

Disability Language Style Guide (Key Points)

The following key points are culled from the complete Disability Language Style Guide, which was produced by the National Center on Disability and Journalism (NCDJ) at Arizona State University's Walter Cronkite School of Journalism and Mass Communication and was last updated in the summer of 2021:

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. Here are a few basic guidelines and some key terminology taken from the complete NCDJ Style Guide (with background, NCDJ guidance and Associated Press style, when applicable):

- When possible, ask sources how they would like to be described.
- 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 judgment. But note that there is no universal agreement on the use of these terms.

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.

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.”

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

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.

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.

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.

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.”

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.”

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.

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.

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.

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.”

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 when 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.

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.”

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.

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

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.

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.”

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.

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.

Handicap/handicapped

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.

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.”

Conforms to AP style

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.”

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 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.

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

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."

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.

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.

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.

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.

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.

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.

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.

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