# TOOLKIT SUPPORTING TITLE IX RESPONDENTS WITH DISABILITIES

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# Introduction

Title IX processes on campus address sex discrimination; sexual harassment and sexual assault; dating and domestic violence; stalking; pregnancy- and parenting-related discrimination; and retaliation. Best practices for working with both those who report an issue (the "complainant") and those who are accused (the "respondent") have expanded in recent years. This work shows that students' and employees' identities, including disability, shape their experiences in these processes. This toolkit focuses on respondents with disabilities. Understanding disability and its impact is essential to ensuring that institutional responses are fair, accessible, and inclusive for everyone involved in Title IX procedures.

This guide provides a framework for integrating disability inclusion into campus Title IX policies and procedures as they pertain to respondents. It defines key principles of procedural equity, outlines disability models, reviews common disability categories and supports, offers guidance for disability-informed interpretation, discusses ableism and intersectionality, and concludes with checklists, sample language, and practical tools to support fair and accessible participation.

# Key Concepts

## Procedural Equity

Procedural equity ensures that every respondent can understand, communicate, and exercise their rights in Title IX processes, and that the process itself does not disadvantage respondents with disabilities. Rather than restating prevalence or legal framing, this section translates equity principles into concrete, routine practices aligned with trauma-informed values such as safety, transparency, and empowerment.

### Procedural equity and respondents with disabilities

Procedural equity refers to a disability-informed approach to procedural fairness in which respondents can understand, communicate, and exercise their rights and responsibilities**,** and in which the process itself does not disadvantage respondents with disabilities.[1,2]

Because disability affects about one in four adults in the United States, equity, accessibility, and procedural fairness should be embedded at every stage of the Title IX process—from intake and notices to interviews, hearings, and appeals.[3] Yet disability is often overlooked, producing barriers and practices that reinforce ableism.[4,5]

A disability-informed approach recognizes that each respondent's experience is shaped by environment, communication style, and access needs. Integrating accessibility throughout the workflow (clear information, usable formats, flexible pacing, and appropriate supports) promotes fairness, transparency, and respect for respondents.

Addressing disability comprehensively safeguards individual rights and ensures procedurally equitable, inclusive practices that proactively identify and meet disability-related needs.[6]

When accessibility is overlooked or misunderstood, especially for respondents whose disabilities affect cognition, emotion, or communication, people can encounter confusion, miscommunication, or unintentional discrimination. These gaps undermine fairness and increase stress for those navigating campus processes.[7,8] In practice, procedural equity means processes are understandable, usable, unbiased, and supported and that access tools are provided proactively, not only upon request.

## Principles guiding procedural equity in Title IX for respondents

**Understandable:** Information about Title IX processes and procedures is written in plain language, key points are summarized, and staff verify respondents' understanding.[7,9]
*Reflective question:* Have materials been reviewed for readability and translated or formatted to meet diverse communication needs for respondents?

**Usable:** Physical and virtual meeting environments are accessible; materials are provided in accessible formats; respondents have options for how to engage (e.g., written questions in advance, remote option, scheduled breaks). Timelines adjust for processing and health needs; alternatives carry no penalty.[10]
*Reflective question:* Do staff proactively check that meeting rooms, technology, and schedules support respondent comfort and safety?

**Unbiased:** Disability-related communication and behavior (e.g., delayed responses, literal language, limited eye contact) are not misread as evasiveness; credibility assessments are adjusted

accordingly for respondents.[11,12]

*Reflective question*: Have investigators and hearing officers been trained on recognizing disability-related communication differences?

**Supported:** Tools for meaningful participation (e.g., interpreters, real-time captioning, written questions in advance, breaks, advocates) are provided promptly and documented in the case file for respondents.[8]

*Reflective question:* Are supports discussed collaboratively with the respondent and confirmed in writing to promote trust and transparency?

## Translating principles to practice

**Access:** For respondents with disabilities, proactively remove environmental, procedural, and attitudinal barriers.[10] Use plain-language, accessible materials; choose accessible rooms and platforms (with captions); and routinely offer options like remote participation, written questions in advance, and scheduled breaks. Also, regularly review physical and digital spaces for accessibility gaps. Address attitudinal barriers through staff training, supervision, and case-review that surfaces bias patterns.[5]

**Autonomy:** Offer choices that match the respondent's needs – including meeting format (in-person/remote/hybrid), communication method (spoken, chat, or written questions in advance), pacing (one longer session vs. shorter blocks; scheduled breaks), sensory environment (quiet, low-stimulus room; camera optional), and participation supports (advisor/advocate, note-taker, ASL). Providing consistent options increases comfort and control and improves comprehension/recall.[9,13]

**Anti-ableism:** Ensure the process itself does not penalize disability-related differences for respondents. Judge credibility on evidence (content, internal consistency over time, plausibility, and corroboration) not eye contact, affect, or speech fluency. Provide needed supports without excessive documentation; when paperwork is required, accept standard provider letters and offer provisional supports. Train staff on disability-related communication differences, implicit bias, and intersectionality, and use supervision/case review to spot and correct bias patterns.[5,13]

**Intersectionality:** Anticipate compounded barriers for disabled respondents who also hold marginalized racial, gender, sexual, or immigration-status identities. Encourage culturally responsive consultation and partnerships with relevant campus offices and document how access tools address intersecting need.[14,15]

**Compliance + care:** Meet ADA/504 requirements while using trauma- and disability-responsive practices that preserve dignity and participation. Pair compliance checks with discussions about participant experience and emotional safety.[1,2]

# Multiple Models, One Goal: Access

How institutions conceptualize disability directly shapes how staff interpret behavior, provide accommodations, and ensure fairness. Recognizing multiple models of disability helps staff avoid misinterpretation and design proactive supports.

## Summary of Models

**Medical Model**: Emphasizes diagnosis and treatment,[5,16] helping to identify clinical supports. However, it may unintentionally frame disability as an individual problem.

**Social Model:** Emphasizes that environmental and attitudinal barriers create disability and centers institutional responsibility for access and inclusion.[17]

**Integrated/Interactional Model:** Recognizes that disability results from the interaction between individual impairments and environmental barriers, encouraging collaboration with respondents to identify and remove barriers in real time.

Using this integrated approach allows Title IX staff to focus on removing barriers and providing tools for meaningful participation for respondents with disabilities, rather than expecting respondents to "fit" existing procedures.

### Practice Tip:

When planning meetings, hearings, or communications, ask:

> "Which aspects of our process—format, timing, language, or space—might make participation difficult, and what changes could make it easier?"

This framing keeps responsibility for access with the institution and promotes fairness.

# General Practice Guidance for Title IX Teams

### Before Interviews or Hearings

- With consent, consult Disability Services to identify tools for respondent participation.
- Send plain-language agendas/rights and expectations; when appropriate, offer key questions in advance.
- Schedule longer blocks with planned breaks; confirm room and technology needs (ASL/translation services, assistive listening, captioning).

### During interviews or hearings

- Use clear, concrete language. Avoid idioms and multi-part questions. Ask one question at a time.
- Allow processing time before follow-up questions and use brief teach-back to verify the respondent's understanding.[9]
- Permit a trained advocate/support person for notetaking and comprehension support.

### Credibility assessment and documentation

- Apply a structured credibility rubric that excludes eye contact, affect, or fluency as truthfulness proxies.[11]
- If accounts appear inconsistent, clarify first, then reassess after access tools are in place.
- Document which tools were used for the respondent and how they affected clarity/completeness of the record.

### Hearing logistics

- Ensure accessible space/technology, allow written or visual aids, pace proceedings to support comprehension, and provide interpreters as needed.

### Sample language for Staff

*"To support clear communication, we'll proceed one question at a time and take short pauses as needed. Let us know if additional breaks or written questions would help."*

*"For fairness, we focus on the content of statements and evidence – not on eye contact, expression, or speaking style."*

# Accountability and Disability-Informed Interpretation: Avoiding Misunderstandings

Disability-informed approaches uphold both accountability and equity for respondents by reducing communication barriers and minimizing misinterpretation.[9,11,12]

| What May be Misread | Disability-Informed Interpretation and Response |
|---|---|
| Literal interpretation or delayed responses | Often reflects a processing/communication style (e.g., autism, language processing). Give extra time, rephrase concretely, ask one question at a time, and verify the respondent's understanding before assuming evasiveness.[9,12] |
| Limited eye contact, flat affect, or stimming | Communication differences—not indicators of honesty or remorse. Do not use affect as a credibility cue; focus on content, consistency, and corroboration.[11,12] |
| Executive-function challenges (e.g., ADHD, learning disabilities) | May cause difficulty tracking multi-part questions or timelines. Chunk questions, provide written anchors (dates/times), allow notetaking, and summarize back for confirmation.[9] |
| Sensory overload (noise, lighting, multiple speakers) | Can present as withdrawal, short answers, or irritability. Reduce stimuli (quiet room, softer lighting), limit to one speaker at a time, offer breaks, and provide questions in writing.[12] |

# Types of Disabilities (non-exhaustive) and Common Supports

Title IX teams should focus on respondents' functional needs rather than diagnoses. Understanding broad categories helps identify appropriate supports, anticipate barriers, and avoid misinterpreting disability-related communication or behavior. The following categories and examples are not exhaustive but offer practical guidance for designing equitable processes.

## Sensory (vision/hearing)

*Common barriers:* Inaccessible documents, lack of captioning or interpreters, poor acoustics or unclear visual cues

*Helpful supports:* Accessible PDFs (tagged headings, alt text), large-print/Braille, screen-reader–compatible files, CART or captioning, ASL/Certified Deaf Interpreters, assistive listening systems; always ask about preferred language/access mode

*Practice tip:* Confirm communication preferences *before* each meeting or hearing.

### Mobility/Movement

*Common barriers:* Inaccessible rooms/routes, long sessions without breaks, inflexible scheduling or locations[10]

*Helpful supports:* ADA-compliant rooms and seating, remote or hybrid options, shorter blocks with scheduled breaks, flexible scheduling and location choices, accessible restrooms/parking/paths[10]

*Practice tip:* Build travel time and rest breaks into timelines and document any location/schedule adjustments in the case file.

### Emotional/Psychiatric (e.g., anxiety, depression, PTSD)

*Common barriers:* Unpredictable pacing, high-stimulus environments, abstract or legalistic explanations.[13]

*Helpful supports:* Predictable agendas and timelines, quiet spaces, options for camera on/off, scheduled breaks, plain-language explanations, availability of an advocate/support person.[13]

*Practice tool:* Normalize options ("Many respondents prefer…") which reduces stigma and the need for disclosure.

### Cognitive/Neurodivergent (e.g., autism, ADHD, dyslexia, intellectual disability)

*Common barriers:* Complex instructions, rapid questions, or reliance on nonverbal cues such as eye contact or tone.[8]

*Helpful supports:* Clear, concrete questions; visual organizers and timelines; written questions in advance when appropriate; brief written summaries after each interaction; extra processing time; trained advocate/support person for notetaking and comprehension[8]

*Practice tip:* Provide written questions or key topics in advance and summarize main points after each meeting.

### Invisible disabilities (e.g., chronic illness, epilepsy, migraines, some psychiatric conditions)

*Common barriers:* Stigma, hesitation to disclose, variable symptoms and energy levels.[4]

*Helpful supports:* Flexible scheduling, acceptance of variable participation, sensitivity to light or sound triggers, and simplified documentation requirements.[4]

*Practice tip:* Ask about preferred times of day or shorter meeting lengths to reduce fatigue. Plain-language materials, written summaries, and access to an advocate or support person consistently improve comprehension and reduce misinterpretation. These are *default practices* that promote inclusion and equity for all respondents, not just those who disclose a disability.

# Ableism and Intersectionality

Ableism and other systematic biases can distort credibility assessments for respondents and restrict access to supports. Because disability intersects, with race, gender, sexuality, and other identities, barriers often compound.[15] This section outlines practical commitments, training, structured assessment, identity-affirming access, and data review, to address systemic bias in cases involving respondents with disabilities

## Ableism and Title IX Processes

**Credibility biases:** Limited eye contact, flat affect, literal interpretation, or delayed responses are often misread as evasiveness or dishonesty rather than disability-related communication differences.[9,11,12]

**Racialized ableism:** Respondents from marginalized racial groups with disabilities may face heightened suspicion, stricter gatekeeping, or harsher interpretations of behavior due to the interaction of racism and ableism.[14,15]

**LGBTQ+ stigma + disability:** Queer and trans respondents with disabilities may encounter layered prejudice, disbelief, or stereotype-based credibility judgments.[14]

**Invisibility of chronic illness and psychiatric/learning disabilities:** When symptoms are not visible, respondents may face skepticism about legitimacy, disclosure hesitancy, and unnecessary documentation hurdles.[4,13]

## Practice commitments to counter systemic bias

### Training and supervision

Provide ongoing training on anti-ableism, implicit bias, and intersectionality with examples centered on respondents.

Use supervision and case review to identify patterns (e.g., which respondents are denied tools, whose credibility is downgraded.)

### Structured credibility

Use credibility rubrics that *exclude* eye contact, affect, and fluency as proxies for truthfulness.

Clarify expectations and provide access tools first (e.g., extra processing time, written questions, breaks) *before* weighing inconsistencies.[11,12]

### Identity-affirming access

Offer fields for chosen name and pronouns; use them consistently.

Ensure ASL and culturally/linguistically appropriate interpreters are available.

Allow advocates or support persons to participate when requested.

Default to plain-language materials and communications.

Provide low-stimulus, private spaces for meetings and procedures.

### Documentation and disclosure

Accept provider documentation without unnecessary hurdles or repeated requests.

Affirm the legitimacy of invisible and episodic disabilities.

Safeguard confidentiality; clearly prohibit and monitor for retaliation.[4]

# Recommendations, Actions, and Case Studies

This section translates the foundational principles into day-to-day practice recommendations for Title IX coordinators, investigators, hearing officers, Disability Services staff, and student-affairs partners.

## Recommendation 1: Train Title IX Personnel on Disabilities

### Why It Matters

Staff often misinterpret disability-related behaviors as dishonesty. Training ensures fair interpretation and compliance with the Americans with Disabilities Act[1] and Section 504 of the Rehabilitation Act.[2]

### Action Steps

- ☐ Mandate training on ADA, Section 504, disability justice principles.
- ☐ Teach recognition of disability-related behaviors.
- ☐ Integrate accessibility practices.[9]
- ☐ Highlight ableism and intersectionality.
- ☐ Use scenario-based training.[13]

**Case Study**
An investigator trained on autism awareness avoided misreading repetitive behaviors and, with supports in place, enabled clear participation.

## Recommendation 2: Ensure Clear and Accessible Information

### Why It Matters

Legalistic Title IX materials overwhelm respondents with ADHD or dyslexia. Plain-language, multimodal communication improves comprehension.[9]

### Action Steps

- ☐ Develop plain-language guides.[10]
- ☐ Provide multiple formats.
- ☐ Disseminate proactively.[13]
- ☐ Collaborate with Disability Services.

**Case Study**
A respondent with ADHD/dyslexia received simplified brochures and captioned videos, reducing confusion and anxiety.

## Recommendation 3: Increase Procedural Accessibility

### Why It Matters

Physical and procedural barriers undermine fairness. Accessible hearings and interviews safeguard equity.[12,13]

### Action Steps

- ☐ Ensure venues comply with ADA and Section 504.
- ☐ Provide assistive technologies.
- ☐ Offer breaks, extended time, simplified language.[9]
- ☐ Assign trained disability personnel.[13]

**Case Study**
A respondent with visual impairment received braille, real-time transcription, and specialist support, enabling equitable participation.

## Recommendation 4: Address Disabilities in Prevention Programming

### Why It Matters

Prevention programming often omits disability, reinforcing stigma. Inclusion reduces bias.

### Action Steps

- ☐ Integrate disability into all programming.[12]
- ☐ Use scenarios with visible/invisible disabilities.
- ☐ Highlight intersectionality.[14]

**Case Study**
A training scenario featuring a student with anxiety and autism improved staff preparedness to support.

## Recommendation 5: Integrate Disability and Title IX Services

### Why It Matters

Siloed services delay support; integration ensures equity.[13]

### Action Steps

- ☐ Establish collaboration protocols.[10]
- ☐ Communicate accommodations promptly.
- ☐ Involve Disability Services as advisors.[9]

### Case Study

Coordinated Title IX–Disability Services support reduced stress and improved engagement for a respondent with a chronic health condition.

## Recommendation 6: Amplify Respondent Voices with Disabilities

### Why It Matters

Disabled respondents are often excluded from policy design; their input improves equity.[13]

### Action Steps

- ☐ Include respondents in policy review.
- ☐ Establish safe feedback channels.[4]
- ☐ Incorporate and publicize improvements.[13]

### Case Study

Input from a respondent with a learning disability led to simplified guides and clearer timelines, improving institutional support.

# Glossary of Key Terms

| Term | Definition |
|---|---|
| **Ableism** | Discrimination or prejudice against individuals with disabilities. |
| **Accessibility** | Designing environments, materials, and processes so that individuals with disabilities can participate fully. |
| **Accommodation** | Adjustments or modifications to enable meaningful engagement in education or other activities. |
| **Assistive Technology** | Devices or software designed to support participation. |
| **Disability** | A physical or mental impairment that substantially limits one or more major life activities. |
| **Disability Justice** | A social justice framework that centers intersectionality, access, and anti-ableism. |
| **Implicit Bias** | Unconscious stereotypes that influence perceptions and decisions. |
| **Inclusive Practices** | Strategies ensuring equitable participation for diverse identities and abilities. |
| **Intersectionality** | The overlapping nature of race, gender, sexuality, and disability creating compounded disadvantage. |
| **Procedural Equity** | Fairness in institutional processes that ensures access and unbiased treatment. |
| **Respondent** | An individual reported or accused in a Title IX or misconduct process. |
| **Supportive Measures** | Individualized, non-disciplinary services ensuring safety and access. |

# Additional Resources and Links

- **Office for Civil Rights (OCR) – Title IX and Disability Guidance**
  Federal guidance on integrating disability accommodations into sexual misconduct processes, including documentation and collaboration with accessibility offices.

- **Association of Title IX Administrators (ATIXA) — ADA/Section 504 Foundations & Resources**
  Downloadable toolkits, model policies, and training (including certification courses) for Title IX professionals.

- **The IX Institute — Supporting Students with Disabilities in Title IX**
  Training modules and policy templates on aligning Title IX and disability services.

- **Know Your IX**
  Student-driven advocacy group offering "Know Your Rights" materials, campus guides, and legislative updates.

- **Disability Rights Education & Defense Fund (DREDF)**
  A leading disability civil rights law and policy center providing advocacy, training, and legal resources.

- **ADA and Section 504 Foundations for Higher Education (ATIXA/IRSC course)**
  Training resource covering ADA and Section 504 compliance in higher education.

- **Stop Sexual Assault in Schools (SSAIS) – Students with Disabilities Toolkit**
  Practical guide for supporting students with disabilities in Title IX and sexual misconduct contexts.

- **Association for Student Conduct Administration (ASCA)**
  Professional association offering Title IX/conduct administrator development, white papers, and annual conferences.

- **Council of Parent Attorneys and Advocates (COPAA)**
  Advocacy group providing webinars, legal resources, and representation for families navigating disability rights.

- **Job Accommodation Network (JAN)**
  Free technical assistance on workplace and education accommodations under ADA/Section 504.

# Endnotes

[1] Americans with Disabilities Act of 1990, 42 U.S.C. § 12101 et seq. (1990).

[2] Rehabilitation Act of 1973, Pub. L. No. 93-112, 87 Stat. 355 (1973) (codified as amended at 29 U.S.C. § 701 et seq.).

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