

# Report it Right

Guidelines for portraying people with disability

## Acknowledgement of Country

The South Australian Government acknowledges and respects Aboriginal people as the State’s first people and recognises their traditional relationship with Country.

We acknowledge that the spiritual, social, cultural and economic practices of Aboriginal people come from their traditional lands and waters, and that the cultural and heritage beliefs, languages and laws are still of importance today.

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## What this is all about

When a person lives with disability it does not completely or wholly define who they are.

Disability is a natural and ordinary part of human diversity and people with disability live full lives with interests, desires and dreams – just like anyone living without disability.

Sadly though, what it means to live with disability is often misunderstood by the general public.

But the media can play an important role in shifting the narrative.

When it comes to reporting on and to people with disability, you can make important choices that support meaningful change.

1 in 5 South Australian has a disability—that is nearly 330 thousand people.

4.4 million Australians live with disability nationwide.

Source: Disability, Ageing and Carers Australia: Summary of Findings (ABS 2018)

[www.abs.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/2018](http://www.abs.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/2018)

## Diversity and overlapping discrimination

People with disability are diverse and many disabilities are not visible or apparent.

* People live with a wide range of disabilities, including physical, sensory, cognitive, intellectual and psychosocial.
* Some people have one disability, others live with multiple disabilities.
* Some people live with disability from birth. The prevalence of disability increases with age – in 2018 one in nine (11.6%) Australians aged 0 to 64 years lived with disability while for those aged 65 years and over, it was one in two (49.6%).
* People with disability represent all sectors of society, including culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander peoples, youth and LGBTIQA+.

As such, they may be exposed to overlapping and interconnected forms of discrimination and marginalisation.

Source: [abs.gov.au/statistics/health/disability/disability-ageing- and-carers-australia-summary-findings/latest-release](abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release)

## Impactful reporting

The stories you tell and how you tell them – including your choice of interviewees, words, images and narrative – should portray people with disability in ways that are:

* fair, accurate and authentic
* respectful of people’s human rights and dignity
* cognisant that people with disability are individuals and full members of the community
* inclusive of people with disability in general reporting of issues affecting the community as a whole
* free from myths, stereotypes, prejudice and discrimination.

For interviews, rather than deferring to ‘experts’, spokespeople, carers and so forth, who may not themselves live with disability, you should speak directly with people with lived experience of disability when you can.

## R.E.S.P.E.C.T.

The most important thing to remember when communicating with (or about) a person with disability is to treat them with respect.

Ask the person with disability how they would like to be referred to and depicted — and respect their wishes.

### United Nations Convention on the Rights of Persons with Disabilities

The Convention follows decades of work by the United Nations to change attitudes and approaches to persons with disabilities. It takes to a new height the movement from viewing persons with disabilities as “objects” of charity, medical treatment and social protection towards viewing persons with disabilities as “subjects” with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society.

## Challenge your approach. Is it ableist?

**Ableism:** a belief or set of beliefs and actions that either consciously or unconsciously discriminates against people with disability by devaluing their lives or assuming that having a disability makes a person inherently inferior.

People with disability are not responsible for the limitations imposed on them by outside forces. Social change is needed to provide equality, inclusion and justice for people with disability.

This is done by removing barriers that come from:

* the physical environment
* attitudes
* law, regulations and policy.

‘We define disability as a mismatch between the needs of the individual and the service, product or environment offered.’

Source: <http://docs.microsoft.com/en-us/windows/uwp/design/accessibility/designing-inclusive-software>

### Do

Recognise the impact of barriers for people with disability

These can be physical, attitudinal or systemic. Barriers can stem from the way society is organised or common perceptions and attitudes to disability.

### Instead of

Seeing the individual or their disability as responsible for outcomes

For example, focussing on an individual’s attitude in overcoming barriers in society, or medical deficit aspects by emphasising ‘treatments’ and ‘cures’.

## A person is a person is a person

People with disability should not be patronised or objectified through stereotypical pitying portrayals that paint them as sufferers or inspiration-based clichés that portray them as heroes.

Disability can be variable and due to many factors, including chronic illness and accidents. However a person is not automatically vulnerable because of their disability. They are individuals who lead valuable and multi-dimensional lives.

Be mindful of incorrectly associating disability with vulnerability – including the portrayal that having a disability is a tragedy or an affliction/illness. This is an outdated view that stems from the ‘medical model of disability’, which treats disability as a clinical deviation from ‘normal’, a deficit or burden to be ‘fixed’ or alleviated.

Likewise, people are not superheroes just because they live with disability. Avoid portraying people with disability who are married/have jobs/volunteer/have children/undertake daily activities as ‘extraordinary’ as doing so can imply people with disability are not capable of these things.

## Common stereotypes

* Having a disability is a tragedy.
* Families, particularly spouses, of people with a disability are heroic.
* People with disability are...
* objects of pity and charity
* passive and dependent and lead boring, uneventful lives
* chronically sick or unhealthy
* not providers of expertise, services or assistance to their families and communities
* always on income support. Many work in a range of professions and pay taxes
* people with limited interests
* superhuman if they achieve everyday tasks
* extraordinary if they have romantic partners, marry or have children. Also don’t assume that if someone does not, it is because they have a disability. People make these choices for a wide range of reasons.
* asexual by default. As in the general population, asexual people with disability exist and are valid. However, assuming that disability equals asexuality is problematic.

Source: <https://www.qld.gov.au/disability/community/communicating>

## Use standard human empathy and interest, without excessive emotional language

Focus on what people can do, not what they can’t.

Ask yourself:

* Is someone’s disability relevant to the story?
* What is the main point of the media item you are preparing?
* Would mentioning someone’s disability change the story?

If it does not relate, it is probably best not to focus on it.

## Respect a person’s individuality and rights

### Do

* include people with disability in a range of everyday stories —not just about disability.
* give people with disability a voice and let them speak for themselves, even if doing so is challenging - and regardless of how a person communicates and whether they need assistance to do so.
* portray the person as part of their community – not part of a separate class of people. Just like other community members, people with disability have jobs, friends, families, relationships and viewpoints.

### Avoid

* referring to people with disability in a childish manner
* Adults with an intellectual disability are not children; avoid portraying them as such, for example, using their first name while others are given a title ‘Jane, pictured with colleague Ms Ying…’

## In general, put the person first

People with disability are people first. People with disability are multi-dimensional. They are not all the same or defined by their disability.

In general, it is advisable to use the person-first term ‘person with disability’ rather than the identity-first ‘disabled person’.

Of course, language is personal and people with disability are not a homogenous group. Some people will prefer identity-first language such as ‘Autistic person’. This is a legitimate preference.

Do not make the assumption that you know – ask the person.

Specific groups within the disability community may also have preferences for identifying their group or identifying a member of their group. For example, ‘person with Down syndrome’ is the preferred term in the Down syndrome community. However, the Autistic, Deaf and blind communities generally prefer identify-first language. For example, ‘deaf person’ or ‘blind person’. This is also true of some people with other conditions.

Always respect individual language choices.

Source: <https://www.startingwithjulius.org.au/disability-royal-commission-our-guide-for-media-reporting/>

## Appropriate words

### ‘Suffering’

#### Consider using

Has… (the disability)

Lives with… (the disability)

#### Instead of

Suffers from

Sufferer

Victim

### Collective labels

#### Consider using

People with disability

Person living with disability

Person with lived experience of disability (which is inclusive of people who are carers and people who may have experienced disability in the past)

#### Instead of

De-personalising collective labels such as:

The disabled

Handicapped

Invalid

Special needs

### ‘Normal’

#### Consider using

Person without disability

#### Instead of

Normal person

Non-disabled

Able-bodied

### Born with disability

#### Consider using

Born with disability

Person living with disability from birth

#### Instead of

Birth defect

Deformity

Abnormality

### Deaf

#### Consider using

People who are deaf

People who are hard of hearing

People who are hearing impaired

The Deaf community (With a capital letter on Deaf — this refers to people who identify themselves as part of the Deaf community and who use sign language.)

#### Instead of

The deaf

A deaf person

### Deaf and blind

#### Consider using

Person who is deafblind

#### Instead of

A deaf and dumb person (‘Dumb’ in this context means non-verbal. People who are deafblind may use speech — for example, if they became deaf later in life or if they retain some hearing).

### Deaf and non-verbal

#### Consider using

Person who is deaf and non-verbal

#### Instead of

A deaf and dumb person

### Blind

#### Consider using

Blind person

People who are blind

The Blind community

People who are legally blind

People who are vision impaired

#### Instead of

The blind

### ‘Handicap’

#### Consider using

People with physical disability

#### Instead of

The handicapped

The physically handicapped

Cripple

Crippled

### Loss of limb/s

#### Consider using

Amputation

Amputee

#### Instead of

Stumps

### Wheelchairs

#### Consider using

Wheelchair user

People who use wheelchairs

Person who uses a wheelchair

#### Instead of

Confined to a wheelchair

Wheelchair-bound (Wheelchairs can be liberating, providing mobility and access).

### Intellectual disability

#### Consider using

Person with intellectual disability

#### Instead of

Mentally disabled

Minda

Intellectually challenged

### Mental illness

#### Consider using

A person with mental illness

Mental health disability

Psychosocial disability

Person living with… (specify the condition, for example, schizophrenia / bipolar disorder

#### Instead of

Insane

Mentally disabled

Crazy

Mad

Demented

Psychotic

Lunatic

Deviant

Schizophrenic

### Brain injury

#### Consider using

Brain injury

Acquired brain injury (ABI)

Traumatic brain injury (TBI)

#### Instead of

Brain-damaged

Vegetative

### Altered mental status

#### Consider using

Cognitive impairment

#### Instead of

Stupid

Special

Special needs

Defective

Delusional

Demented

### Children’s development

#### Consider using

Typical development

Neurotypical

Developmental delay

#### Instead of

Normal development

Normal

Slow

### Epilepsy

#### Consider using

A person with epilepsy

A person who has epilepsy

A person living with epilepsy

Seizure

#### Instead of

An epileptic

Fit/Attack/Spell

### Cerebral palsy

A person with cerebral palsy

Mr Jones has cerebral palsy

#### Instead of

Spastic

Cerebral palsy sufferer Mr Jones (which implies that Mr Jones is either diminished as a result of his disability or is a victim).

### Athletes

#### Consider using

Athlete/person with disability

Paralympian (Place the athlete or person first rather than referring to his or her disability).

#### Instead of

Disabled athlete/person

Handicapped athlete/person

### Down syndrome

#### Consider using

Person with Down syndrome

#### Instead of

Down’s kids

Down syndrome person

Mongol

### Autism

#### Consider using

Autism / Autistic

Person on the autism spectrum

If preferred: Autistic person (identity-first language) or Person with autism (person-first language).

#### Instead of

Severe

High functioning / Low functioning (These are not official diagnostic terms, do not provide a constructive view of a person on the autism spectrum and do not speak to the specific challenges or abilities of the individual).

It is important to ask the person with autism their preference – and respect their wishes. Many autistic people prefer identity-first language (Autistic person, or Maria is autistic) as it reflects the belief that being autistic is a core part of a person’s identity.

Some people still describe themselves as living with Asperger syndrome or as being ‘Aspie’, even though Asperger syndrome was removed from official terminology in 2013.

### Stature

#### Consider using

Person with dwarfism

Person of short stature

#### Instead of

Midget

Dwarf

While most people with dwarfism prefer to be called “people of short stature”, some people prefer to be called dwarfs or little people. Always ask a person’s preference.

### Toilets / Parking

#### Consider using

Accessible toilet/parking/seating/lift

#### Instead of

Disabled

Handicapped

## Examples in practice

Ms Jones, who is blind, works in banking. She said new app-based technology was helping to make workplaces more accessible for people who are blind or have low vision.

The 27-year-old, who lives with a form of cerebral palsy and is a wheelchair user, has written to his local council to highlight the access challenges he faces when attending his nearby community centre.

The 32-year-old from Glenelg, who is short-statured, is chair of the business chamber. He said many people incorrectly assume people with dwarfism are less capable than others.

A wheelchair user since a diving accident as a teenager, Jody Smythe enjoys her role as a football coach.

Jennifer Brown, who has an intellectual disability, plays in the Inclusive Basketball League.

The St Mary’s resident said she enjoyed connecting with other people in the disability community.

The couple are part of a group of people with lived experience of disability from Stirling.

He said people living with disability want the same employment and training opportunities as people without disability.

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## Words matter

Language is powerful. It can inspire. It can shape perceptions... and it can have a devastating impact if used incorrectly.

Outdated terms:

Wheelchair-bound. A wheelchair-user is freed, not bound, by using a wheelchair

Victim of..., suffers from..., suffering from the tragedy of..., afflicted with...

Handicapped, retarded, spastic, mental, imbecile, birth defect/deformity

Deaf mute, deaf and dumb, dumb, physically challenged, differently abled, handicapable

Deficient, people with deficits, slow or slow learner, idiot, mongoloid

Crippled or physically challenged

Medical terms such as patient or invalid

Has the mental age of...

Emotional words of pity and charity, for example, unfortunate, pitiful

Words of heroism and inspiration, for example, brave, special, super-determined, unstoppable.

## Interview tips: before the interview

When preparing to interview a person with disability for a story it can help to consider:

* The interview location. For example, will the person require ramps/ lifts/accessible parking/accessible toilet?
* If the interview location is quiet enough to enable the person to hear you.
* If there any distractions that may make the person feel overwhelmed or find it difficult to concentrate.
* If the person has a service animal. Do you need to consider providing a bowl of water and outside access for the animal’s toileting?

Ask the person if they need additional support, for example, will they need their carer or support worker with them or do they require a sign language or other interpreter?

Does the person need to see the questions in advance? This may be helpful for people with anxiety and people with brain injury or intellectual disability. Someone using a communication aid may need extra time to prepare their responses before they meet you.

### Types of support people with disability may need

Required support may include, but is not limited to:

* Auslan interpreting for people who are deaf
* Personal assistance for people with physical disability
* A support worker to:
* explain complex terminology and concepts (for people with cognitive disability)
* provide emotional assistance (for people with psychiatric disability who may feel overwhelmed by the process).

## Interview tips: during the interview

Respect the person’s dignity, individuality and independence.

### Speak directly

Look and speak to the person with disability, not just the people accompanying them, including interpreters or carers. Place yourself facing a light source and keep your hands away from your mouth when speaking so the person can easily read your visual cues.

### Be aware

Some people with disability may be sensitive to things that are considered acceptable in social settings such as touch or making eye contact.

### Be considerate

Take extra time where needed to gather appropriate information. People with disability, including someone using a communication aid or living with intellectual disability, may need your patience and sufficient time to act independently.

### Clarify if needed

It is ok to ask people with disability to repeat themselves if you do not understand what they have said or meant.

Empathise rather than sympathise People with disability wish to be accepted not pitied.

### Offer help if needed

Don’t be afraid to ask if people require assistance. But always gain the person’s approval before stepping in to help. Don’t be offended if the person says they don’t need support - your help may not be needed. If your assistance is needed, ask for instructions.

### Treat equally

Treat and refer to adults with disability the same way you would any other adult. Use the same titles and prefixes you would with anyone else – for example, Mr, Mrs, Doctor.

### Explore meaning

If relevant, ask how a person describes their disability and ask them how they would

like their disability to be described. Many people with disability consider it a central part of their identity, culture and community, and are willing to discuss their views, if you are open to listening.

### Engage in conversation

Do not be afraid to say or do something wrong. If a person’s disability is central to the story, it is ok to ask about it. Your questions can be challenging and to the

point – if they are well-informed and based on facts.

### Don’t patronise

Avoid putting people with disability on a pedestal or talking to them in patronising ways. Do not paint normal, everyday activities as exceptional – for example, ‘Oh, you make your own meals. That’s wonderful!’

### Use common terms

It’s ok to use common expressions like ‘see you soon’ or ‘I’d better be running along’. Unnecessarily avoiding common terms can often feel patronising.

### Respect personal space

Remember that mobility aids, including wheelchairs, are part of a person’s personal space. Do not lean on a wheelchair or hang anything on the back of a wheelchair without the owner’s permission. Never move mobility aids like canes or walkers out of reach.

### Respect service animals

If the person with you has a service animal such as a guide dog, do not touch it, speak to it, or engage with it unless the owner invites you to. Service animals are working animals and must focus on their owners’ needs at all times.

## Photos and filming

### Do

Ask the person how they would like to be depicted.

Show the person’s disability and mobility or assistive equipment only if it is critical to the story.

Depict the person with disability as having autonomy over their own life.

Show real people who live with disability.

Consider interviewing people with disability for stories that are not about disability, as they are a regular part of the community.

Show people with disability doing everyday things, such as catching public transport, working or shopping.

Highlight a diverse range of people with disability, including people from culturally and linguistically diverse backgrounds, and people with disability who hold positions of power and authority.

Film or photograph a person using a wheelchair at their level.

Show autistic people going about their lives in images of people with autism.

### Instead of

Guessing or assuming.

Using gratuitous cutaways of wheelchairs, canes, hearing aids and other devices that are not critical to a story.

Including the person’s carers or family in photos or video unless they are also part of the story.

Using fake stock images of people without disability posing as people with disability.

Employing images of mobility aids, such as wheelchairs, as generic images for a story about disability.

Only interviewing people with disability for disability-related stories.

Only showing people *without* disability doing everyday activities.

Portraying people with disability doing everyday things as superheroes.

Showing people with disability in segregated or congregated settings (for example disability units in schools or sheltered employment settings), unless doing so directly illustrates the story.

Using stereotypical images of people with disability. Many stock images fit this category. Some show models portraying people with disability.

Looking down on a person using a wheelchair in an image, which can portray people as objects of pity.

Employing the stereotype of autistic children with therapists or doctors – or images of puzzle pieces, which implies autism is a jigsaw or mystery. Many Autistic adults find this offensive.

## Music selection

Music can impact people’s perceptions. Two types of music can be particularly problematic.

#### Pity music

For example, using sad music when people are discussing the birth of a child with disability, or a person acquiring disability. Doing so frames these events as ‘tragic’.

#### Heroic or triumphant music

This can be patronising if it stereotypes people with disability as ‘inspirational’.

## Reporting on deaths

The death of a person, with or without disability can impact entire communities as well as the individual’s friends, family and colleagues. Although a very difficult and sad event for those directly impacted, the death of an individual can also be a legitimate matter of public interest which the media has a right to report on.

Members of the media should proceed sensitively and respect private grief and personal privacy, as per the Media, Entertainment and Arts Alliance (MEAA) Journalist Code of Ethics, which notes journalists have the right to resist compulsion to intrude.

### Key considerations

Any approaches to bereaved people, including friends and family, should be made with sympathy and discretion.

Immediate family should not learn about the death of a loved one via the media.

### Devaluing victims with disability

When reporting on a person with disability who is the victim or suspected victim of violence, abuse or neglect, the media must be careful not to devalue the victim by:

* downplaying the crime
* blaming the victim
* reducing the gravity of the crime by making assumptions about disability
* appearing to show sympathy or understanding for the alleged perpetrator
* presenting crimes as almost inevitable acts of opportunity due to the perceived vulnerability of the person with disability.

### Reporting on inquests

An inquest is a court hearing in which the State Coroner gathers information to:

* assist in determining the cause and circumstances of death
* make recommendations that may prevent similar deaths occurring in the future.

Inquests are public events and the media plays an important information-sharing role – including clarifying facts about how a person died and sharing details and findings that may help to prevent other deaths in similar circumstances.

Families of the deceased should be approached sensitively. The media should consider that families may be incredibly distressed by the inquest itself and media reporting.

Families may not understand:

* that the media has a right to report on inquests and their findings
* the processes involved in an inquest.

### Some questions to consider when reporting on a death, funeral or inquest

* Before approaching family members of a person who has died or using the name of a deceased person in a story, have you checked whether the immediate family is aware of the person’s death?
* Are you publishing any information that could lead to the identification of the person who has died before their immediate family has been informed?
* How reliable is the information you are using to identify the individual who has died? What steps have you taken to verify the information?
* Are you including graphic information at a time of grief?
* Are you mocking or sensationalising the individual or the manner of their death?
* Are you thinking of publishing photos that show the individual engaged in embarrassing activity?
* If you are considering attending a funeral, what type of event is it and what are the family’s wishes?
* Does the information you are thinking of publishing contain anything private about a living person?
* Have you considered the effect of your approaches and reporting on the family of the deceased?

Source: Independent Press Standards Organisation

## Consultation and feedback on these guidelines

### Reporting it right: an important topic for South Australians.

We heard from passionate South Australians during our consultation period for Report it Right: guidelines for portraying people with disability – including people living with disability, those who provide care to people with disability – parents, guardians and friends – and people who work in the disability sector.

### Of all respondents:

* 55.6 per cent indicated they had 1 or more disabilities.
* 22.2 per cent indicated they worked in the disability sector.
* 16.7 per cent indicated they had a close family member or friend who lives with disability.
* 5.6 per cent indicated they had an interest in the area but did not have lived experience of disability.

### Media engagement

We asked respondents what (if any) media they engaged with: (more than one option could be chosen from the list of media types). They responded:

* Social media 94.4 per cent
* Television 72.2 per cent
* Newspapers 61.1 per cent
* Radio 61.1 per cent
* Podcasts 38.9 percent

When we asked whether the media represented people with lived experience of disability in a positive way, 72.2% of respondents indicated that it did not.

“Much reporting is deficit focused and uses language that is not appropriate.” Amelia

“There is a high level of patronising people with disabilities even if the intent is positive. Sometimes a disability might be the least interesting thing about the person and yet it is the focus.” 7even

“The guidelines you have prepared reflect exactly my feelings on this topic. People with disabilities are infantilised or treated as heroic for living their lives.” Eliana

Although there has been progress in this area, it seems we still have a long way to go.

“There has been much improvement in reporting over the years, but there remains a tendency to portray [people with disability] as victims or heroes. The best reporting avoids emotive language.” -Nicola

“Language around disability has improved somewhat, although this depends: when a story is about issues with someone’s equipment or government systems, words like ‘confined’ are still used to elicit emotion. TV channels like ABC have improved representation.” BeeMcDee

We asked whether these guidelines could improve community attitudes towards people with lived experience of disability, with 77.8% of respondents saying they could.

“Any resources that can help people like myself that do not have a long history in the disability sector is a good thing.” BigKev

“Improving media portrayal will help slowly but surely change the way people with a disability are seen by the wider community.” – just16

“I think they can definitely help because even as a disabled person, there were terms I didn’t know were wrong or outdated, so it will benefit everyone in the long run.” Emily

We also asked for feedback on what we had potentially missed in the guidelines, with some fantastic suggestions that we’ve taken onboard, including:

* reporting on families of people with disability who have passed away (see [Reporting\_on\_deaths](#Reporting_on_deaths))
* referencing the [United Nations Convention on the Rights of Persons with Disabilities](#_United_Nations_Convention)
* refining the definition of disability; that it can be variable and due to chronic illness (see [A\_person\_is\_a\_person\_is\_a\_person](#A_person_is_a_person_is_a_person) ).

Finally, we asked what the biggest misconception was about living with disability:

“That [people with disability] can’t do much. They can’t work or live the same life as someone without a disability.” Leasha

“That we feel sorry for ourselves and are always looking for ways to be fixed.” Bridgett

“That people with disability can’t lead full lives – for example, there is an assumption that people with a disability have no need to be taught about sexuality.” just16

“That we choose this way of life. Dole bludgers. Less than human. Lower class.” Kristine

“The biggest misconception about living with disabilities is you can’t do what normal people can.” Billy

The Department of Human Services thanks all those who took the time to participate in our consultation and for the valuable insights and feedback provided. These guidelines will continue to evolve as the community evolves and help shift the narrative about what it truly means to live with disability.

## You can help to build a better community

What you report, how you report and how you decide to show people has an important impact on the public’s perception of disability.

By striving each day to report in a fair and appropriate way that considers the perspectives of people living with disability, you can help to build a more inclusive and just community.

## Further information and resources

### [Aruma](https://www.aruma.com.au/about-us/about-disability/disability-language-guide/)

[Disability language guide](https://www.aruma.com.au/about-us/about-disability/disability-language-guide/) - <https://www.aruma.com.au/about-us/about-disability/disability-language-guide/>

### Australian Bureau of Statistics

Disability information and statistics - <https://www.abs.gov.au/statistics/health/disability>

### Australian Federation of Disability [Organisations (AFDO)](https://www.afdo.org.au/resources/)

Disability statistics and facts - <https://afdo.org.au/resources/>

### Australian Government Department of Social Services

About People with Disability in Australia - <https://www.health.gov.au/our-work/australias-disability-strategy#disability-in-australia>

### Australian Network on Disability

Disability statistics - <https://australiandisabilitynetwork.org.au/resources/disability-statistics/>

### Disability Royal Commission

[Our guide for media reporting](http://www.startingwithjulius.org.au/disability-royal-commission-our-guide-for-media-reporting/) - <https://www.startingwithjulius.org.au/disability-royal-commission-our-guide-for-media-reporting/>

### Down Syndrome Australia

Media guidelines - <https://www.downsyndrome.org.au/news-events/media/>

### Emerging Minds

Reporting on disaster or trauma - <https://emergingminds.com.au/resources/keeping-children-and-families-in-mind-guidelines-for-media-professionals-reporting-on-disaster-or-community-trauma-events/>

### Government of Queensland

A Way with Words: Guidelines for the portrayal of people with a disability - <https://www.qld.gov.au/disability/community/communicating>

### Government of South Australia

Inclusive SA: SA’s first Disability Inclusion Plan - <https://inclusive.sa.gov.au/our-work/state-disability-inclusion-plan>

### Independent Press Standards Organisation

Deaths and inquests guidance - <https://www.ipso.co.uk/resources/deaths-and-inquests-guidance/>

### International Day of People [with Disability](https://www.idpwd.com.au/resources/communication/)

Respectful Communication - <https://www.idpwd.com.au/resources/inclusionresources/>

### Media Entertainment & [Arts Alliance (MEAA)](https://www.meaa.org/meaa-media/code-of-ethics/)

Journalist Code of Ethics - <https://www.meaa.org/meaa-media/code-of-ethics/>

### Mindframe

Communicating about suicide guidelines - <https://mindframe.org.au/suicide/communicating-about-suicide>

### MS Australia

Reporting on MS — Media Briefing - <https://www.msaustralia.org.au/publications/>

### People with Disability Australia

Disability Information - <https://pwd.org.au/about-us/about-disability/>

### Stella Young’s TED Talk

‘I’m Not Your Inspiration, Thank You Very Much’ (9.03 mins) - <https://www.ted.com/talks/stella_young_i_m_not_your_inspiration_thank_you_very_much>

### United Nations

Convention on the Rights of Persons with Disabilities (CRPD) - <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>

## Finding a spokesperson

### Australian Network on Disability

<https://australiandisabilitynetwork.org.au/>

### International Day of People with Disability

<https://www.idpwd.com.au/>

### People with Disability Australia

<https://pwd.org.au/>

These guidelines outline terms broadly accepted in Australia. They are intended to promote reflection and positive change.

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