot hold a standard microphone.
- Some people may have restricted movement which means you will have manoeuvre cameras, microphones or yourself around the person, rather than getting the talent to pivot and turn.

- Be conscious of room temperature. Some people with disability can get hot or cold easily and require that you set the room temperature higher or lower. You may also want to avoid interviews outside in summer or winter if this is a problem.

Extra things to consider for studio interviews

- Some people can easily transfer from a wheelchair to a studio chair, but some may need to stay in their wheelchair. Ask which option the talent prefers and be prepared to set up the interview space accordingly (for example, high seats behind a news desk may not be an option for everyone).
- Be prepared to assist if the individual requires help transferring. Sometimes they may just need to hold your hand briefly for balance. Always ask before helping.
- If in doubt, always ask. You could say something like, "I don't know much about your disability so what can I do to make this easier for you?"

For more information

[Physical Disability Australia](#) – national peak DPO for people with physical disability.
[Spinal Life Australia](#) – a peak body in spinal injury, offering critical support services and advocacy at an individual and national level.

Rowan Crothers

*Australian freestyle swimmer
and paralympian*

Image credit: Griffith University



How to interview a person with cognitive disability

In an issues paper, the Disability Royal Commission outlines 'cognitive disability' as "umbrella term used to describe a disability that results in an actual or perceived difference in cognition. These include differences in concentration, processing, remembering or communicating information, as well as differences in learning, awareness and decision-making. [While cognitive disability can include] people with intellectual disability and people with autism [it] also includes other groups, such as people with acquired brain injury and people living with dementia."

Source: [Disability Royal Commission Report: Psychotropic medications, Behaviour Support and Behaviours of Concern](#)

Intellectual disability

Intellectual disability can affect a way a person learns, processes information and communicates. This does not mean that they cannot learn or communicate, but they may do it differently and require support. With regard to interviewing people with intellectual disability, these supports may include;

- visual supports – such as pictures and photos,
- pre-written questions supplied in 'easy English' (see right), and
- the provision of 'social stories' (see right), which are sometimes called social scripts.

Sometimes, intellectual disability is referred to as learning disability.

Key words

Developmental delay: Developmental delay is a term used when a child's development is not at the level expected for their age. This term is not used for adults.

Easy English: Easy English is a way of writing that uses everyday words, simple sentences and images to support the messages. It is useful for anyone who has difficulty reading English. This includes people with low literacy levels, a learning disability, an acquired disability (such as a brain injury) or people whose main language is not English. You can find an outline on [how to write in Easy English here](#).

Source: *Tasmanian Dept of Health.*

Plain English: Plain English is clear, uncomplicated language. It typically avoids jargon and unnecessarily abstract, technical or difficult terms.

Social stories (scripts): Social stories are scripts that explain in easy English what to expect at an event or situation. They use short sentences which are supported by visuals. Here is an example of a [social story on health care](#) as written by [Council on Intellectual Disability \(CID\)](#).

Max, an autistic teenager
co-hosting a cooking show.
Image credit: MDA



Preparing for an interview

- In [Plain or Easy English](#), explain the reason for the interview and how it will be used.
- Ensure you have the appropriate consent from the person to do the interview. Make sure they understand what they are consenting to. You may need to provide this in Plain or Easy English and ask them to explain to you their understanding of what they are consenting to. Depending on personal circumstances, some people will require consent to be provided on their behalf by a guardian.
- Outline the steps of conducting the interview – where possible, provide a [social story](#).
- Discuss the best place to conduct an interview. Ask if the person prefers a particular environment in which to be interviewed (e.g., quiet room, at home, in a cafe).
- Discuss the best time to conduct an interview. If the interview is taking place in a studio, or a place the interviewee is unfamiliar with, provide a social story about the place (for example, how to get there, how to check in etc).
- Ask how the interviewee prefers to communicate (images, written text, etc.)
- Offer to provide the questions ahead of the interview.
- Offer to do a mock interview. Doing a rehearsal will help the interviewee know what to expect and put them at ease.

- Ask if there are certain triggers (sights, sounds, smells) that might distract or upset the person.
- Ask if they would like a support person/people to accompany them.
- Ask if there are any other supports that will make the interviewee feel more relaxed and comfortable. For example, are there 'fidget tools' they would like to bring with them to use during the interview.
- Allow extra time for the interview.

During the interview

- Speak clearly (there is no need to speak slowly or loudly).
- Face the person, talk directly to them.
- Ask questions using short sentences and simple words. Don't overcomplicate. Where necessary, use plain or Easy English.
- Try to frame questions in a way that asks the interviewee to directly draw on their personal experience. For example instead of saying: "Describe what happened?" Say: "What did you see?" Or "Tell me about a time when you...?"
- Use pictures where necessary.
- Use written questions (in Easy English) where necessary.
- If you believe you have not been understood, rephrase the question (don't simply repeat it).
- Encourage the interviewee to let you know if your communication is unclear.



Image credit: **gettyimages**
Photographer: FatCamera

Other considerations

Living with an intellectual disability (ID) is different for everyone and coexists with strengths. (This approach fits with the [social model of disability](#)). People with ID are especially hampered by stigma and the “soft bigotry of low expectations” which robs them of opportunities to meaningfully engage in the wider community and its systems, such as the education, health and justice systems.

For more information

[Council for Intellectual Disability \(CID\)](#) – is a disability rights organisation led by people with intellectual disability.

[Inclusion Australia](#) – the national peak body for people with intellectual disability.

[WWILD](#) – is an organisation that supports people with intellectual disability who are victims of crime.

Australian Network on Disability (AND) – [Click here](#) for information and tips for interviewing a person with intellectual disability.

What is Acquired Brain Injury?

The disability called brain injury – sometimes called acquired brain injury, or “ABI” – refers to any damage to the brain that occurs after birth. That damage can be caused by an accident or trauma, by a stroke, tumour, cancer, brain infection, by alcohol or other drug abuse or by diseases of the brain like Parkinson’s disease.

– Brain Injury Australia

People with an ABI can be affected by it in a wide variety of ways. For example, it can impact the way someone hears, sees, or moves. It can also affect a person’s processing and memory skills, and other cognitive functions.

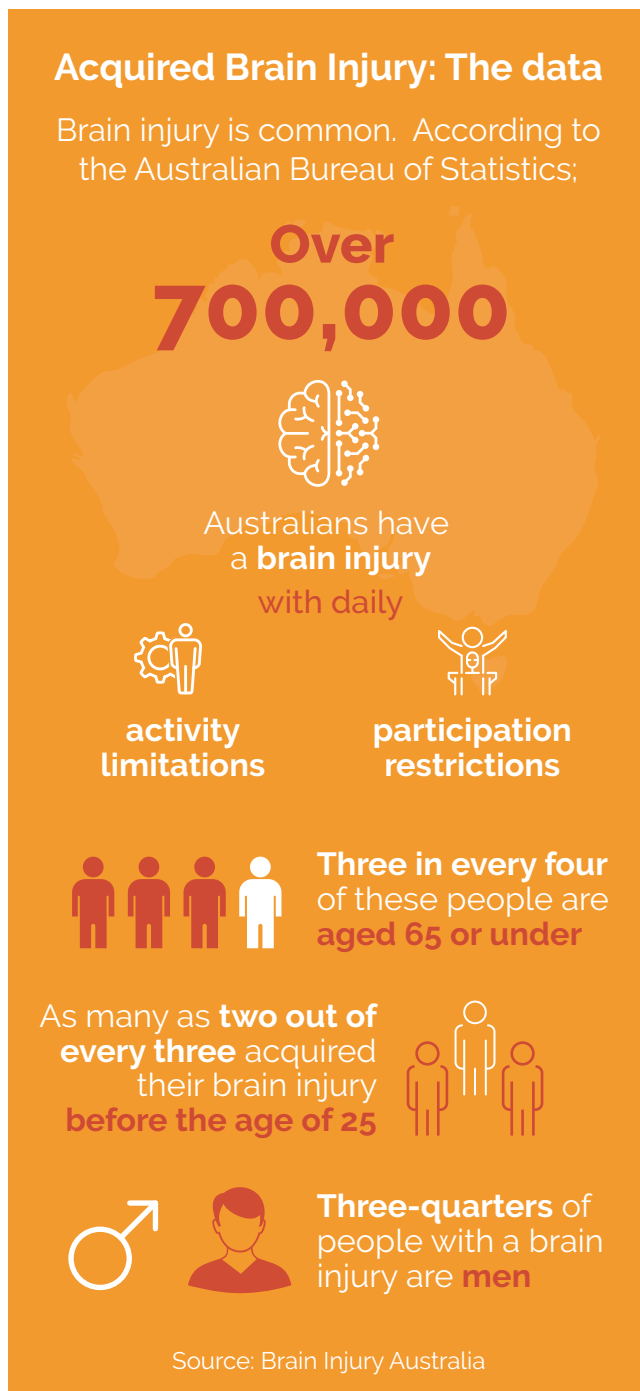
Tips for journalists

People with an ABI can be assisted by a variety of tools outlined in this handbook such as those relevant to interviewing people with physical disability or mobility issues, hearing or vision impairment, or intellectual disability. Ahead of an interview, journalists should ask people with an ABI what, if any, supports they may need and refer to the chapters in this handbook for ideas and extra guidance.

For more information

[Brain Injury Australia](#) – a Disabled Peoples Organisation (DPO).

[Synapse](#) – a peak body in brain injury.



Shane Pivac – a traumatic brain injury survivor
Image credit: Mediluxe



How to interview a person who is non-speaking and use AAC

What is AAC?

Augmentative and Alternative Communication (AAC) refers to ways of communicating that replace or supplement speech. The term usually refers to people who use technology or other supports to communicate.

Who uses AAC?

Remember Stephen Hawking? He's just one of a wide variety and number of AAC users. People with neurological, physical, cognitive or intellectual disability may use AAC and people with Acquired Brain Injury. It is increasingly common for non-speaking (or partially speaking) people with autism to use AAC too.

Types of AAC

AAC systems are diverse, as are the way they are used. Some are high-tech (using specialised devices and programmes), and others are low-tech (printed resources). People may navigate the AAC with their hands or eyes (using eye-tracking technology) or use pointers, a computer mouse, or 'switch' buttons and clickers.

Preparing for the interview

- Ask how the talent would prefer to be interviewed, e.g.: directly or via online (text-only)/email exchange.
- If meeting up directly, ask where the talent would best prefer to meet. The best option is usually somewhere quiet and private.
- Ask how the talent would prefer to have their answers voiced, e.g.: the 'voice' of the device, by a support person, voiced-over post-production, or subtitled.
- Where possible, provide questions in advance.

- Be prepared to conduct the interview in stages.
- Be flexible. AAC users may have other disability issues that derail plans. Where possible, accommodate surprises and reschedule if need be.

During the interview

- Allow extra time, at least twice the amount you would allow for a spoken interview.
- Give the talent time to both process your question and produce an answer.
- Don't read or touch the talent's device without their permission.
- If you find the interview location is too noisy or chaotic, be prepared to move to another location.
- If the talent has a support person, direct your questions to the talent, not the support person.

Other considerations

If you're unfamiliar with AAC users, here are some non-speaking advocates.

[Dr Peter Scott-Morgan](#): A scientist and blogger with Motor Neurone Disease.

[Ido Kedar](#): Author and communications advocate with autism.

For more information

[AGOSCI](#) – a disability organisation supporting people with complex communication needs.

[ISAAC Australia](#) - International Society for Augmentative and Alternative Communication – Australia.

[Communication Rights Australia](#) – human rights advocacy group for people with communication support needs.

["Ask Me, I'm an AAC user"](#) (on Facebook) – AAC users answer your questions.

Max, a budding chef and non-speaking autistic teen, cooking in his kitchen.
Image credit: MDA





Image credit: **gettyimages**
Photographer: SolStock

How to interview a person with psycho-social disability

“Psychosocial disability is a term used to describe a disability that may arise from a mental health issue.” (NDIS)

Psychosocial disability is not about a diagnosis. It is more about the functional impact and barriers faced by someone living with a mental health condition.

While not everyone with a mental health issue will have a psychosocial disability, those that do can experience severe effects and social disadvantage.

A psychosocial disability may restrict a person's ability to be in certain environments, concentrate, complete tasks, cope with time pressures and the ability to multitask, interact with others, understand constructive feedback, and manage stress.

As a result, it may help to make your questions clear and short.

Past experiences of trauma are common for people with a psychosocial disability. It is therefore important when interviewing to be sensitive to the possible impacts of trauma. These impacts may be lifelong.

Preparing for the interview

- Seek expert advice about mental illnesses, symptoms, and treatments from [Mindframe](#).
- Ask if there are certain triggers (words, images, sounds etc) that might upset the person.
- Ask if there are any supports that will make the interviewee feel more relaxed and comfortable, such as having a support person with them or being interviewed in a particular environment.

During the interview

- Choose your language carefully; certain words and phrases can stigmatise people living with mental illness and present inaccuracies.

Do say	Don't say
A person is 'living with' or 'has a diagnosis of' a mental illness.	A person is a 'mental patient', 'nutter' and 'lunatic'. Language such as this is offensive, sensationalises mental illness and reinforces stigma.
A person is 'being treated for', or is 'someone with', a mental illness.	A person is 'a schizophrenic' or 'an anorexic'. Avoid language which defines a person by their mental illness.
Use accurate terminology for treatments, e.g., antidepressants, psychologists.	Use terms like 'happy pills' or 'shrinks' which may undermine people's willingness to seek help.
Reword any sentence using psychiatric or medical terminology out of context.	Don't use psychiatric or medical terminology out of context, e.g.: 'schizophrenic economy'.

- Apply specific cultural considerations. Different cultural groups may prefer different language around mental ill-health. For instance, Aboriginal and Torres Strait Islander communities prefer the term 'social and emotional wellbeing'. Further information can be sourced from [Mindframe](#).
- Although health promotion is not the media's primary responsibility, it is helpful to add information about seeking immediate support and information, for instance, linking directly to [support service options](#).

After the interview

- Has the person confirmed they have a mental illness or psychosocial disability? If not, don't say they have. Don't speculate.
- Media guidelines and codes of ethics emphasise the right to privacy. Consider the consequences for the person's health and wellbeing if you disclose their mental illness.
- Don't mention a person's mental illness if it is not relevant to the story. For example, don't say: "A mentally ill person crashed their car", say: "A person crashed their car."

For more information

[Everymind](#) – an organisation dedicated to the prevention of mental ill-health and suicide.
[Mindframe](#) – an initiative that "supports safe media reporting, portrayal and communication about suicide, mental ill-health, alcohol and other drugs". (**refer to Reporting suicide and mental ill-health: A Mindframe resource for media professionals)
[SANE Australia](#) – a national charity supporting people affected by complex mental health issues.



Image Credit: James Nyland

How to interview a person who is neurodivergent (autism, ADHD, dyslexia, tourette's syndrome)

Neurodivergent and neurodiverse – there is a difference.

Neurodiversity is a term used to describe the diversity of the human brain. It is used in much the same way one would use to describe culturally diverse communities.

Neurodivergent identifies people or groups of people whose brain is 'wired' differently to the majority. It is a term generally inclusive of autism, ADHD, epilepsy, tourette's syndrome, dyslexia, dysgraphia, dyscalculia and more. It is not an illness or disease, but a lifelong disability.

Neurodivergence may be present with other conditions. For instance, a person with autism may also be diagnosed with intellectual disability or ADHD. In practical terms, this means each neurodivergent person has differing and diverse needs for support in different areas of daily life.

It is important to note that the neurodivergent community is incredibly diverse. This is especially true for people with autism who can each be quite differently impacted by their autism, which is why it is classified as a spectrum. As a result, journalists need to ensure they capture a variety of different autistic voices when seeking to report on autism, as no one autistic experience can encapsulate them all.

Journalists should also ensure they ask neurodivergent people how they like to be identified, as there are a variety of different ways people within this community might identify.

What is autism?

Autism is the most commonly-known example of neurodiversity. It is characterised by differences in social interaction, communication and behaviour, and sensory sensitivities.

According to [Reframing Autism](#), an autistic led advocacy group;

Autistic people develop differently to non-autistic people. Autistic individuals think, move, interact, sense and process differently to what people might expect and have qualities that make us like other Autistic people. These qualities include differences in the way we;

- *communicate. Many of us communicate with others in ways that aren't typical or usual,*
- *experience and display our feelings,*
- *interact with others,*
- *form and understand our friendships and relationships,*
- *engage in the things we are passionate about or experts in,*
- *imagine, and play,*
- *see patterns and connections, and*
- *perceive or sense the world around us.*

Autism is typically said to be four times more common in boys than girls, however this is being increasingly challenged based on new understanding of how autism impacts girls differently.

Preparing for the interview

Ask how the person prefers to communicate. Some neurodivergent people, especially those people with autism, may prefer to communicate in written form (via email or text), or using an AAC ([See: Interviewing people who are non-speaking and who use AAC](#)).

- Ask if they would like a [social story](#) about the process of the interview.
- Ask if they would prefer written questions in advance, (and consider writing them in [Plain English](#), or supplying visual supports - such as pictures and photos).
- Ask if the interviewee has any sensitivities to be aware of. These could be sights, smells, sounds etc. Noisy and busy settings can be distracting and uncomfortable for those with sensory processing issues. Where possible, choose a quiet location without harsh lighting or strong odours.
- Similarly, when arranging for an interview on set, ask if there are any particular background colours or patterns the interviewee would prefer to avoid as they might be visually distracting or overstimulating.
- Some people with autism find group settings difficult, so if you are planning to host a panel discussion, ensure you ask the interviewee if they are comfortable with being interviewed in a group setting, or if there are any supports they need to do so.

During the interview

- Ask the individual how they would like to be identified and described. There are typically two preferred ways for people on the spectrum; "autistic person" or "person with autism". Some people choose to identify as "neurodivergent" or "atypical".
- Be direct. Ask short, clear questions.
- Pose a question as a question, not as a statement. Open-ended questions can be misinterpreted and confusing.
- Limit hypothetical or abstract questions. A person with autism may interpret words and phrases literally. It is therefore best to avoid using idioms, metaphors, or hyperbole.
- Some people with autism may respond better to questions associated with their own personal experiences, so ask the interviewee to draw on a lived-experience rather than imagine a particular situation. For example, "describe a time when..." etc
- Don't interrupt. Due to differences in the way people with autism may process information and communicate, they may take longer to respond, so be careful not to interrupt if it's simply to prompt or clarify.
- Avoid imagery that reinforces stereotypes of neurodivergence as mysterious or negative. For people, the **rainbow infinity symbol** may be a preferred symbol. Do not use the puzzle piece.



(Source: [Talking about autism media resource, Amaze](#))

Other considerations

People who are not neurodivergent are often referred to as being "neurotypical", "non-autistic", or "allistic" (which refers to neurotypical or non-autistic neurodivergent people).

For more information on autism

[Reframing Autism](#) – Autistic-led advocacy and awareness organisation.

[Autism Aspergers Advocacy Australia](#) – DPO and advocacy group.

[The I CAN network](#) – Offers Autistic-led mentoring programme.

[Amaze](#) – The peak body for autistic people and their supporters in Victoria.

[Neurodiversity Media](#) – Organisation led by neurodivergent people with a particular focus on supporting neurodiversity in the media and the workplace.

[Autism Awareness Australia](#) – Australia's first national autism infoline for autistic people, supporters and professionals.

[Autism Community Network](#) – Organisation that supports people with autism and their families through social and peer support activities.

[Autism Spectrum Australia](#) – Organisation that provides resources and services (including schools) for people with autism.

For more information on ADHD

[ADHD Australia](#)

[ADHD Foundation](#)

[Raising Children](#)

[ADHD Support Australia](#)

For more information on Tourette Syndrome

[Tourette Syndrome Association of Australia](#)

For more information on dyslexia, dysgraphia, or dyscalculia

[The Brain Foundation](#)

[Australian Dyslexia Association](#)

[DSF – Dyslexia – SPELD Foundation](#)

[SPELD NSW](#)

[Speld QLD](#)



Section 5: Useful contacts

Contacts database

These contacts are a great place to start when seeking comment on matters of disability or seeking 'issues experts' from within the disability community.

Many of these organisations are Disabled People's Organisations (DPOs), some are not but may have specialist expertise in their area – such as the Australian Centre on Disability Law.

[Australian Human Rights Commission \(AHRC\)](#), [AHRC Media Contacts Disability Discrimination Commissioner](#)

Disabled People's Organisations

[Autism Aspergers Advocacy Australia](#)
[Autism Self-Advocacy Network AUNZ](#)
[Blind Citizens Australia](#)
[Brain Injury Australia](#)
[Deaf Australia](#)
[Deafblind Australia](#)
[Diversity and Disability Alliance](#)
[Enhanced Lifestyles](#) – a disability service provider managed by people with disability.
[First Peoples Disability Network \(FPDN\)](#)
[Ideas](#) – a national organisation that provides independent information to with disability.
[Inclusion Australia](#) – is the peak body for people with intellectual disability and their families and has representative groups in all states and territories such as the [NSW Council on Intellectual Disability](#) and [VALID National Ethnic Disability Alliance \(NEDA\)](#)
[People with Disabilities ACT](#)
[People with Disabilities WA](#)
[People With Disability Australia \(PWDA\)](#)
[Physical Disability Australia](#)
[Short Statured People of Australia](#)
[The Autistic Self Advocacy Network of Australia and New Zealand](#)
[Women with Disabilities ACT](#)
[Women With Disabilities Australia \(WWDA\)](#)
[Women with Disabilities Victoria](#)

All individual and State and Territory advocacy organisations are listed on the [DSS website](#) and can be found via [Ask Izzy](#) and the [Disability Gateway](#).

National peak organisations

The following organisations are disability representative organisations.

[Australian Federation of Disability Organisations](#)
[Children and Young People with Disability Australia](#)
[Deafness Forum of Australia](#)
[Disability Advocacy Network of Australia](#) – is the peak body for individual advocacy organisations.
[Down Syndrome Australia](#)
[National LGBTI Health Alliance](#)
[Rare Voices Australia](#) has a [comprehensive database](#) of rare diseases and their support organisations.
[Spinal Life Australia](#) – is a peak body in spinal injury.
[Synapse](#) – is a peak body in brain injury.
[The National Mental Health Consumer and Carer Forum](#)

AAC communities

[AGOSCI](#)
[Communication Rights Australia](#)
[ISAAC Australia](#) – International Society for Augmentative and Alternative Communication – Australia.
[Carers Australia](#) – is the peak body for carers and families.



Image credit: **gettyimages** Photographer: Sladic

Other disability-related organisations or resources

[Australian Centre for Disability Law](#)

[Disability Justice Australia](#)

[Disability Resources Centre](#)

[Intellectual Disability Rights Service](#)

[Leadership Plus](#)

[Mental Health Australia](#)

[National Disability Services](#) – is the peak body for disability service providers

[The Human Rights Council of Australia](#) – (not to be confused with the Human Rights Commission)

Translating and interpreting services for people with disability

Call 13 14 50 and ask them to contact the support service of your choice.

[National Relay Service](#)

For callers who are d/Deaf, hard of hearing or have a speech impairment. Visit the [website](#) and ask them to contact the support service of your choice.

[TTY/Voice Calls](#)

Call 133 677 and ask them to contact the support service or number of your choice.

[Speak and Listen](#) (Speech-to-speech relay)

Call 1300 555 727 and ask them to contact the support service or phone number of your choice.



Section 6:
Final words

Messages from our collaborators and sponsors

Hireup is delighted to sponsor the Disability Reporting Handbook

Respectful treatment of people means engaging in respectful ways. That starts with the way we communicate with and about each other, especially in the media.

Getting it wrong can cause hurt and division. Getting it right can bring people together and be a catalyst for understanding and positive change.

But journalists – like all of us – don't know what they don't know. Offence and disrespect are rarely deliberate; people stumble into them.

That's where this handbook comes in: to help journalists get it right when it comes to reporting on and with people with disability.

[Hireup](#) is delighted to sponsor the Disability Reporting Handbook. While our core business is as a modern disability support provider, our broader mission is to enable the pursuit of a good life for everyone. That means building a world in which everyone is respected, valued and included.

At Hireup, we're committed to telling the stories that do just that. If you're looking for talent, feel free to contact us and we'll connect you with the right people.

The words and pictures we use speak volumes and go a long way to promoting true inclusion and diversity. We hope all media professionals keep this guide as a reference. Better reporting starts with better understanding. Hireup is immensely proud to be a part of that.





Griffith University is extremely proud to sponsor this important handbook about representing diversity in the media. Griffith was established as a university for the citizens, one where all people would be welcome and where complex challenges faced by the community could be tackled in innovative ways. Disability, diversity and equity underpin our teaching, research and engagement. We have maintained these strong values for nearly 50 years and remain firmly embedded in the communities we serve.

We have invested heavily in important initiatives that will enhance our approach to disability, the accessibility of our campuses, the quality and impact of the research we are conducting and the contribution we make to an inclusive future. We are committed to building pathways that accommodate and support people with disability, both in society and within our own organisation. As a university, we take seriously our responsibility to produce high quality graduates who can address the complexity of contemporary society and respond with empathy.

Part of our role as a public institution is to support important initiatives such as this impressive handbook, which will go a long way towards achieving equality. It will drive an appreciation of the importance of language and images in promoting respect and tolerance. Our most influential structures in society, such as the media, education and our political systems, should be well versed in how to engender respect for diversity and this handbook will be critical to achieving the positive representations that can make a difference. We commend the hard work of the team and the quality and richness of the content. We know this comes from a deep experience of disability and meaningful reflection on the way in which we can create a better future for all Australians.

Professor Carolyn Evans
Vice Chancellor and President
Griffith University





At **Getty Images** we believe our imagery moves hearts, minds, and fuels opinions—powering ideas and commerce for organisations worldwide and enabling them to drive impact and shift perceptions at the same time.

We believe that visual representation across the globe matters. We've spent over a decade working to break down stereotypes and create a more authentic visual view of concepts such as gender identity, sexual identity, religion, race, mental illness, and disability for organisations worldwide to use in their communications.

Diversity behind the lens matters as much to us as diversity in front of the lens, which is why we're conscious of who assigns, captures, and edits content and are actively working to improve representation on both ends of the camera—specifically for communities who have been historically

marginalised. In this way, we believe we can further our vision toward improving visual representation across the globe.

In 2018 we partnered with Verizon Media and the National Disability Leadership Alliance, a cross-disability coalition led by 17 national organisations headed by people with disability, to create The Disability Collection, a growing collection of stock images and video that break stereotypes and authentically portray people with disability in everyday life.

We're empowering our industry to get real about disability representation with stock photos that can be licensed and used by anyone in the world.

For more information visit <https://www.gettyimages.com/collections/thedisabilitycollection>

gettyimages



Image credit: Trish Jackson

Women With Disabilities Australia (WWDA)

is proud to partner with MDA to deliver the Disability Reporting Handbook. Every day in our work we see how powerful the impact of storytelling can be for women, girls and non-binary people with disabilities. Ensuring journalists are equipped to support women with disabilities to tell their stories in a sensitive and trauma-informed way is one way the media can help amplify the voices of our community.

People With Disability Australia

Language shapes the way people think. While careless labels reinforce negative stereotypes, well-chosen words can be empowering. By drawing attention to the expressions people use when talking to, or about, people with disability, we change the conversation. PWDA is delighted to partner with MDA on the Disability Reporting Handbook, which embraces disability as part of human diversity, not something to be sensationalised or sentimentalised.

National Ethnic Disability Alliance (NEDA)

is privileged to partner with Media Diversity Australia in launching the Disability Reporting Handbook. People with disability from culturally and linguistically diverse backgrounds are so often marginalised and misunderstood: their voices are not being heard due to cultural and language barriers, access to interpreters and social stigma associated with disability.

We hope the Disability Reporting Handbook will empower journalists in seeking and sharing stories about people with disability from multicultural backgrounds in a culturally and socially safe way."



Women
With
Disabilities
Australia
(WWDA)



PEOPLE WITH DISABILITY
AUSTRALIA



First Peoples
Disability Network
Australia



N E D A

NATIONAL ETHNIC DISABILITY ALLIANCE

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This was very much a team effort, and we appreciate every single word, image, insight and idea from every person who helped make the Disability Reporting Handbook a reality.

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Heidi La Paglia - [Women With Disabilities Australia \(WWDA\)](#)

Hema Mangad and Dominic Golding - [National Ethnic Disability Alliance \(NEDA\)](#)

Uncle Paul Calcott - [First Peoples Disability Network](#)

Nicola Edwards - [AMAZE](#)

Samantha Marsh - [Blind Citizens Australia](#)

Alison Duckworth - [Council for Intellectual Disability](#)

Marika Taylor - [LGBTIQ+ Health Australia](#)

Felicity Wilkins - [Mental Health Australia](#)

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El Gibbs

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Hireup

Anna Donohoe - [GettyImages](#)

Nance Haxton

Clare Lawrence and Georgia Waters -

[Human Rights Commission](#)

Joy Lu - Sling and Stone

Max Blackett-Gatopoulos

Rowan Crothers

Madison de Rozario

Andrew Gall

River Heart

Graeme Innes AM

Trish Jackson - [Footsiephotos](#)

Joe-Anne Kek-Pamenter

Nayana Oakhill Kiernan (Felix)

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Cheree Stokes - [Original Art by Cheree](#)

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