NCDJ and disability reporting

Jennifer LaFleur
UC Berkeley School of Journalism

A place for journalists to better their craft

Written by former Cronkite School student Annie Woods

As a freelance photographer in San Francisco, Suzanne Levine specialized in disability issues, and what she saw in the news bothered her.

She felt that people with disabilities were often caricaturized and that news about disabilities was often inaccurate or incomplete. She decided to take things into her own hands, buying a book on how to start a nonprofit organization, getting a team of journalists and people with disabilities together, and founding the Disability and Media Project.

For more than 10 years, Levine helped lead presentations for journalists and journalism educators and developed materials to help journalists do their jobs better.

As she moved across the country, the center moved with her, from San Francisco to Boston. Along the way, its name was changed to the National Center on Disability and Journalism to better reflect the organization's focus on journalism as opposed to advocacy.

In 2008, the center found a new and permanent home at ASU's Walter Cronkite School of Journalism and Mass Communication.

"I felt that the school already had a strong commitment to diversity and it had the best chance of succeeding and growing the program," Levine said. "People haven't been exposed to disability issues, and I think they're most receptive when they're in school."

Kristin Gilger, NCDJ's founding manager and former executive director, said the center's aim is to provide practical resources to help journalists better report on disabilities and people with disabilities.

"We want reporters, for example, to come to the center when they have questions on how to describe a disability or where to find a particular resource," she said. "Sometimes, they might just want to see what other reporters are doing or share what they're doing that advances the depth and quality of coverage in this important area.

"This isn't an advocacy group," Gilger said. "It's a place for journalists to better their craft."

Since that time, NCDJ has worked to increase meaningful disability reporting through training, tip sheets, an annual journalism contest and its language style guide. (cronkite.asu.edu/ncdj/disability-language-style-guide)

More than 25% of the U.S. population has a disability, but ableism —stereotypes and harmful narratives about disability — are still rampant. Most coverage of people with disabilities has been stereotypes without coverage of actual policy.

NCDJ has worked to train newsrooms to do stories on a variety of beats that can have impact:

- Public policy
- Environment
- Education
- Transportation
- Housing
- Health care

Disability reporting

Julia Métraux of Mother Jones has reported extensively on systemic issues affecting people with disabilities. (www.motherjones.com/author/julia-metraux)

Amy Silverman of KJXX in Phoenix has done reporting for a variety of outlets related to services for people with developmental disabilities. (www.amy-silverman.com). She also does training in the use of plain language for news outlets.

Joseph Shapiro of NPR has covered disability issues for many years. (www.npr.org/people/2101159/joseph-shapiro)

The nonprofit newsroom **ProPublica** (www.propublica.org) has published reporting on disabilities and education as well as how changes in federal policy are impacting people with disabilities.

Before it closed its investigative arm **BuzzFeed** reporters investigated private equity ownership of homes for people with disabilities. (www.buzzfeed.com/uk/tag/private-equity)

For more examples of disability reporting across the U.S. and internationally, check out NCDJ's contest archives. (cronkite.asu.edu/ncdj/annual-contest) and disability and journalism expert **Beth Haller**'s blog (media-dis-n-dat.blogspot.com)

Jennifer LaFleur has reported on states' failures to comply with the Supreme Court's Olmstead Decision. Her reporting on transit in metropolitan St. Louis led a federal investigation of the agency.

Common media tropes

- People with disabilities can't speak for themselves.
- Disability is a weakness.
- Disability is a super power.
- Disability is something people want to or need to overcome.
- Accessibility and accommodations are special favors or need to be earned.
- Facilities/programs/websites don't have to be accessible.
- The views/positions of the disability community are the same.

Language choices

- Refer to the disability only when it's relevant to the story.
- Use accurate language, referring to a specific diagnosis when possible.
- Use neutral language, avoiding implications that disability is inherently bad
- If it is relevant to the story, ask the person how they would like their disability to be characterized.
- Remember that the needs for accommodations are not special treatments or favors.
- Person-first language puts the person before their disability
- Identity-first language puts the disability at the center
- If you're not sure what language to use, ask.

Datasets to mine

- Disability benefits data for adults and children receiving (from the Social Security Administration)
- Workforce training funding for people with disabilities from the U.S. Department of Labor
- Elections data and voting access for people with disabilities
- Microsoft, World Bank and Fordham University are creating a disability data hub.
- U.S. Department of Education, Office for Civil Rights - (ocrdata.ed.gov/ (Get it while it lasts.)
- U.S. Census data - www.census.gov/topics/health/disability.html
- Understanding the law and breadcrumbs to lead you to the best data

Additional resources and references

- NCDJ Style guide (included in materials, but also at cronkite.asu.edu/ncdj/disability-language-style-guide
- IRE Reporting on Disability (included in materials, but also at www.ire.org/2025/02/10/reporting-on-inequality
- GIJN guide to reporting on disabilities. (gijn.org/resource/disabilities-guide-short-version)
- "Supporting Journalists with Disabilities" from Investigative Reporters and Editors (www.ire.org/2024/12/16/ire-radio-supporting-journalists-with-disabilities/)
- Disabled Journalists Association (discojourno.com)
- Covering disabilities from the Poynter Institute (www.poynter.org/reporting-editing/2005/covering-disabilities-untold-stories-for-any-beat)
- State Centers for Independent Living (acl.gov/programs/aging-and-disability-networks/centers-independent-living)

Reporting on inequality

By Jennifer LaFleur, UC Berkeley Graduate School of Journalism

Imagine a broad group of people regularly excluded from social, governmental and employment activities because systemic and structural barriers keep them out.

A pretty important story, right? Yet it's one that too often goes uncovered.

For investigative reporters, it's an opportunity to do data-driven stories that can have real impact. No matter what your beat is, you will find disability stories.

Years ago, a colleague and I were reporting about disability issues in St. Louis. People with disabilities told us again and again that the biggest problem they faced was inaccessible transportation. Buses were often not accessible to blind riders or riders who used wheelchairs and it was nearly impossible to schedule a trip on the door-to-door paratransit service. To lay the groundwork, we had to do a lot of homework to understand how transit systems are supposed to serve disabled riders. We also had to compile some of our own data because what we needed didn't exist. The series resulted in a federal investigation of the transit system and improved service for disabled riders.

To start, understand how systems are supposed to function so you can identify what's not working. That process likely will lead you to the documents and data that can help you uncover the story.

This past summer, a team at The Washington Post investigated programs for workers with intellectual and developmental disabilities. They start at subminimum wages but are supposed to move into higher paying jobs. But many never do. An analysis of Labor Department records found that "at least 38 percent of current employers in the program have violated compensation and other rules and cheated disabled workers out of millions in pay."

In 2022, the Houston Chronicle reported that nearly 200,000 Texans with disabilities were waiting for services from the state through its Medicaid waiver program. Some families waited for years.

These are not isolated patterns. They are happening across the country and likely will worsen under President-elect Donald Trump's proposed policies.

In June, NPR's Joseph Shapiro investigated the Supplemental Security Income program, which keeps many disabled people from marrying because they risk losing benefits. "Many disabled people get caught by this 'marriage penalty,' a left-over rule from decades ago when government policies didn't account for disabled people finding love and getting married," Shapiro wrote.
In the Center for Public Integrity's "Institution of One" series, Amy Silverman found that "despite strides in community-based services for people with disabilities, staff shortages and lack of training mean that individuals aren't getting the services they need."

Know the laws

Disability rights are protected by federal laws, as well as some state and local laws.

The Americans with Disabilities Act covers different types of entities.

- Title I — Employers with 15 or more employees must provide equal access to employment. Complaints are filed with the Equal Employment Opportunity Commission.
- Title II — State and local governments must provide equal access to their programs. Complaints may be filed with local ADA coordinators or with the U.S. Department of Justice and other federal agencies.
- Title III — Businesses and nonprofits must comply with basic requirements that prohibit exclusion, segregation and unequal treatment. Complaints are filed with the U.S. Department of Justice.
- Title IV — Telephone and television services must be accessible to people with hearing and speech disabilities.

Government and other public websites also must be accessible. In 2021, the DOJ reached a settlement agreement with Rite Aid Corporation because the company's COVID-19 vaccine booking website was not accessible to some people with disabilities. (Keep this in mind for your own website — especially when reporting on disabilities.)

The Fair Housing Act prohibits housing discrimination and requires owners to make reasonable accommodations. Complaints are filed with the U.S. Department of Housing and Urban Development.

The Air Carrier Access Act requires commercial air carriers to provide boarding assistance and certain other accessibility features in new aircraft and airport facilities. Complaints are filed with the U.S. Department of Transportation.

The Mental Health Equity and Substance Abuse Parity Act requires that certain insurance providers cover mental health benefits on par with medical benefits.

Disability data

Data can drive many of these stories to reveal the full extent of problems. If something is enforced, licensed or funded, there likely is a database.

But don't stop there. Talk to disabled people and disability rights organizations to learn about their experiences, said Beth Haller, a longtime media and disability researcher and author of "Disabled People Transforming Media Culture for a More Inclusive World."

Below are a few places to look for disability data on a variety of beats.

Jamie Muniz organizes hangers at Pathways to Independence in Kearny, New Jersey. Washington Post reporters Amanda Morris, Caitlin Gilbert and Jacqueline Alemany featured his experiences in their investigation, "Some Disabled Workers in the U.S. Make Pennies per Hour. It's legal." JACKIE MOLLOY / THE WASHINGTON POST

Census

The U.S. Census Bureau's American Community Survey asks six questions about whether a respondent has difficulty with certain activities. In 2023, the Census Bureau proposed a change that would have decreased the proportion of people who would be considered disabled. As a result, funding for programs that serve people with disabilities would have been reduced. In February, the Census Bureau announced that it would not change the questions.

Education

The Civil Rights Data Collection from the U.S. Department of Education tracks access to programs, presence of police, use of restraints and other factors and reports them by race and ethnicity, disability status and English learners. Use this data with caution and double-check any findings with local school districts.

State departments of education and school districts also track participation in what are referred to as "special education" programs.

Parents often struggle with getting the services that allow their children to participate in school. They can help you understand what barriers they face. The Idea Center works with states to improve data collection and analysis.

Employment

The unemployment rate for people with disabilities is double that of workers without disabilities, according to the latest data from the U.S. Department of Labor. Disabled workers often are underemployed because they risk losing benefits if they earn too much money. State departments of labor also track data that might be helpful.

Environment

As sea levels rise and weather events become more extreme, the impact is higher on people with disabilities living in those areas. “Research shows people with disabilities are up to four times more likely to die in disasters than the general population. And, according to U.S. census data,” Judy Woodruff reported in 2023 for PBS, “most people with disabilities never return to their homes after a disaster.”

Evacuating when you have a disability can be more difficult and emergency plans may not include procedures for people with disabilities. In addition, compromised health may make people more vulnerable to extreme heat or exposure to pollutants.

Health care

Shortages of medical providers at all levels make it hard for people with disabilities to find care. The Health Resources & Services Administration tracks data on the healthcare workforce.

The lack of accessible medical offices has long been an issue for disabled patients, but a new rule will require medical facilities to be more accessible.



Zainab Edwards takes skating lessons at the Ice Den in Chandler, Arizona. Her story was featured in Amy Silverman's 2022 article, "Million-Dollar Question: How to Find Safe Homes for Those with Complex Needs," for The Center for Public Integrity. RICK D'ELIA / PUBLIC INTEGRITY

Housing

Many people with disabilities continue to live in institutions because they cannot find affordable accessible housing. Many communities have a shortage of affordable housing, but the problem is even worse for those who need accessible housing.

The U.S. Department of Housing and Urban Development publishes several housing data sets. Your local housing authority also should have data on housing.

Politics

Disabled voters can face a range of barriers to casting their ballots from inaccessible polling places to limits on options such as vote-by-mail. According to a study conducted for the U.S. Commission on Election Assistance, "about one in seven voters with disabilities encountered difficulties voting in 2022."

While some states have added options, such as vote-by-mail that make voting easier, many new voting laws make it harder for people to cast a ballot.

On Nov. 3, MSNBC columnist Eric Garcia wrote about the issue of polling places in churches, which are exempt from the ADA. "About 20% of polling places are in churches," he wrote. That number is much higher in some states.

Local boards of election typically have data about polling accessibility, but it's worth ground-truthing that data. In St. Louis, we found that a significant number of polling places coded as accessible by the elections board were not.

Transportation

Lawsuits and complaints are a good place to find disability stories on the transportation beat. The DOJ publishes cases on its website.

In 2020, for example, the DOJ reached a settlement agreement with Amtrak requiring the agency to make stations accessible and pay $2.25 million to victims affected by its inaccessible stations.

Data about public transportation is available from the Federal Transit Administration, which tracks things such as the number of accessible vehicles an agency has. It also does triennial reviews of transit agencies.

Transit agencies track everything from vehicle repairs to bus stops, which gives local reporters plenty of opportunities to dig into data.

Air travel is another place where people face barriers. News outlets have reported how frequently wheelchairs are damaged by airlines.

“People don’t realize that this is a part of my body. If this is broken, you’ve broken my legs,” Illinois Sen. Tammy Duckworth told NPR earlier this year. “Imagine if the American public saw that the airlines broke 892 pairs of legs in a single month. There would be hue and cry, but there hasn’t been.”



Chase Brown, a 29-year-old with autism, sits in his bedroom in his home south of Spring Branch. Chase is one of about 170,000 Texans waiting to receive intellectual and developmental disability services through one of six Medicaid waiver programs, which use state and federal funds to get people care in the community instead of in an institution. MARK MULLIGAN / HOUSTON CHRONICLE

International resources

Accessibility outside the U.S. varies widely as does the availability of data.

Arab Reporters for Investigative Journalism conducted a survey that found that in Amman, Jordan, “the city’s buildings, streets and pavements are inaccessible and restrict independent mobility for people with physical and sensory disabilities.”

The Public Source, a Beirut-based newsroom examined the failed government response in the aftermath of an ammonium nitrate explosion in Beirut that left hundreds of residents disabled.

The United Nations Disability Statistics is a clearinghouse for demographic data by country.

Last year, the Global Investigative Journalism Network published a guide to covering disabilities, including tips for finding data.

The Zero Project, a program of the Austrian-based Essl Foundation, is an initiative to support the implementation of the United Nations Convention on the Rights of Persons with Disabilities. The Zero Project database contains thousands of experts and organizations that can help explore disability issues worldwide.

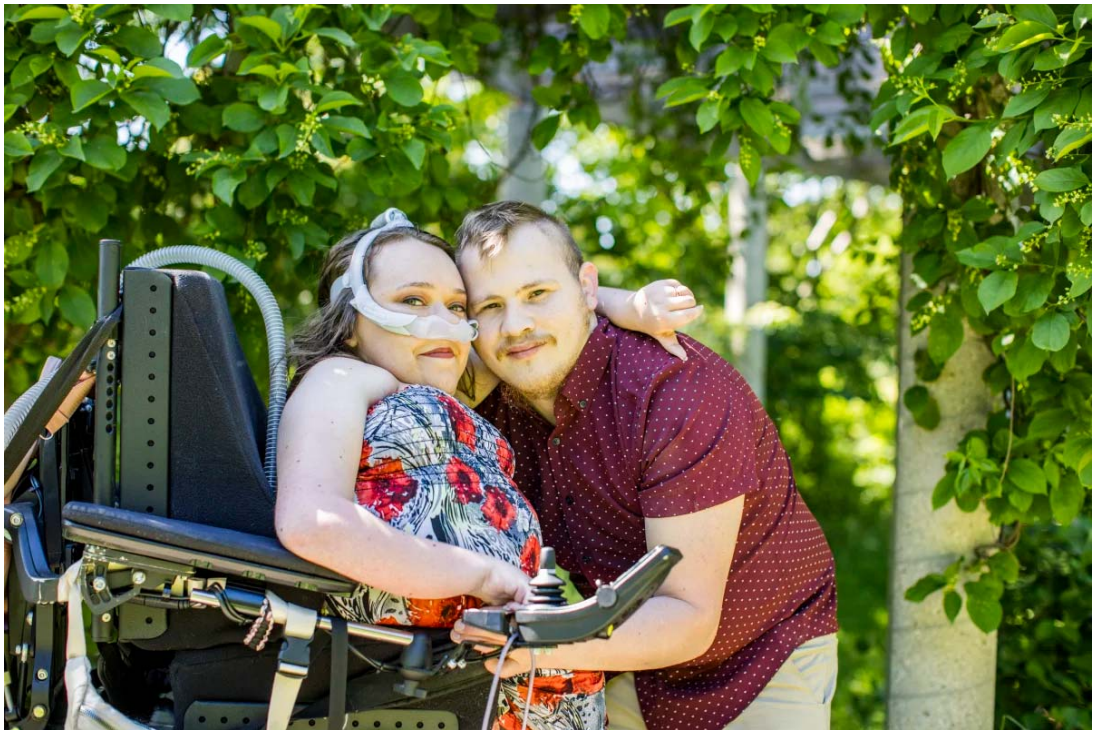
Keep digging

Be creative in seeking disability data.

Silverman — who has had to wrangle data to cover intellectual and developmental disability issues — urged reporters to "always, always, always try to get data and records from an individual, family member or other sources who has access to unredacted materials."

She also recommended talking with academics who might have data or going to another agency if one won't give you the data.

"If someone tries that hard to keep information from you, keep digging," she said. "It probably means you are onto something."



Amber Weise lost Supplemental Security Income and health insurance after marrying Devin. Joseph Shapiro reported how the federal program penalizes couples. NARAYAN MAHON / NPR

Disability Language Style Guide

Access the Spanish language translation of this guide here.

Spanish language guide PDF

You can also access a Romanian translation of the guide here.

You can also download the NCDJ Style Guide as a PDF.

As language, perceptions and social mores change rapidly, it is becoming increasingly difficult for journalists and other communicators to figure out how to refer to people with disabilities. Even the term “disability” is not universally accepted. This style guide, which covers dozens of words and terms commonly used when referring to disability, can help. The guide was developed by the National Center on Disability and Journalism at Arizona State University’s Walter Cronkite School of Journalism and Mass Communication and was last updated in the summer of 2021.

First, we would like to offer some basic guidelines:

- Refer to a disability only when it’s relevant to the story and, when possible, confirm the diagnosis with a reputable source, such as a medical professional or other licensed professional.
- When possible, ask sources how they would like to be described. If the source is not available or unable to communicate, ask a trusted family member, advocate, medical professional or relevant organization that represents people with disabilities.
- Avoid made-up words like “diversability” and “handicapable” unless using them in direct quotes or to refer to a movement or organization.
- Be sensitive when using words like “disorder,” “impairment,” “abnormality” and “special” to describe the nature of a disability. The word “condition” is often a good substitute that avoids judgement. But note that there is no universal agreement on the use of these terms -- not even close. “Disorder” is ubiquitous when it comes to medical references; and the same is true for “special” when used in “special education,” so there may be times when it’s appropriate to use them. But proceed with extra caution.
- Similarly, there is not really a good way to describe the nature of a condition. As you’ll see below, “high functioning” and “low functioning” are considered offensive. “Severe”

implies judgement; “significant” might be better. Again, proceed with caution. This is increasingly tricky turf.

Remember, our sources don’t always speak the way we write. That’s OK. You may end up using a derogatory term in a direct quote, but be certain that it’s fundamental to the story. Otherwise, paraphrase and use a more acceptable term.

In this guide, we urge reporters and other communications professionals to refer to a disability only when it’s relevant to the story being told. But what is “relevant” is not always clear. Should a story about residents complaining about noisy airplanes flying over their houses note that one of the residents who is complaining uses a wheelchair? Should someone who is blind be identified as such in a story about people who have been stranded while hiking and had to be rescued?

In the first case, we suggest the answer is “no.” The fact that someone uses a wheelchair does not make the airplane noise any more or less irritating. In the second case, the answer is “maybe.” If the hiker’s blindness contributed to him or her getting stranded, making note of that fact is relevant. If the person’s sight had nothing to do with the situation, leave it out.

People living with disabilities often complain, and rightly so, that their disability is mentioned even when the story has nothing to do with their disability.

A note about person-first language. In the past, we have encouraged journalists and others to use person-first language (such as, “a person who has Down syndrome” rather than “a Down syndrome person”) as a default. Even with the caveat that this does not apply to all, we have heard from many people with disabilities who take issue with that advice. For us, this really emphasizes the fact that no two people are the same -- either with regard to disabilities or language preferences. And so we are no longer offering advice regarding a default. Instead, we hope you will double down to find out how people would like to be described. We also will include some guidance in individual entries here -- but again, we encourage you to confirm on a case-by-case basis.

Another note -- this time about the language around COVID-19. The pandemic altered the way many people think about disability, as people who had never encountered such obstacles were suddenly unable to leave their houses. People with disabilities spoke out on social media about this, and “long haulers” now understand firsthand what some people with disabilities experience. The language around COVID-19 is evolving. The BBC and The Conversation both have well-considered takes on it. Archaeologist Elisa Perego coined the term “long COVID” to refer to people with lasting symptoms. This condition also has been called “long haul” and people with it, “long haulers.”

Writing about disability is complicated and requires sensitivity -- a must for any form of journalism that involves people. If you are in doubt about how to refer to a person, ask the person. And if you can’t ask the person, don’t avoid writing about disability. Use this guide. Do your best.

– Amy Silverman, NCDJ advisory board member

Special thanks to Rebecca Monteleone, University of Toledo; Jon Henner, University of North Carolina at Greensboro; Sherri Collins, Arizona Commission for the Deaf and Hard of Hearing; Sara Luterman; the NCDJ advisory board; and all the style guide readers who offered suggestions for this guide.

Able-bodied

Background: This term is used to describe someone who does not identify as having a disability. Some members of the disability community oppose its use because it implies that all people with disabilities lack “able bodies” or the ability to use their bodies well. They may prefer “non-disabled” or “enabled” as being more accurate.

NCDJ Recommendation: The term “non-disabled,” and the phrases “does not have a disability” or “is not living with a disability” are more neutral choices. “Able-bodied” is an appropriate term to use in some cases, such as when referring to government reports on the proportion of able-bodied members in the workforce. In some cases, the word “typical” can be used to describe a non-disabled condition, although be aware that some in the disability community object to its use.

AP style: Not addressed

Abnormal/abnormality

Background: “Abnormality” is a word used to describe a condition that deviates from what is considered normal. It can be appropriate when used in a medical context, such as “abnormal curvature of the spine” or an “abnormal test result.” However, when used to describe an individual, “abnormal” is widely viewed as derogatory. The phrase “abnormal behavior” reflects social-cultural standards and is open to different interpretations.

NCDJ Recommendation: The words “abnormal” or “abnormality” might be acceptable when describing scientific phenomena, such as abnormalities in brain function. However, avoid using such words to describe a person. Referring to someone who does not have a disability as a “normal person” implies that people with disabilities are deviant or strange. “Typical” can be a better choice. Be cautious when using the term “abnormal behavior.” Explain what it means in the context in which it is being used.

AP style: Not addressed

Addict/addiction

Background: Addiction “is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences,” according to the American Academy of Pain Medicine.

Addiction often implies dependence on substances other than alcohol, although alcoholism is essentially alcohol addiction.

The American Psychiatric Association discourages using derogatory language such as the term "junkie" to refer to someone who misuses drugs.

According to the U.S. Department of Health and Human Services' Center for Substance Abuse Treatment, the word "addiction" is acceptable for uncontrollable, compulsive use of substances as well as acts such as gambling, sex, working, etc., in the face of negative health and social consequences. The Center states that addiction differs from dependence. Do not use the terms "addiction" and "dependence" interchangeably. "Addiction" usually refers to a disease or disorder; "dependence" may, on the other hand, describe babies born to mothers who use drugs or cancer patients who take prescribed painkillers. The center also recommends using the word "misuse" in place of "abuse" when describing harmful drug usage.

It's best to avoid using "clean" and "dirty" with regard to drug test results, according to the Center for Substance Abuse and Treatment. The terms are considered derogatory because they equate symptoms of illness to filth. When referring to a drug test, state that the person "tested positive for (drug)."

NCDJ Recommendation: "Addiction" is an acceptable term, although some prefer "substance abuse disorder." It is preferable to refer to someone who harmfully uses drugs as "someone with a drug addiction" rather than an "addict." Use "recovering" or "in recovery from" to refer to someone trying to overcome an addiction; that is, "someone recovering from a methamphetamine addiction."

Conforms to AP style. The AP also suggests avoiding words like "abuse" or "problem" in favor of the word "use" with an appropriate modifier such as "risky," "unhealthy," "excessive" or "heavy." "Misuse" also is acceptable. Don't assume all people who engage in misuse have an addiction. Avoid "alcoholic", "addict", "user" and "abuser" unless individuals prefer those terms for themselves or if they occur in quotations or names of organizations, such as Alcoholics Anonymous.

Afflicted with/stricken with/suffers from/victim of

Background: These terms carry the assumption that a person with a disability is suffering or has a reduced quality of life. Not every person with a disability suffers, is a victim or is stricken.

NCDJ Recommendation: It is preferable to use neutral language when describing a person who has a disability, simply stating the facts about the nature of the disability. For example: "He has muscular dystrophy."

Conforms to AP style that suggests avoiding "descriptions that connote pity."

Albino/albinism

Background: According to the Mayo Clinic, “albinism typically refers to oculocutaneous (ok-u-low-ku-TAY-nee-us) albinism (OCA) — a group of inherited disorders that results in little or no production of the pigment melanin. The type and amount of melanin your body produces determines the color of your skin, hair and eyes. Melanin also plays a role in the development of optic nerves, so people with albinism have vision problems. Signs of albinism are usually apparent in a person’s skin, hair and eye color, but sometimes differences are slight. People with albinism also are sensitive to the effects of the sun and are at increased risk of developing skin cancer.”

According to the National Organization on Albinism and Hypopigmentation (NOAH), there is debate over whether albinism is a disability, but it is often referred to as one because of issues associated with vision. Also, according to NOAH, the term albino has been used throughout history in a hateful way; therefore many prefer the people-first term, “person with albinism.”

NCDJ Recommendation: Refer to a person with albinism, rather than an albino.

AP style: The stylebook refers, without comment, to albino, albinos.

Alcoholic/alcoholism

Background: An alcoholic is someone who has the disease of alcoholism. Alcoholism is characterized by a loss of control in the use of alcohol, according to the American Psychiatric Association. The Center for Substance Abuse Treatment recommends using people-first language when referring to alcoholism, such as “someone with alcoholism” or “someone with an alcohol addiction.”

NCDJ Recommendation: Refer to someone who harmfully uses alcohol as “a person with alcoholism” rather than an “alcoholic,” which tends to identify someone solely by their disease. Use “recovering” to refer to someone with the disease of addiction, as in “someone recovering from alcoholism.”

Conforms to AP style

Alcoholics Anonymous

Background: Alcoholics Anonymous was founded in 1935 by Bill W. and Dr. Bob S. in Akron, Ohio, according to the AA General Service Office. AA is “a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism,” according to the group’s preamble. AA members do not pay dues or fees; rather, the organization is supported by contributions. AA is unaffiliated with any outside organizations or institutions and does not endorse, finance or oppose any causes. The AA program is focused on 12 steps to achieve sobriety.

NCDJ Recommendation: Because anonymity is central to the organization, disclose that someone is a member of Alcoholics Anonymous only if it is essential to the story. When

covering AA, consider referring to members by their first names only unless official references or context requires otherwise. These same considerations apply when covering other 12-step programs, such as Narcotics Anonymous or Gamblers Anonymous.

AP style: Not addresses except in terms of abbreviation: AA is acceptable on second reference.

Americans with Disabilities Act (ADA)

Background: The Americans with Disabilities Act is federal civil rights legislation that was signed into law in 1990 to address discrimination on the basis of disability in employment, public accommodations, transportation and telecommunications as well as state and local government services.

NCDJ Recommendation: Use Americans with Disabilities Act on first reference; ADA is acceptable on second reference.

Conforms to AP style

American Sign Language (ASL)/signer/interpreter

Background: American Sign Language is a complete language that utilizes "signs made by moving the hands combined with facial expressions and postures of the body," according to the National Institute on Deafness and Other Communication Disorders. Many people in North America who are deaf or hard of hearing use it as a primary means of communication.

The terms "signer" and "interpreter" often are used interchangeably but mean different things. A signer is "a person who may be able to communicate conversationally with deaf persons but who may not necessarily possess the skills and expertise to accurately interpret complex dialogue or information," according to the Massachusetts Department of Health and Human Resources. "To become an interpreter, an individual must not only display bilingual and bicultural proficiency but also have the ability to mediate meanings across languages and cultures, both simultaneously and consecutively. This takes years of intensive practice and professional training."

NCDJ Recommendation: Specify American Sign Language on first reference, capitalizing all three words. ASL is acceptable on second reference. Use "interpreter" only for those who have completed advanced training. The Registry of Interpreters of the Deaf has a searchable database of registered interpreters.

AP style: Not addressed

See also Deaf

Amputation/amputee

Background: Amputation refers to the removal of a bodily extremity, usually during a surgical operation, for a variety of reasons, according to Johns Hopkins Medicine. People who have undergone an amputation are commonly referred to as "amputees," but the term may be offensive and often is not used correctly. Some people have a physical characteristic that is not a result of an amputation.

NCDJ Recommendation: "Someone with an amputation" is generally acceptable.

AP style: Not addressed

Attention-deficit/hyperactivity disorder (ADHD)

Background: ADHD, or attention-deficit/hyperactivity disorder, is a relatively common neurodevelopmental diagnosis. The American Psychiatric Association offers details about the condition, which often is diagnosed in children, with more boys affected than girls. Adults are also diagnosed with ADHD. Symptoms include restlessness, difficulty in focusing or staying organized and impulsivity. Those with an ADHD diagnosis may also exhibit difficulty sitting still or engaging in quiet activities.

NCDJ Recommendation: Refer to someone as having attention-deficit/hyperactivity disorder only if the information is relevant to the story and if you are confident the person has been medically diagnosed with the condition. Use "attention-deficit/hyperactivity disorder" on first reference; ADHD is acceptable on second reference.

Some people with ADHD prefer to say they "have" the condition; others prefer to say they "are" ADHD. Ask your sources for their preference; if that's not possible, consider using people-first language (the person has ADHD or has been diagnosed with ADHD).

AP style: Not addressed

Augmentative and alternative communication

See Facilitated communication

Autism/autism spectrum disorder/autistic

Background: Autism spectrum disorder is a group of complex disorders related to brain development, according to the National Institute of Mental Health. Common symptoms of autism spectrum disorder include difficulties in communication, impaired social interaction and restricted and repetitive patterns of behavior, interests or activities, according to the Institute. However, symptoms vary across the spectrum. Many experts classify autism as a developmental disability.

Prior to 2013, subtypes of autism, such as Asperger's syndrome, autism disorder and childhood disintegrative disorder, were classified as distinct disorders. The fifth edition of the American

Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders consolidates all autism disorders under the larger autism spectrum disorder diagnosis.

Opinions vary on how to refer to someone with autism. Some people with autism prefer being referred to as "autistic" or an "autistic person." Others object to using autistic as an adjective. The Autism Self Advocacy Network details this debate.

NCDJ Recommendation: Refer to someone as having autistic spectrum disorder only if the information is relevant to the story and if you are confident there is a medical diagnosis. Ask individuals how they prefer to be described. Many prefer to be described as "autistic," while others prefer "an autistic person" or a "person with autism."

AP style: The stylebook states that it's acceptable to use the word "autism" as "an umbrella term for a group of developmental disorders." It also says it is acceptable to use the word autism in stories. It does not address the use of autistic as an adjective.

Additional material: "I Don't Have Autism, I'm Autistic," Lenny Letter

Asperger's syndrome

See Autism

Behavioral health

See Mental illness

Bipolar disorder

Background: Bipolar disorder is a mental illness believed to be caused by a combination of genetic factors and neurological functioning, according to the National Institute of Mental Health. It is characterized by unusually intense shifts in emotion, energy, behavior and activity levels in what are called "mood episodes." Such episodes usually are classified as manic, hypomanic, depressive or mixed episodes. Bipolar disorder often develops during late adolescence or early adulthood.

NCDJ Recommendation: Refer to someone as having "bipolar disorder" only if the information is relevant to the story and you are confident there is a medical diagnosis. If a medical diagnosis is not available, use quotes around the term and indicate that a diagnosis has not been confirmed. Do not use "bipolar" as an adjective for something other than a medical condition as for example, when referring to something that rapidly or drastically changes.

AP style: Not directly addressed, although the style book recommends avoiding using disability-related words lightly or in unrelated situations.

See also Depression and Mental illness/mental disorder

Birth defect

See Defect/birth defect

Blind/legally blind/limited vision/low vision/partially sighted/visually impaired

Background: According to the American Foundation for the Blind, the term "legally blind" denotes a person with 20/200 visual acuity or less. Therefore, "blind" or "legally blind" is acceptable for people with almost complete vision loss. Many people with vision loss are not considered blind. The foundation recommends that, unless the person refers to himself or herself as legally blind, the terms "low vision," "limited vision" or "visually impaired" should be used. The foundation also publishes a glossary of eye conditions.

NCDJ Recommendation: Use "blind" only when the person has complete loss of sight and "legally blind" when the person has almost complete loss of sight. Other terms also may be acceptable. It is best to ask your sources what terms they prefer and take that into consideration. Commonly used terms include:

- Limited vision: Acceptable when a person is not legally or completely blind
- Low vision: Acceptable when a person is not legally or completely blind
- Partially sighted: Used most often in British publications but acceptable if a person is not legally or completely blind
- Visually impaired: Similar to the term "hearing impaired," some may object to it because it describes the condition as a deficiency.

AP style: Included in its "Disabled/Handicapped" entry, the stylebook describes blind as "a person with complete loss of sight" and suggests using the terms "visually impaired" or "person with low vision" for those who have some sight.

Brain injury/traumatic brain injury (TBI)

Background: The Centers for Disease Control define traumatic brain injury as "an injury that affects how the brain works."

NCDJ Recommendation: Use "person with a brain injury" or "person with a traumatic brain injury" rather than "brain damaged," which is considered derogatory.

AP style: Addressed in entry for "Trauma," suggesting that "traumatic brain injury" is an acceptable use of the word "trauma."

Caregiver/caretaker

Background: A caregiver is an individual who "provides direct care" to people with disabilities and others, according to the Merriam-Webster Dictionary. While "caregiver" and "caretaker"

often are used interchangeably, they imply something different. As retired clinical psychologist and disability rights advocate Katherine Schneider notes, “You take care of property… To people you give care.”

NCDJ Recommendation: “Caregiver” is preferable to “caretaker” when referring to the care of people.

Conforms to AP style

Catatonia/catatonic

Background: Catatonia is a state in which a person does not move and does not respond to others. According to *Psychology Today*, it is a rare condition that may be associated with other disorders, such as schizophrenia. It is often used informally to describe someone who is in a stupor-like condition.

NCDJ Recommendation: Refer to someone as “catatonic” only if it is part of a medical diagnosis. Avoid using it casually as it may be offensive and inaccurate.

AP style: Not addressed

Cerebral palsy

Background: Cerebral palsy refers to a number of neurological disorders that appear in infancy or early childhood and permanently affect body movement and muscle coordination, according to the National institute of Neurological Disorders and Stroke. It is not caused by problems in the muscles or nerves but by differences in parts of the brain that control muscle movement. People with cerebral palsy can exhibit a variety of symptoms. Spastic cerebral palsy is a common type of cerebral palsy in which the movements of people with the disorder appear stiff and jerky.

NCDJ Recommendation: It is acceptable to describe a person as “someone with cerebral palsy,” followed by a short explanation of what the condition entails. It is acceptable to refer to someone as “having spastic cerebral palsy,” but it is derogatory to refer to someone as “spastic” or “a spaz.” When describing specific symptoms, it is always best to ask the person what terms they prefer.

AP style: Not addressed

Chemical and/or electrical sensitivities

Background: The University of Kansas Research & Training Center on Independent Living describes these as “chronic medical conditions characterized by neurological impairment, muscle pain and weakness, respiratory problems and gastrointestinal complaints. Reactions for those with chemical sensitivities are triggered by low-level exposure to everyday substances and products, including pesticides, solvents, cleaning agents, new carpeting and adhesives, and

fragrances and scented products. Electrical sensitivities are triggered by electromagnetic fields from electrical devices and frequencies. These conditions also are called “toxicant-induced loss of tolerance,” “environmental illness” or “sick-building syndrome.”

NCDJ Recommendation: Use “person with chemical intolerance” or “people with environmental illness.” Do not use “chemophobic” as it is considered derogatory.

AP style: Not addressed

Chronic disease/chronic illness

Background: A chronic illness is defined by the National Health Council as a health condition lasting three months or longer and includes conditions such as cancer or heart disease. Many illnesses, such as diabetes or multiple sclerosis, are life-long conditions.

There is debate about when someone with a chronic illness is considered to have a disability.

NCDJ Recommendation: When referring to a person with a chronic illness, only refer to the condition if it is pertinent to the story you are confident there is a medical diagnosis. Ask your sources how they want to be described and, when in doubt, consider using people-first language, such as “person with diabetes” rather than “a diabetic.”

AP style: Not addressed

Cleft palate or lip/harelip

Background: The University of Kansas Research & Training Center on Independent Living describes this as a specific congenital disability involving the lip and gum. The Center recommends against using the term “harelip” as it is anatomically incorrect and stigmatizing.

NCJD Recommendation: Use “person who has a cleft palate.” Avoid “harelip.”

Conforms to AP style

Cochlear implant

Background: A cochlear implant is an electronic device that can improve understanding of speech for some people who are deaf or hard of hearing. The device does not fully restore hearing, but it gives a representation of sounds to help a person understand speech. It has been criticized by some in the Deaf community who are concerned that the device could threaten Deaf culture. However, advocates support the device for suitable candidates. (There are physical considerations that rule out cochlear implants for some.)

NCDJ Recommendation: When referring to a cochlear implant, avoid describing it as a corrective device or one that would restore a deaf person to mainstream society. Instead, define

it as an electronic device that can assist a person who is deaf or hard of hearing in understanding speech.

AP style: Not addressed

See also Deaf

Congenital disability

Background: A person who has a congenital disability has had a disability since birth. Common congenital disabilities include Down syndrome, heart-related medical conditions and most forms of cerebral palsy. “Congenital” is not interchangeable with “genetic,” as a genetic condition is present from birth but a congenital condition is not necessarily genetic.

NCDJ Recommendation: It is acceptable to state that someone has a congenital disability or lives with a congenital disability. Alternatively, it is acceptable to say that a person “has had a disability since birth” or “was born with a disability.” State the specific disability if possible. Avoid using “defect” or “defective” when describing a disability because the terms imply that the person is somehow incomplete or sub-par.

AP style: The style book states that “congenital disorder” is acceptable and recommends being specific about the condition.

Crazy/deranged/loony/mad/nuts/psycho/stir crazy

Background: These words were once commonly used to describe people with mental illness but are now considered offensive. They are still used in a variety of contexts but should be avoided.

NCDJ Recommendation: Do not use these words, particularly when reporting on mental illness, unless they are part of a quote that is essential to the story.

Conforms to AP style

See also Insane/mentally deranged/psychopathology

Cretin/cretinism

Background: The Merriam-Webster Dictionary defines cretininism as “a usually congenital condition marked by physical stunting and intellectual disability and caused by severe hypothyroidism” and goes on to say, “Chronic iodine deficiencies in diet can result in malfunctions of the thyroid gland, the gland that produces hormones necessary for normal human development. Some mountainous regions, such as parts of the Alps, do not naturally provide their inhabitants with a diet rich enough in iodine, and the resultant hypothyroidism causes stunted growth and mental retardation. In Franco-Provençal (the Romance speech of

French Switzerland and adjacent areas of France), a person affected by hypothyroidism was called a *cretin*, literally, “wretch, innocent victim,” The word meant simply “Christian” and emphasized the hypothyroid victim's basic humanity.”

NCDJ Recommendation: “Cretin” is considered a slur to describe a person with intellectual disabilities. Use the term “hypothyroidism” instead.

AP style: Not addressed

Cripple/crip

Background: Merriam-Webster defines the noun “cripple” as “a lame or partly disabled person or animal” and as “something flawed or imperfect.” It also is used as a verb. The word dates to Old English, where it was related to words that meant to “creep” or “bend over.” According to the blog grammarphobia.com, it became offensive in the early 20th century and was replaced by “handicapped” and then by “disabled.”

Recently, some disability activists have reclaimed the word. Jon Henner, an assistant professor at University of North Carolina at Greensboro, who is Deaf, describes himself as a “crip linguist.”

While some activists have embraced the word, adopting hashtags such as “#criplit” and “#cripthevote,” others are very much against its use. Keah Brown, a writer and disability activist who has cerebral palsy, tweeted in 2018: “I just really can’t stand the word cripple, so whenever I see it, I block it out. I legit ignore every notification with the word in it.”

NCDJ Recommendation: Avoid using “cripple” as either a noun or verb unless you are describing the “crip” movement or if it’s in a direct quote.

AP style: “Cripple” is considered offensive when used to describe a person who is lame or disabled.

Cued speech

Background: According to the Centers for Disease Control and Prevention, “cued speech” is “a building block that helps children who are deaf or hard-of-hearing better understand spoken languages.” It’s a series of hand signs and spots near the mouth used to differentiate between sounds that look the same as one is mouthing them. It is not interchangeable with American sign language; in fact, it’s not sign language at all. It can be used with babies and older children. Raisingdeafkids.org has a good list of related resources and more information.

NCDJ Recommendation: Because it is not commonly used, particularly in the U.S., include a definition when using the term.

AP style: Not addressed

Deaf

Background: It is first important to understand that many people do not consider being deaf or having hearing loss as a disability. Instead, deafness is often considered a culture. Some people with mild, moderate hearing loss may affiliate themselves with the Deaf community and prefer to be referred to as “deaf” instead of “hard of hearing.” Alternatively, some who are profoundly deaf may prefer the term “hard of hearing.”

“Deaf” and “hard of hearing” became the official terms recommended by the World Federation of the Deaf in 1991. Many people in the Deaf community prefer the use of a lowercase “d” to refer to audiological status and the use of a capital “D” when referring to the culture and community of Deaf people. The National Association of the Deaf has not taken a definitive stand on this issue.

NCDJ Recommendation: Lowercase when referring to a hearing-loss condition or to a deaf person who prefers lowercase. Capitalize for those who identify as members of the Deaf community or when they capitalize Deaf when describing themselves. “Deaf” should be used as an adjective, not as a noun; it describes a person with profound or complete hearing loss. Other acceptable phrases include “woman who is deaf” or “boy who is hard of hearing.” When quoting or paraphrasing a person who has signed their responses, it’s appropriate on first reference to indicate that the responses were signed. It’s acceptable to use the word “said” in subsequent references.

AP style: The stylebook uses “deaf” to describe a person with total hearing loss and “partially deaf” or “partial hearing loss” for others. It calls for use of a lower case “d” in all usages.

Deaf-blind, Deafblind or DeafBlind

Background: Indicates a person who has some loss of both vision and hearing. This also is referred to as deaf-blindness or deafblindness. Until recently, the term deaf-blind was widely accepted, and it is still in use today. For example, the National Center on Deaf-Blindness retains the hyphen. But according to deafblind.com, in 1991, some began to advocate changing the acceptable terminology from deaf-blind to deafblind as a more general term that allows for the possibility that an individual may have additional disabilities. Today, many government and private organizations in the U.S. and elsewhere use deafblind instead of deaf-blind.

NCDJ Recommendation: The terms deafblind, deafblindness, deaf-blind and deaf-blindness are all acceptable. However, whenever possible, ask the individual which term they prefer.

AP style: Not addressed

Deaf and dumb/deaf-mute

Background: “Dumb” was once widely used to describe a person who could not speak and implied the person was incapable of expressing himself or herself; it eventually came to be synonymous with “silent.”

“Deaf-mute” was traditionally used to refer to people who can neither speak nor hear in traditional ways. However, people with speech and hearing disabilities are capable of expressing themselves in writing, through sign language and in other ways. Additionally, a person who does not use speech may be able to hear.

NCDJ Recommendation: Avoid these terms as they often are used inaccurately and can be offensive. It is acceptable to refer to someone as deaf or hard of hearing. If possible, ask the person which is preferable. Mute and dumb imply that communication is not possible. Instead, be as specific as possible. If someone uses American Sign Language, lip-reads or uses other means to communicate, state that.

Conforms to AP style

Defect/birth defect

Background: A defect is defined as an imperfection or shortcoming. A birth defect is a physical or biochemical difference that is present at birth. Many people consider “defect” and other forms of the term offensive when describing a disability as they imply the person is deficient or inferior to others.

NCDJ Recommendation: Avoid using “defect” or “defective” when describing a disability. Instead, state the nature of the disability or injury.

AP style: The stylebook says “birth defect” is acceptable in broad references, such as lessening the chances of birth defects. But it should not be used when referring to a specific person or to a group of people with a specific condition. Instead, be specific about the condition and use only if relevant to the story. Some prefer the term congenital disorder.

Deformed/deformity

Background: A deformity is a condition in which part of the body does not have the typical or expected shape, according to Merriam-Webster Dictionary. Physical deformities can arise from a number of causes, including genetic mutations, various disorders, amputations and complications in utero or at birth. However, the word “deformity” has a negative connotation when used in reference to those with disabilities.

NCDJ Recommendation: Avoid using “deformed” as an adjective to describe a person.

AP style: AP medical stories tend to refer to a specific deformity or deformities rather than describing an individual as “deformed.”

Dementia/senility

Background: “Dementia” is “a general term for a decline in mental performance severe enough to interfere with daily life,” according to the Alzheimer’s Association. Dementia is not a specific

illness; it refers to a wide range of symptoms. Alzheimer's disease is the most common form of dementia. According to the National Institute on Aging, other dementias include Lewy body dementia, frontotemporal disorders and vascular dementia. The institute states, "It is common for people to have mixed dementia – a combination of two or more types of dementia. For example, some people have Alzheimer's disease and vascular dementia."

Other medical diagnoses associated with dementia include Creutzfeldt-Jakob disease, Huntington's disease, Parkinson's disease and Wernicke-Korsakoff syndrome (previously known as "wet brain").

Common symptoms across forms of dementia include memory loss, difficulty performing complex tasks, communication difficulties, personality changes and paranoia, according to the Mayo Clinic. In addition to their cognitive component, many types of dementia include physical symptoms, such as the abnormal eye movements of Huntington's disease or the tremors associated with Parkinson's disease.

Some organizations suggest avoiding the terms "demented," "dementing," "dements," "senile" or "senility" to refer to someone with dementia. The terms "senility" and "senile" denote conditions brought on by aging and often are used incorrectly to denote dementia.

NCDJ Recommendation: Refer to someone as having dementia only if the information is relevant to the story and you are confident there is a medical diagnosis. Use "a person with dementia" or "a person living with dementia" rather than "demented" or "senile." When possible, reference the specific disease, such as "someone with Huntington's disease." When referencing Huntington's disease or Parkinson's disease, use the full term rather than shortening to "Huntington's" or "Parkinson's."

AP style: Not addressed

Depression

Background: Depression is characterized by a loss of interest in activities, persistent fatigue, difficulty in concentrating and making decisions, prolonged feelings of emptiness or hopelessness, and abnormal eating habits, according to the National Institute of Mental Health. Its proper name is "major depressive disorder." The institute says that related diagnoses include seasonal affective disorder (characterized by the "onset of depression during the winter months"), psychotic depression (a combination of psychosis and depression), and postpartum depression (sometimes experienced by mothers after giving birth). Bipolar disorder used to be referred to as "manic depressive illness," but that is no longer the case.

NCDJ Recommendation: Refer to someone as having depression only if the information is relevant to the story and you are confident there is a medical diagnosis. If a medical diagnosis is not available, use quotes around the term and indicate that a diagnosis has not been confirmed. Specify the type of condition if it is known. The terms "depressed," "depressing" and

“depressive” are acceptable in other contexts when the person being referenced does not have a medically diagnosed condition. For example, “They found the election results depressing.”

AP style: The style book suggests naming the specific condition when possible rather than making a general reference. Use lower case unless referring to the Great Depression.

See also Bipolar disorder and Mental illness/mental disorder

Developmental disability/disabilities

Background: The Centers for Disease Control defines developmental disabilities as “a group of conditions (that arise) due to an impairment in physical, learning, language or behavior areas. These conditions begin during the developmental period of life, may impact day-to-day functioning, and usually last throughout a person’s lifetime.”

By definition, developmental disabilities manifest before age 22. Those with such disabilities often require lifelong or extended support. Examples of developmental disabilities include autism spectrum disorder, spina bifida, cerebral palsy and intellectual disabilities. Legal definitions vary from state to state. A developmental disability can include a long-term physical or cognitive/intellectual disability or both.

NCDJ Recommendation: While it is acceptable to use the terms “developmental disability” and “developmental disabilities,” it is preferable to use the name of the specific disability whenever possible.

Conforms to AP style

Differently-abled

Background: This term came into vogue in the 1990s as an alternative to “disabled,” “handicapped” or “mentally retarded.” Currently, it is not considered appropriate (and for many, never was). Some consider it condescending, offensive or simply a way of avoiding talking about disability. Others prefer it to “disabled” because “dis” means “not,” which means that “disabled” means “not able.” But particularly when it comes to referring to individuals, “differently abled” is problematic. As some advocates observe, we are all differently abled.

NCDJ: “Person with a disability” is a more neutral term than “differently-abled.”

AP style: The style book suggests avoiding the term and, instead, trying to be specific about the disability.

See also Disabled/disability

Disabled/disability

Background: “Disability” and “disabled” generally describe functional limitations that affect one or more of the major life activities, including walking, lifting, learning and breathing. Various laws define disability differently.

NCDJ Recommendation: While it is usually acceptable to use these terms, keep in mind that disability and people who have disabilities are not monolithic. Avoid referring to “the disabled” in the same way that you would avoid referring to “the Asians,” “the Jews” or “the African Americans.” When describing individuals, do not reference disabilities unless it is clearly pertinent to the story. When possible, refer to a person’s specific condition.

AP style: “Disabled” is described as a general term for a physical, mental, developmental or intellectual disability. Avoid describing someone as “handicapped.”

See also Disabled people/people with disabilities

Disability Studies

Background: The Society for Disability Studies defines the discipline as “sitting at the intersection of many overlapping disciplines in the humanities, sciences and social sciences. Programs in Disability Studies should encourage a curriculum that allows students, activists, teachers, artists, practitioners, and researchers to engage the subject matter from various disciplinary perspectives.”

NCDJ Recommendation: Use Disability Studies in the same way you would reference other academic disciplines.

AP style: Not addressed

Disabled people/people with disabilities

Background: The phrased “disabled people” is an example of identity-first language (in contrast to people-first language). It is the preferred terminology in Great Britain and by a number of U.S. disability activists. Syracuse University’s Disability Cultural Center says, “The basic reason behind members of (some disability) groups’ dislike for the application of people-first language to themselves is that they consider their disabilities to be inseparable parts of who they are.” For example, they prefer to be referred to as “autistic,” “blind” or “disabled.”

Several U.S. disability groups have always used identity-first terms, specifically the culturally Deaf community and the autistic rights community.

NCDJ Recommendation: Ask the disabled person or disability organizational spokesperson about their preferred terminology.

AP style: Conforms to AP style, which adds that in describing groups of people, or when individual preferences cannot be determined, use person-first language.

Disfigurement/disfigured

Background: According to the University of Kansas Research & Training Center on Independent Living, "disfigurement refers to physical changes caused by burns, trauma, disease or congenital conditions."

NCDJ Recommendation: Do not call someone "disfigured" as it is considered derogatory. Refer specifically to the physical changes.

AP style: Not addressed

Dissociative identity disorder/multiple personality disorder

Background: Dissociative identity disorder is characterized by the emergence of two or more distinct personality states or identities in a person's behavior or consciousness, according to the National Alliance on Mental Illness. These personalities, medically known as "alters," can exhibit different speech patterns, mannerisms, attitudes, thoughts, gender identities and even physical characteristics. Other symptoms include memory loss, emotional issues, disorientation and the development of other mental disorders.

NCDJ Recommendation: Refer to someone as having "dissociative identity disorder" only if the information is relevant to the story and if you're confident there is a medical diagnosis. Use the term "dissociative identity disorder," not "multiple personality disorder," and avoid the acronym "DID." Consider using people-first language, such as "a person with dissociative identity disorder."

AP style: Not addressed

Diversabled/Diversability

Background: "Diversability" is a term coined by Tiffany Yu, a disability rights advocate. Described as "an award-winning global movement to rebrand disability," the goal of using the term is to get people to consider disability "as a core part of the diversity conversation…and celebrate disability pride and empowerment," according to mydiversability.com.

NCDJ Recommendation: When writing about Tiffany Yu's group, use "Diversability" as a proper name. Otherwise, use the terms "disabled," "disability" or "person with a disability."

AP style: Not addressed

Down syndrome

Background: Down syndrome is a congenital condition caused by the presence of an extra full or partial copy of chromosome 21 in an individual's cell nuclei. It was first reported in 1866 by Dr. John Langdon Down and is characterized by a range of physical and cognitive

characteristics, which the National Institutes of Health details. Down syndrome is the most common chromosomal condition.

Other terms commonly used to refer to people with Down syndrome include “intellectually disabled,” “developmentally disabled” and a person who has a “cognitive disability” or “intellectual disability.” The Global Down Syndrome Foundation considers all of these terms acceptable, while the National Down Syndrome Society suggests using “cognitive disability” or “intellectual disability.” Down syndrome also can be referred to as Trisomy 21. Historically it was called “mongoloidism,” and people with it were called Mongoloids; this is now considered offensive.

NCDJ Recommendation: The proper term for the disorder is Down syndrome, not Down’s syndrome or Down’s Syndrome. (The proper terminology in the United Kingdom is Down’s syndrome). Consider using people-first language, stating that someone is “a person with Down syndrome” or “has Down syndrome.” Avoid using terms such as “suffers from” or “afflicted with” in association with the condition.

The terms “intellectually disabled,” “developmentally disabled,” “cognitive disability” and “intellectual disability” are acceptable when used in a people-first context to describe someone with Down syndrome, such as “the person has a developmental disability.” However, it is more accurate to refer specifically to Down syndrome when that is the medically diagnosed condition.

Conforms to AP style

See also *Mentally retarded* *and* *Mongoloid*

Dwarf/little person/midget/short stature

Background: Dwarfism is a medical or genetic condition that results in a stature below 4’10,” according to Little People of America. The average height of a dwarf is 4’0.”

Use of the word “dwarf” is considered acceptable when referring to the genetic condition, but it is often considered offensive when used in a non-medical sense.

The term “midget” was used in the past to describe an unusually short and proportionate person. It is now widely considered a derogatory slur. Little People of America has a statement on “the M word.”.

The terms “little people” and “little person” refer to people of short stature and have come into common use since the founding of the Little People of America organization in 1957. The appropriateness of the terms is disputed by those within and outside of the organization. However, Little People of America recommends using the descriptors “short stature,” “little person” or “someone with dwarfism.”

NCDJ Recommendation: Only refer to a person’s short stature if it is relevant to the story. It is best to ask people which term they prefer to describe them. Use the term “dwarf” only when

applied to a medical diagnosis or in a quote. Avoid the terms “vertically challenged” and “midget.”

AP style: Dwarf is the “preferred term for people with a medical or genetic condition resulting in short stature.” “Midget” is considered offensive. The plural of “dwarf” is “dwarfs.”

Dyslexia/dyslexic

Background: Dyslexia is a learning disability characterized by challenges identifying speech sounds and learning how to connect them to letters and words, according to the Mayo Clinic. Its chief symptoms include difficulties with spelling, reading, pronunciation of words and processing auditory information. It is a common learning disability among children, although adolescents and adults with dyslexia often exhibit symptoms as well.

The term “dyslexic” is used by some organizations as a noun and as an adjective in a non-pejorative way; however, using the word as a noun (describing a person as a “dyslexic”) appears to be falling out of use.

NCDJ Recommendation: Refer to someone as having dyslexia only if the information is relevant to the story and if you’re confident there is a medical diagnosis. If a medical diagnosis is not available, use quotes around the term and indicate that a diagnosis has not been confirmed. Consider using people-first language, stating that someone “has dyslexia” rather than referring to him or her as “a dyslexic person.” Avoid using “dyslexic” as a noun, as in, “She is a dyslexic.”

AP style: Not addressed

Epilepsy/epileptic/epileptic fit

Background: Epilepsy is a chronic neurological and developmental disorder characterized by “recurrent, unprovoked seizures,” according to the Epilepsy Foundation. Originally called “falling sickness” in English, the word has roots in Greek and Latin.

Epilepsy manifests differently in individuals: The severity of epileptic seizures, their occurrence rates and the emergence of other health problems differ from person to person. Epilepsy is most commonly treated with medication but treatment also can include use of medical devices, surgery, diet and emerging therapy methods.

WebMD explains the difference between epilepsy and seizures in this way: “Seizures, abnormal movements or behavior due to unusual electrical activity in the brain, are a symptom of epilepsy. But not all people who appear to have seizures have epilepsy, a group of related disorders characterized by a tendency for recurrent seizures.”

NCDJ Recommendation: Refer to someone as having epilepsy only if the information is relevant to the story and if you’re confident there is a medical diagnosis. Consider using

people-first language, stating that someone “has epilepsy” or “has been diagnosed with epilepsy” rather than referring to him or her as an “epileptic.” The term “seizure” is preferred when referring to the brief manifestation of symptoms common among those with epilepsy. Do not say the person “had a fit” or “had an epileptic fit.”

AP style: Not addressed

See also Seizure

Facilitated communication

Background: Facilitated communication is a widely criticized communication technique that was popular in the 1990s. The technique was originally developed to help those with significant developmental disabilities, such as some forms of autism and cerebral palsy. A nonverbal person would theoretically communicate with the help of a facilitator by typing on a keyboard, pointing to an image, or pointing to letters on an alphabet board. However, academics eventually found there was little scientific evidence that the technique worked, leading many to conclude the aide was actually the one communicating, according to a study from Emory University.

In an official position statement, the American Speech-Language-Hearing Association warns that any messages extracted from facilitated communication “should not form the sole basis for making any diagnostic or treatment decisions.” Other organizations, including the American Psychological Association and the International Society for Augmentive and Alternative Communication also oppose facilitated communication. However, some people still strongly support the method.

It is important to note that “augmentative and alternative communication” – a general term used to refer to alternative methods that allow for written and spoken expression – is considered very different from facilitated communication. It is widely viewed as legitimate and important.

NCDJ Recommendation: Avoid language that may legitimize facilitated communication. When writing about it, specify that major disability organizations do not recognize facilitated communication as a valid communication technique.

AP style: Not addressed

Freak/freak show

Background: The Merriam-Webster Dictionary defines “freak” as “one that is markedly unusual or abnormal, such as a person or animal having a physical oddity and appearing in a circus sideshow.” This particular use of the word dates to the middle of the 19th century.

NCDJ Recommendation: Do not use the term “freak” to describe a person with a disability as it is derogatory.

AP style: Not addressed

Genetic defect/genetic disorder

Background: According to the National Human Genome Research Institute, a genetic disorder is "caused in whole or in part by a change in the DNA sequence away from the normal sequence. Genetic disorders can be caused by a mutation in one gene (monogenic disorder), by mutations in multiple genes (multifactorial inheritance disorder), by a combination of gene mutations and environmental factors, or by damage to chromosomes (changes in the number or structure of entire chromosomes, the structures that carry genes)."

Some of the more common genetic conditions include cystic fibrosis, Huntington's disease, and sickle cell anemia.

A genetic condition is congenital, but a congenital condition is not necessarily genetic. The Genome Research Institute offers comprehensive information about different genetic conditions, genetic testing and other pertinent topics.

NCDJ Recommendation: Avoid terms like "disorder" or "defect," which are considered derogatory. Instead use the word "condition" and try to identify the specific diagnosis if possible.

AP style: Not addressed, although the stylebook uses the term "disorder" to describe a range of conditions.

Gifted/twice exceptional

Background: According to the National Association for Gifted Children, giftedness is characterized by the capacity to perform above the level of one's peers. Others, including the authors of "Great Minds and How to Grow Them," question whether there is such a thing as a gifted child.

Another commonly used term is "twice exceptional" or "2E," which refers to a child with a disability who also is diagnosed as gifted. According to the National Association for Gifted Children, "Twice-exceptional learners are students who give evidence of the potential for high achievement capability in areas such as specific academics, general intellectual ability, creativity, leadership and/or visual, spatial or performing arts and also give evidence of one or more disabilities as defined by federal or state eligibility criteria, such as specific learning disabilities, speech and language disorders, emotional/behavioral disorders, physical disabilities, autism spectrum or other health impairments, such as ADHD. Twice-exceptional students represent a unique group of learners with diverse programming and emotional needs due to the fact that they may have both gifts and disabilities."

NCDJ Recommendation: Avoid describing people as "gifted" or "twice exceptional" unless they have been identified as such by a professional.

AP style: Not addressed

Handicap/handicapped/handicapable

Background: Merriam-Webster Dictionary defines handicap as "a physical disability (as a bodily impairment or a devastating disease)." The term has fallen out of favor in the disability community. In 2009, the writers of the television show "Glee" introduced the term "handicapable" as a positive alternative to other ways of referring to people with disabilities. However, its use is relatively rare and not generally accepted.

NCDJ Recommendation: Avoid using "handicap" and "handicapped" when describing a person. Instead, refer to the person's specific condition or use "person with a disability." The terms are still widely used and generally acceptable when citing laws, regulations, places or things, such as "handicapped parking," although many prefer the term "accessible parking." Avoid "handicapable."

Conforms to AP style with regard to "handicap" and "handicapped." The stylebook does not address "handicapable."

Hard of hearing

Background: The term "hard of hearing" may be used to refer to people who have a mild to moderate hearing loss that may or may not be corrected with amplification. Those who are hard of hearing usually use verbal speech to communicate. According to the University of Washington,, "hard of hearing" may refer to any hearing condition that can be helped by an auditory device.

"Deaf" and "hard of hearing" became the official terms recommended by the World Federation of the Deaf in 1991. Many people in the Deaf community and organizations, including the National Association of the Deaf, support the use of these terms. Some people with mild or moderate hearing loss may affiliate themselves with the Deaf community and prefer the term deaf. Alternatively, some who are deaf and don't have a cultural affiliation to the Deaf community may prefer the term "hard of hearing."

NCDJ Recommendation: "Hard of hearing" is almost always acceptable. However, use the term the person prefers if it's possible to ask.

AP style: Not addressed except to recommend using "hard of hearing" without hyphens unless it is an adjective directly preceding a person. However, AP advises against the latter formulation.

See also Deaf

Hearing impaired/hearing impairment

Background: The terms “hearing impaired” and “hearing impairment” are sometimes used to describe people with hearing loss that ranges from partial to complete. Many dislike the terms because “hearing impaired” describes a person in terms of a deficiency or what they cannot do. The World Federation of the Deaf has taken the stance that “hearing impaired” is no longer an acceptable term.

NCDJ Recommendation: Do not use “hearing impaired” or “hearing impairment.” For those with total hearing loss, “deaf” is acceptable. For others, “partial hearing loss” or “partially deaf “is preferred. Some might want to be called “hard of hearing.” It is best to ask your sources which terms they prefer.

AP style: The style book defers to the National Association of the Deaf, stating: “Hearing-impaired” was a well-meaning term that is not accepted or used by many deaf and hard of hearing people.”

See also Deaf

High functioning/low functioning

Background: “High functioning” and “low-functioning” are terms used to describe ability levels for people with a variety of conditions, including neurodiversity, intellectual disabilities and mental illness. Many people with intellectual disabilities and their advocates consider these terms to be dismissive or reductive of a person’s abilities. For example, “emotional intelligence” also is important when considering a person’s overall intelligence, according to the American Psychological Association.

Journalists should consider other ways of describing a person’s ability to function in society. For example, they might say that an individual with Down syndrome lives with minimal or no extra l assistance.

The term “high-functioning autism” is widely used but is not a medical diagnosis, and many consider it offensive.

NCDJ Recommendation: Avoid using the terms “high functioning” and “low functioning.” Instead, use medical diagnoses and describe an individual’s abilities and challenges, rather than using less-specific labels.

AP style: Not addressed

Homebound/housebound

Background: The two terms often are used interchangeably. According to the Merriam Webster Dictionary, homebound means “confined to the home.” The Office of Veteran’s Affairs uses the term “housebound” to describe those who spend most of their time in their home because of a disability or when someone is “permanently and substantially confined to their immediate

premises.” However, the terms are sometimes applied incorrectly to people with disabilities who require some mobility assistance but who are relatively independent. Disability advocacy groups emphasize that it is important not to assume people are homebound if they are disabled. Many feel that it’s never appropriate to use “homebound” or “housebound.”

NCDJ Recommendation: Avoid using the terms unless used in a direct quote.

AP style: Not addressed except to state that homebound and housebound are one word with no hyphens.

Identity-first language

Background: Identify-first language contrasts with people-first language. With identity-first language, the disability is mentioned first. For example, “Down syndrome girl” or “autistic boy.” An example of people-first language is “a girl with Down syndrome” or “a boy with autism.” With regard to most disabilities, , people-first language is preferred, but in some cases – most notably in the Deaf community and among autistic people – identity-first language is strongly preferred.

NCDJ Recommendation: Ask the person with the disability how they would like to be described. If that’s not possible, ask a spokesperson for the organization representing the relevant disability for preferred terminology.

Conforms to AP style

Infantile paralysis/poliomyelitis/polio/post-polio syndrome

Background: Infantile paralysis is shorthand for poliomyelitis and was commonly used in the past to describe polio. Its symptoms include muscle weakness and paralysis. Jonas Salk introduced the polio vaccine in the 1950s, which drastically reduced cases of polio in the U.S.

According to the University of Kansas Research & Training Center on Independent Living, “post-polio syndrome is a condition that affects some persons who have had poliomyelitis (polio) long after recovery from the disease. It is characterized by new muscle weakness, joint and muscle pain and fatigue.”

NCDJ Recommendation: Use the term polio rather than infantile paralysis. It is preferable to say, “He had polio as a child;”“She contracted polio as an adult,” or “He has post-polio syndrome” rather than “He suffers from polio” or “He is a victim of polio.”

Conforms to AP style

Injury/injuries

Background: “Injury” is commonly used to describe any harm or damage to an individual as the result of an accident or other event. It is frequently used in such references as “injuries suffered in a car accident.”

NCDJ Recommendation: Refer to injuries as being “sustained” or “received” rather than “suffered,” as “suffer” implies that an injured person is a victim or somehow less than a person who has not been injured. Use of “sustain” or “receive” removes the implied judgment.

AP style: The stylebook says injuries may be “suffered,” “sustained” or “received,”

Insane/insanity/mentally deranged/psychopathology

Background: The terms “insane,” “insanity” and “mentally deranged” are commonly used informally to denote mental instability or mental illness but can be considered offensive. The medical profession favors use of the terms “mental disorder” or “psychopathology.” In U.S. criminal law, insanity is a legal question, not a medical one.

NCDJ Recommendation: Use the term “mental illness” instead of “insane” or “mentally deranged,” except in a quote or when referring to a criminal defense.

Conforms to AP style

Insane asylum/mental health hospital/psychiatric hospital

Background: Hospitals that cared for people with various mental illnesses, often for long periods of time, were once commonly referred to as insane asylums. The term has largely gone out of use and is now considered objectionable and inaccurate.

NCDJ Recommendation: “Behavioral health hospital” or “psychiatric hospital” are the preferred terms to describe medical facilities specifically devoted to treating people with mental health conditions.

Conforms to AP style

See also Insane/insanity/mentally deranged/psychopathology

Intellectual disabilities/intellectually disabled

Background: An intellectual disability involves “significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills,” according to the American Association on Intellectual and Developmental Disabilities. There is debate over how relevant IQ tests should be in making a diagnosis.

NCDJ Recommendation: Both terms are acceptable, although consider using people-first language, stating that someone is “a person with an intellectual disability” rather than referring to the person as intellectually disabled.

Conforms to AP style

Interabled

Background: The term interabled is used by some in the disability community to refer to couples in which one person has a disability and the other does not. Proponents of the term say it helps to destigmatize relationships between people with disabilities and people without disabilities. Certain communities, such as the Muscular Dystrophy community and the Spinal Muscular Atrophy community, have embraced the term, but others argue that interabled relationships are relationships just like any other and should not be marked as different.

NCDJ Recommendation: Since the term is not in widespread use, its meaning should be explained for a general audience; ask sources how they prefer to describe their relationships whenever possible.

AP style: Not addressed except as it relates to hyphenation. In general, there is no hyphen after inter, so interabled is the correct usage (not inter-abled).

Invalid

Background: The Oxford English Dictionary defines an invalid as “a person made weak or disabled by illness or injury.” It is probably the oldest term for someone living with physical conditions that are considered seriously limiting. However, it is such a general term that it fails to accurately describe a person’s condition and is now widely viewed as offensive in that it implies that a person lacks abilities.

NCDJ Recommendation: Avoid using “invalid” to describe a person with a disability except in a direct quote.

AP style: Not addressed

Invisible disabilities

Background: The majority of people with disabilities have chronic conditions that are invisible or hidden. Although many in the general public associate disability with people using wheelchairs or white canes or who are missing limbs, more people have conditions that can’t be seen but are defined as disabilities under the 1990 Americans with Disabilities Act.

For example, millions of Americans are hard of hearing but most do not use sign language and many do not use hearing aids. Mental illness is a prevalent invisible disability. Many chronic

health conditions also are considered invisible disabilities, depending on their severity and impact on daily living.

Chronic illnesses such as Parkinson's disease, diabetes, lupus or Crohn's disease may fall into the category of invisible disabilities.

NCDJ recommendation: Do not apply the term "invisible disability" to people without asking what they prefer. Many people with chronic illnesses do not consider themselves disabled and thus may be offended by the term. If a preference is unknown, specify the condition rather than referring to it as a "hidden disability," which is vague and open to interpretation.

AP style: Not specifically addressed, but the style book suggests not using such terms without asking for an individual's preference.

Lame/lamebrain

Background: Lame is a word commonly used to describe difficulty walking as the result of an injury to the leg. Many people object to the use of the word to describe a physical condition because it is used in colloquial English as a synonym for weak, as in: "That's a lame excuse."

The Merriam-Webster Dictionary defines "lamebrain" as "a dull-witted person."

NCDJ Recommendation: Avoid using "lame" or "lamebrain" to describe a person except in a quote. In the case of a leg injury, explain instead that an injury resulted in difficulty walking.

AP style: Not addressed

Learning disability

Background: According to the University of Kansas Research & Training Center on Independent Living, learning disability "describes a neurologically based condition that may manifest itself as difficulty learning and using skills in reading (called dyslexia), writing (dysgraphia), mathematics (dyscalculia) and other cognitive processes due to differences in how the brain processes information. Individuals with learning disabilities have average or above average intelligence, and the term does not include a learning problem that is primarily the result of another cause, such as intellectual disabilities or lack of educational opportunity."

NCDJ Recommendation: Use "learning disability" when you're confident there is a medical diagnosis. If a medical diagnosis is not available, use quotes around the term and indicate that a diagnosis has not been confirmed. Do not substitute "slow learner" or another derogatory term like "retarded."

AP style: Not addressed

Little person/little people

See Dwarf, little person/people/midget/short stature

Mental illness/mental disorder

Background: "Mental illness" is an umbrella term for many different conditions that affect how individuals act, think, feel or perceive the world.. The most common forms of mental illness are anxiety disorders, mood disorders and schizophrenia disorders. Severity and symptoms vary widely. For more information on mental illness, see the National Institute for Mental Health.

Because of perceived stigma, some people are calling for an end to the use of the term "mental illness," suggesting instead "a person diagnosed with a psychiatric disorder" or "a person with a mental health history." Some advocates suggest using the term "mental health experience." However, the term "mental illness" still is widely used within the medical and psychiatric professions.

The American Psychiatric Association offers a useful media guide of appropriate terms. The association recommends using people-first language to describe mental illness in order to avoid defining people by their disability. "She experiences symptoms of psychosis" is preferable to "She is psychotic." "He is living with bipolar disorder" is preferable to "He is bipolar."

The terms "mental illness" and "mental disorder" are not interchangeable. Healthyplace.com has a good discussion of the differences.

NCDJ Recommendation: Refer to an individual's mental illness only when it is relevant to the story and you're confident there is a medical diagnosis. Whenever possible, specify the specific illness a person has rather than mental illness in general. Always refer to someone with a mental illness as a person first. Use quotes when officials or family members use a term such as "a history of mental illness" to refer to an individual, and when appropriate, indicate that the diagnosis has not been confirmed.

Conforms to AP style: The stylebook cautions against describing an individual as mentally ill unless clearly pertinent to a story and the diagnosis is properly sourced. Specific disorders should be used and the source of the diagnosis identified whenever possible. The stylebook also warns against drawing a connection between mental illness and violent crime and recommends that any source used to characterize a criminal suspect's mental health history should have the authority to speak on the matter. Finally, it cautions against "using mental health terms to describe non-health issues. Don't say that an awards show, for example, was "schizophrenic."

Mental health professional/shrink

Background: There are a number of types of mental health professionals. The following broad definitions are sourced from *Psychology Today*:

- Psychiatrist: A mental health professional able to prescribe psychotropic medications. Some provide emotional therapy as well as medication management.
- Psychoanalyst: A specific type of psychotherapist trained to work with both an individual's unconscious and unconscious mind. The field was founded by Sigmund Freud.
- Psychologist: A mental health professional trained in the discipline of psychology and who often does psychological testing and research.
- Psychotherapist: An umbrella term for mental health professionals trained to treat people for their health problems.

NCDJ Recommendation: Ask professionals how they should be identified, based on their formal training. Avoid using the word "shrink" in reference to a mental health professional except in a quote.

AP style: Not specifically addressed, but the style book refers to "mental health professional" in an entry on mental illness.

Mentally retarded

Background: The terms "mentally retarded," "retard" and "mental retardation" were once common terms that are now considered outdated and offensive. In 2010, President Barack Obama signed a measure known as "Rosa's Law" that replaced the term "mental retardation" with "intellectual disability" in many areas of government, including federal law.

From "My Heart Can't Even Believe It: A Story of Science, Love and Down Syndrome," (Amy Silverman, Woodbine House, 2016):

> "The word retarded has a slang-free history. For a long time, it simply meant slow.
>
> According to the Oxford English Dictionary, it's derived from the Italian word ritardato, and the first definition of the adjective version is 'held back or in check; hindered, impeded; delayed, deferred.'
>
> It's traced to religion in 1636 ('he to his long retarded Wrath gives wings'); to medicine in 1785 ('Polypus, sometimes obstructs the vagina, and gives retarded labour'); and later to politics ('Arguably, the legacy of communism manifests itself most acutely in the retarded economic development of the east').
>
> It also means 'characterized by deceleration or reduction in velocity,' as in a 1674 reference: 'When it hath passed ye vertex ye motion changeth its nature, & turneth from an equably accelerated into an equably retarded motion.'
>
> Actual references to retarded intelligence did not come until the turn of the 20th century, with the advent of the IQ test. Then numbers were assigned to words – not just 'mentally retarded,' but also terms like 'imbecile,' 'idiot' and 'moron'."

NCDJ Recommendation: Do not use the term retarded or other iterations. If you are going to use it in a quote, consider that decision carefully, as the word is particularly charged. Instead, always try to specify the type of disability being referenced. Otherwise, the term "intellectually disabled" is acceptable. Consider using people-first language, as in "a person with an intellectual disability" rather than "an intellectually disabled person." As always, ask the person which terms they prefer.

At times, words that are considered outdated may be appropriate because of the story's historical context. In those cases, attribute the term or note its historic use. For example, "The doctor said he was retarded, a term widely used at the time."

AP style: "Mentally retarded" should be avoided. The stylebook suggests using terms such as "mentally disabled," "intellectually disabled" and "developmentally disabled."

See also Intellectual disabilities/intellectually disabled

Midget

See Dwarf, little person/midget/short stature

Mongoloid

Background: The term was commonly used in the late 19th century to refer to people who had Down syndrome, due to the similarity of some of the physical characteristics of the disorder to Eastern Asian people, who were called Mongoloid, according to the Oxford English Dictionary. It is considered highly derogatory to describe someone with Down syndrome as being "mongoloid."

NCDJ Recommendation: Avoid the use of "mongoloid" to refer to someone with Down syndrome. Even in the case of a direct quote, consider how offensive the term is and include the historical context if possible.

AP style: Not addressed

See also Down syndrome

Multiple personality disorder

See Dissociative identity disorder/multiple personality disorder

Muscular dystrophy (MD)

Background: Muscular dystrophy could refer to any of more than 30 genetic conditions characterized by progressive weakness and degeneration of the muscles that control

movement, according to the National Institute of Neurological Disorders and Stroke. Onset could be in infancy, childhood, middle age or later.

NCDJ Recommendation: It is acceptable to describe a person as "someone with muscular dystrophy" or "someone living with muscular dystrophy," followed by a short explanation of what the condition entails. Avoid saying a person "suffers from" or "is afflicted with" the disease. MD is acceptable on second reference.

AP style: Not addressed, although AP does not use the abbreviation MD.

Non-disabled

Background: "Non-disabled" refers to someone who does not have a disability. According to the University of Kansas Research & Training Center on Independent Living, "Non-disabled is the preferred term when the context calls for a comparison between people with and without disabilities. Use 'non-disabled' or 'people without disabilities' instead of healthy, able-bodied, normal or whole."

NCDJ Recommendation: "Non-disabled" or "does not have a disability" are acceptable terms when referring to people who do not identify as having a disability. In general, avoid using "able-bodied' except in a quote.

AP style: Not addressed

See also Able-bodied

Neurodiversity

Background: The Oxford English Dictionary defines neurodiversity as "the range of differences in individual brain function and behavioral traits, regarded as part of the normal variation in the human population (used especially in the context of autism spectrum disorders)." The word was coined in the late 1990s.

Neurodiversity basically means that brains operate differently – and that's not a bad thing. There is an advocacy movement around this concept, and discussion of the "neurodiversity paradigm." From the blog neurocosmopolitanism.com: "The idea that there is one 'normal' or 'healthy' type of brain or mind, or one 'right' style of neurocognitive functioning, is a culturally constructed fiction, no more valid…than the idea that there is one 'normal' or 'right' ethnicity, gender or culture."

"Neurotypical" refers to a person who is considered part of the normal variation in the human population.

It is important to note that some autism advocates do not like this term; it tends to be embraced by self advocates but not as frequently by families of people with autism who also have intellectual disabilities and other challenges.

NCDJ Recommendation: "Neurodiversity" can be used as a way of describing someone on the autism spectrum, but because it's a relatively new term, consider offering the definition when you use it, particularly in work meant for a mainstream audience. Remember that not everyone in the autism community prefers the term.

AP style: Not addressed

Nonspeaking/nonverbal

Background: According to the blog Autistictic, non-speaking means "not using oral speech to communicate," while non-verbal means "not using words to communicate." Both terms are unpopular with advocates, particularly those who are non-speaking because of the relationship to facilitated communication. The preference is to ask the person or someone who knows them for the exact description of their communication skills and preferences.

NCDJ Recommendation: Avoid using either term except in a direct quote. Ask the person or someone who knows them how they would like to be described.

AP style: Not addressed except in terms of hyphenation. The general rule is not to hyphenate when using a prefix with a word starting with a consonant (nonverbal and nonspeaking)

See also: Facilitated communication

Obsessive-compulsive disorder (OCD)

Background: Obsessive-compulsive disorder is an anxiety disorder characterized by unreasonable thoughts and fears that lead to repetitive and often ritualized behaviors or compulsions. OCD may present as a fear of contamination, disarray or intrusion, according to the Mayo Clinic. People with OCD usually exhibit both obsessions and compulsions but sometimes exhibit only one or the other. OCD is often treated with pharmaceutical drugs, psychotherapy methods, or a combination of the two.

NCDJ Recommendation: Refer to someone as having OCD only if the information is relevant to the story and you're confident there is a medical diagnosis. If a medical diagnosis is not available, use quotes around the term and indicate that a diagnosis has not been confirmed. Do not use OCD as an adjective for someone who obsesses over certain things but has not been formally diagnosed with the disorder. Use "obsessive-compulsive disorder" on first reference; OCD is acceptable in second reference.

AP style: Not addressed

Paraplegia/paraplegic

Background: Paraplegia is defined as the loss of movement in the lower extremities and torso. It is typically caused by a spinal cord or brain injury. Referring to someone as a “paraplegic” is offensive to some people as it implies that their condition defines them.

NCDJ Recommendation: Avoid referring to an individual as a paraplegic. Instead, say the person has paraplegia. Sometimes people with paraplegia refer to themselves as a “para.” In those cases, use the word in quotes.

AP style: Not specifically addressed, but AP refers to paraplegia in its general disability entry.

Partial hearing loss/partially deaf

Background: “Hard of hearing” is the most common term for those who have a mild to moderate hearing loss that may or may not be corrected with amplification.

NCDJ Recommendation: Ask your sources what term they prefer. Otherwise, “hard of hearing” is almost always acceptable.

AP style: The stylebook recommends using “partial hearing loss” or “partially deaf” for those who have some hearing loss.

See also Deaf; Cochlear implant and Hard of hearing

Patient/sick

Background: Members of the disability community argue that characterizing people with a disability as “sick” or referring to them as “patients” signals there is something unwell about them or that they are in need of medical attention, when, in fact, that is often not the case.

NCDJ Recommendation: Avoid referring to someone with a disability as “sick” or to their disability as a “sickness.” If a person is receiving medical treatment, then the word “patient” is appropriate; however, it should be avoided outside of a medical context.

AP style: Not addressed

People-first language

Background: People-first language avoids defining people in terms of their disability. In most cases, this entails placing the reference to the disability after the reference to a person, as in “a person with a disability,” or “a person living with a disability,” rather than “the disabled person.”

The National Center on Birth Defects and Developmental Disabilities of the Centers for Disease Control & Prevention offers an easy-to-follow guide on people-first language.

People-first language is not preferred by all people with disabilities. Specifically, some members of the autism and Deaf communities prefer identity-first language.

NCDJ Recommendation: Ask the person with a disability how they prefer to be described; if that's not possible, ask a spokesperson for the organization representing the relevant disability for preferred terminology.

Conforms to AP style

See also Identity-first language

Plain English

The Center for Inclusive Design defines Plain English as "a direct style of writing for people who can read at a reasonable level. It helps people who want to read and understand information quickly. Plain English is sometimes known as plain language or Everyday English. Plain English looks and sounds like standard forms of writing." Another version, Easy English, aims at a lower reading level with short sentences often accompanied by pictures.

NCDJ Recommendation: Use Plain English or Plain Language but confirm with the source that that is the correct terminology. It might be Easy English.

AP style: Not addressed

Post-traumatic stress disorder (PTSD)

Background: Post-traumatic stress disorder is an anxiety disorder usually caused by an extremely emotional traumatic event. Such events may include assault, war, sexual assault, natural disasters, car accidents or imprisonment. Symptoms may include reliving the traumatic event, avoidance of certain behaviors, negative emotions, or physical symptoms such as dizziness or nausea.

NCDJ Recommendation: Refer to someone as having PTSD only if the information is relevant to the story and you're confident there is a medical diagnosis. "Post-traumatic stress disorder" is correct on first reference; use PTSD on second reference. The term "flashback" may be used to denote reliving an event that triggered the PTSD.

AP style: PTSD is acceptable on either first or second reference but should be spelled out at least one time. Many medical organizations do not use a hyphen when spelling "posttraumatic;" however the AP does.

Prelingually deaf/postlingually deaf/late-deafened

Background: "Prelingually deaf" refers to individuals who were born deaf or became deaf prior to learning to understand and speak a language, according to Gallaudet University, a university for the education of the deaf and hard of hearing in Washington, D.C. "Postlingually deaf" or "late-deafened" describes people who lost their hearing ability after they learned to speak a language.

NCDJ Recommendation: All the terms are acceptable, although, because they are not widely used, an explanation is required for a general audience.

AP style: Not addressed

See also Deaf

Psychotic/psychosis

Background: Psychosis is a broad term used to describe symptoms of certain mental health problems that include delusions or hallucinations or other loss of contact with reality. People with psychosis are described as psychotic. In common usage, “psychotic” often is used in the same way as the word “crazy,” and thus can be offensive and inaccurate.

NCDJ Recommendation: Use the words “psychotic” and “psychosis” only when they accurately describe a medical experience. Avoid using “psychotic” as an adjective to describe a person; instead refer to a person as “having a psychotic condition” or “experiencing a psychosis.” Avoid using the terms colloquially.

AP style: Not directly addressed, although the style book recommends avoiding using disability-related words lightly or in unrelated situations.

See also Mental illness/mental disorder

Quadriplegia/quadriplegic

Background: Quadriplegia is defined as the paralysis of all four limbs as well as the torso. It often is caused by a spinal cord or brain injury and is characterized by the loss of sensory and motor function. People with these conditions often are referred to as “quadriplegics” and “paraplegics,” but these terms are considered offensive by some. “Tetraplegia” is used interchangeably with “quadriplegia.”

NCDJ Recommendation: Consider using people-first language, such as “a person with quadriplegia,” or “a person living with quadriplegia” rather than “quadriplegic,” since the latter implies that the condition defines them. Sometimes people with quadriplegia refer to themselves as “quads.” In these cases, use in quotes.

AP style: Not addressed

See also Tetraplegia/tetraplegic

Retarded

See Mentally Retarded

Schizophrenia/schizophrenic

Background: Schizophrenia is a serious chronic mental illness characterized by distorted recognition and interpretations of reality, affecting how an individual thinks, feels and acts, according to the National Institute of Mental Health. Common symptoms include visual and auditory hallucinations, delusional and disordered thinking, unresponsiveness, and a lack of pleasure in daily life and other social issues. It does not involve split personalities. Less than one percent of the general population has schizophrenia, and it is treated mostly through the use of pharmaceutical drugs.

NCDJ Recommendation: Refer to someone as having schizophrenia only if the information is relevant to the story and you're confident there is a medical diagnosis. If a medical diagnosis is not available, use quotes around the term and indicate that a diagnosis has not been confirmed. Consider using people-first language, stating that someone is "a person with schizophrenia," "a person living with schizophrenia," or "a person diagnosed with schizophrenia" rather than a "schizophrenic" or "a schizophrenic person." Do not use the word "schizophrenic" colloquially as a synonym for something inconsistent or contradictory.

AP style: Schizophrenia is classified as a mental illness. The stylebook cautions against using mental health terms to describe non-health issues. "Don't say that an awards show, for example, was schizophrenic."

Seizure

Background: According to the Mayo Clinic: **"**A seizure is a sudden, uncontrolled electrical disturbance in the brain. It can cause changes in your behavior, movements or feelings, and in levels of consciousness. If you have two or more seizures or a tendency to have recurrent seizures, you have epilepsy. There are many types of seizures, which range in severity. Seizure types vary by where and how they begin in the brain. Most seizures last from 30 seconds to two minutes. A seizure that lasts longer than five minutes is a medical emergency. Seizures are more common than you might think. Seizures can happen after a stroke, a closed head injury, an infection such as meningitis or another illness. Many times, though, the cause of a seizure is unknown."

NCDJ Recommendation: Do not say someone has had a seizure unless there has been a medical diagnosis. If a medical diagnosis is not available, use quotes around the word and indicate that a diagnosis has not been confirmed. Do not assume that a person who has had a seizure has epilepsy.

AP style: Not addressed

See also Epilepsy/epileptic/epileptic fit

Service animal/assistance animal/guide dog/Seeing Eye dog

Background: Service animals are trained animals, usually dogs, that provide services to people with disabilities. They also are sometimes called “assistance animals,” “guide dogs,” or “Seeing Eye dogs.”

The federal definition of a “service animal” applies to “any guide dog, signal dog or other animal trained to do work or perform tasks for the benefit of an individual with a disability.” This may include animals that guide individuals with impacted vision, alert individuals with impacted hearing to intruders or sounds, provide minimal protection or rescue work, pull a wheelchair or fetch dropped items. If they meet this definition, animals are considered service animals under the ADA, regardless of whether they have been licensed or certified. For more information, consult the U.S. Department of Justice Civil Rights Division Disability Rights Section.

NCDJ Recommendation: The terms “service animal,”” assistance animal” and “guide dog” all are acceptable. Avoid use of “Seeing Eye dog” as Seeing Eye is a registered trademark of The Seeing Eye school in Morristown, N.J. Be aware that licensure and/or certification of service animals is a contentious issue in the disability community, so it may be best to refer to the federal definition.

AP style: Although there is no entry for service animal, the style book takes note of the Seeing Eye dog trademark and says “guide dog” is prefered in all references.

Short stature

See Dwarf, little person/midget/short stature

Spastic/spaz

See Cerebral palsy

Special/special needs/functional needs

Background: The term “special needs” was popularized in the U.S. in the early 20th century during a push for special needs education to serve people with all kinds of disabilities. The word “special” in relationship to those with disabilities is now widely considered offensive because it euphemistically stigmatizes that which is different.

The term “special education” is still widely used when referring to public school programs, although some government entities use titles like “exceptional student services.”

NCDJ Recommendation: Avoid using these terms when describing a person with a disability or the programs designed to serve them, with the exception of government references or formal names of organizations and programs. It is more accurate to cite the specific disability or disabilities in question. The term “functional needs” is preferred when a term is required. For example, “addressing the functional needs of people with disabilities” could be used when referring to a facility or program.

Don't use the term "SPED" as shorthand for special education. It's considered offensive.

AP style: The style book urges avoidance of the term "special education" and suggests trying to be specific about the needs or services in question.

Spina bifida

Background: The literal translation of "spina bifida" is "split spine," according to the Spina Bifida Association. The condition is a neural tube defect that occurs when the spinal column does not close all the way in the womb. It is the most common neural tube defect in the U.S. There are four types of spina bifida. The Spina Bifida Association publishes a list of terms and definitions.Complications from spina bifida range from minor physical problems to significant intellectual and physical disabilities.

NCDJ Recommendation: It is acceptable to describe a person as "someone with spina bifida" or "someone living with spina bifida," followed by a short explanation of what their condition entails, if it is pertinent to the story.

AP style: Not addressed

Stuttering/stammering/childhood-onset fluency disorder

Background: Stuttering is a speech disorder characterized by repeated or prolonged words, sounds or syllables that affect the flow or fluency of speech, according to the National Institute on Deafness and Other Communication Disorders. Stuttering often is involuntary and can be accompanied by rapid blinking or lip tremors. Stuttering symptoms typically manifest in early childhood. While many children outgrow stuttering, a small percentage of adults stutter as well. The American Speech-Language-Hearing Association notes that most stuttering can be treated by behavioral therapies.

There is some ambiguity about the difference between stuttering and stammering and which term is appropriate in different contexts. However, organizations such as the National Institute on Deafness and Other Communication Disorders, the Mayo Clinic and the National Stuttering Association generally use the term "stuttering" to refer to the speech disorder. The Diagnostic and Statistical Manual of Mental Disorders debuted the new term "childhood-onset fluency disorder" to refer to stuttering, along with a few new criteria for its diagnosis. However, this term is not widely used.

NCDJ Recommendation: The word "stuttering" is preferred over "stammering." Instead of referring to an individual as "a stutterer;" say "a person who stutters." Refer to stuttering only if it is relevant to the story. Avoid "childhood-onset fluency disorder" without explanation.

AP style: Not addressed

Suffers from/victim of/afflicted with/stricken with

Background: These terms carry the assumption that a person with a disability is suffering or has a reduced quality of life. Not every person with a disability suffers, is a victim or is stricken.

When renowned scientist Stephen Hawking died in 2018, media accounts referred to him as "finally free" of the wheelchair he used for decades. The references angered disability rights advocates, who argued that Hawking achieved remarkable success while using a wheelchair and a computerized voice system, not despite those devices.

NCDJ Recommendation: It is preferable to use neutral language when describing a person who has a disability, simply stating the facts about the nature of the disability. For example: "He has muscular dystrophy," and avoiding characterizing those conditions as afflictions.

Conforms to AP style that suggests avoiding "descriptions that connote pity."

Suicide

Background: The World Health Organization recommends avoiding language that sensationalizes or normalizes suicide or presents it as a solution to problems. For example, the terms "failed attempt" or "successful" or "completed attempt" depict suicide as a goal, project or solution. Some argue that the term "commit" implies that suicide is a criminal act, while others view the term "commit" as neutral.

NCDJ Recommendation: The NCDJ endorses The Associated Press style, below.

AP style: Avoid using "committed suicide" except in direct quotations from authorities. Alternate phrases include "killed himself," "took her own life" or "died by suicide." The verb "commit" with "suicide" can imply a criminal act. Laws against suicide have been repealed in the U.S. and many other places. Do not refer to an "unsuccessful suicide attempt." Refer instead to an "attempted suicide."

"Medically assisted suicide" is permitted in some states and countries. Advocacy groups call it "death with dignity" or "right-to-die," but AP does use those phrases on their own. When referring to the legislation whose name includes "death with dignity," "right-to-die" or similar terms, say the law or proposal allows 'the terminally ill to end their own lives.' If the term is in the name of a bill or law, make that clear. 'Euthanasia' should not be used to describe 'medically assisted suicide' or 'physician-assisted suicide'." The AP also suggests using resources from www.reportingonsuicide.org.

Survivor/battle

Background: Some use the term "survivor" to affirm their recovery from or conquest of an adverse health condition. Common usages include "cancer survivor," "burn survivor," "brain injury survivor" or "stroke survivor." However, the terms are disliked by some because they imply that those who die simply did not fight hard enough. For similar reasons, there is disagreement

about characterizing disease or illness as a “battle,” as in “to battle cancer.” These arguments surfaced after U.S. Senator John McCain died in the summer of 2018.

NCDJ Recommendation: Terms such as “battle” and “survivor” are still widely accepted and understood, but the user should be aware that they could offend some people.

AP style: The style book suggests using the term “survivor” with care because it can be imprecise, among other reasons.

Tetraplegia/tetraplegic

Background: Tetraplegia, used interchangeably with quadriplegia, is defined as the paralysis of all four limbs as well as the torso. It often is caused by a spinal cord or brain injury and is characterized by the loss of sensory and motor function. Paraplegia is similar but does not affect the arms. People with these conditions often are referred to as “quadriplegics” and “paraplegics,” but these terms are considered offensive by some.

NCDJ Recommendation: Consider using people-first language, such as “a person with tetraplegia” rather than tetraplegic, since this implies that the condition defines them.

AP style: Not addressed

See also Quadriplegia

Triggers/content warnings

Background: Psychological triggers are words, images or sounds that activate phobias, panic attacks or flashbacks to unpleasant events or trauma. The concept of triggering originated with early psychoanalytical diagnoses of posttraumatic stress disorder, called “war neuroses,” in WWI veterans. News reports covering sensitive topics, such as abuse, assault, addiction, suicide, combat and violence, frequently contain descriptive scenarios that can deeply effect audiences. Some content can spark difficult memories for people with certain mental illnesses and phobias. Trigger warnings communicate that upcoming content may produce unpredictable and unwelcome reactions for some readers. They give audiences a choice on whether or not to proceed with consuming the information. However, some readers object to trigger warnings and view them as patronizing and stifling to academic freedom.

NCDJ Recommendation: If you’re an educator, consider alerting students ahead of time if content contains graphic descriptions of traumatic events. Journalists also may want to include such warnings in material distributed to a general audience. Triggers can be hard to predict, and they vary from individual to individual, but communicating the nature of your content builds audience trust. Refrain from using the term “trigger warning” in a flip or casual way.

AP style: The style book suggests a content warning at the top of stories when the subject matter may be considered offensive or disturbing, but the story does not contain quoted

profanity, obscenities or vulgarities. For example: “Eds: Graphic details of the killings could be offensive or disturbing to some readers.”

Tourette syndrome/Tourette’s syndrome/Tourette’s disorder

Background: Tourette syndrome is a neurological disorder characterized by tics, sudden, purposeless and rapid movements or vocalizations, according to the National Institute of Neurological Disorders. Such tics are recurrent, involuntary and non-rhythmic. The disorder was originally named for French neurologist Dr. Georges Gilles de la Tourette, who first described the condition in 1885, according to the National Institute of Neurological Disorders and Stroke.

While those with Tourette syndrome often can suppress tics by focusing on them, the disorder also can be treated with medication, relaxation techniques and therapy. Although involuntary cursing is commonly thought to be a key trait of the disorder, only a minority of those with Tourette syndrome exhibit this symptom.

Terminology for the disorder is varied. It is interchangeably referred to as “Tourette syndrome,” “Tourette’s syndrome” and “Tourette’s disorder.” However, prominent mental health organizations such as the Mayo Clinic, the Centers for Disease Control and Prevention, and the Tourette Syndrome Association, refer to it as “Tourette syndrome.”

NCDJ Recommendation: Use “Tourette syndrome” with no possessive or capitalization of “syndrome.” Refer to someone as “having Tourette syndrome” only if the information is relevant to the story and if you’re confident there has been a medical diagnosis. Consider using people-first language, stating that someone is “a person with Tourette syndrome” or “a person diagnosed with Tourette syndrome.” Avoid the acronym TS, as it is not widely known.

AP style: The AP merely defines Tourette Syndrome as, “A neurological disorder characterized by involuntary, repetitive movements and vocalizations.”

Treatment/treatment center/rehab center/detox center

Background: Treatment is defined by the American Society of Addiction Medicine as the use of any planned, intentional intervention in the health, behavior, personal and/or family life of an individual living with alcoholism or another drug dependency designed to achieve and maintain sobriety, physical and mental health and maximum functional ability. A treatment center is an establishment usually run by psychiatric or medical professionals.

NCDJ Recommendation: “Treatment” is an acceptable term for medical interventions, and “treatment center” is acceptable for the establishment in which such practices take place. Use “treatment center” in place of “rehab” or “detox” center. A person enrolled in a treatment center should be referred to as a patient.

AP style: Not addressed

Vegetative state/vegetable/comatose/non-responsive

Background: The Merck Manual defines vegetative state as the absence of responsiveness or consciousness in which patients show no awareness of their environment. Patients may exhibit eye movements and other involuntary movements. A minimally conscious state is one in which a patient has some awareness of self and/or the environment.

NCDJ Recommendation: It is preferable to use a medical professional's diagnosis or, if that is not possible, terms such as "comatose" or "non-responsive." Avoid referring to someone as "a vegetable" or "veg" as such words dehumanize the person. The term "vegetative state" is preferable to "vegetable" or "veg," but it is considered offensive by some and is frequently misused.

AP style: The stylebook allows the use of "vegetative state," describing it as "a condition in which the eyes are open and can move, and the patient has periods of sleep and periods of wakefulness, but remains unconscious, unaware of self or others."

Wheelchair-bound/confined to a wheelchair

Background: People who use mobility equipment such as a wheelchair, scooter or cane consider the equipment part of their personal space, according to the United Spinal Association. People who use wheelchairs have widely different disabilities and varying abilities.

NCDJ Recommendation: It is acceptable to describe a person as "someone who uses a wheelchair," followed by an explanation of why the equipment is required. Avoid "confined to a wheelchair" or "wheelchair-bound" as these terms describe a person only in relationship to a piece of equipment. The terms also are misleading, as wheelchairs can liberate people, allowing them to move about, and they are inaccurate, as people who use wheelchairs are not permanently confined to them but are transferred to sleep, sit in chairs, drive cars, etc.

Conforms to AP style