



Regular Meeting

City of Los Angeles Commission on Disability

Thursday, March 20, 2025

2:00 P.M. until the conclusion of business

Edward R. Roybal Board of Public Works Session Room

Room 350

Los Angeles City Hall

200 N. Spring Street

Los Angeles, California 90012

Virtual Meeting Information

Join via Zoom: bit.ly/zoom-lacdod24

Dial by phone: 1 (669) 444-9171

Meeting ID: 896 4264 0290

Real-Time Captioning: bit.ly/streamtext-lacdod

Commissioners

Akiko Tagawa, President

Mary Grace A. Barrios, 1st Vice President

Myrna Cabanban, 2nd Vice President

Candace Cable, Secretary

Alisa Schlesinger, Commissioner

Iran Hopkins, Commissioner

Jorge E. Acevedo, Commissioner

Robert Bitonte, Commissioner

Robert Williams, Commissioner

Meeting Information

Commission on Disability regular meetings are held on the 3rd Thursday of each month at 2:00 PM.

In-Person Attendance Information

Pedestrians can enter and exit, and vehicles can pick up and drop off at 200 North Main Street (between Temple Street and First Street). There is limited free parking at City Hall East on Los Angeles Street (the parking entrance is across the street from LAPD's Parker Center). To arrange free parking, contact the Commission at (213) 202- 2764 (dial 711 for CA relay) at least two business days in advance of the meeting.

When the Commission meeting starts, please silence or turn off all cell phones or other devices that make noise. If there are any written materials for distribution to the Commissioners, please submit it to the secretary.

Virtual Attendance Information

Public participants may join the Commission meeting via the Zoom link or phone number provided above.

Participants joining by phone will be asked for a meeting ID. Please enter 844-7583-0151 followed by the pound sign (#).

Public Comment

Comments by the public on agenda items will be heard only at the time the respective item is considered.

Comments by the public on all other matters within the subject matter jurisdiction of the board will be heard during the “Public Comments” period of the meeting.

Members of the public who wish to speak on items shall be allowed to speak for up to two minutes per item up to a total of five minutes per meeting. We request that each speaker announce their name before public comment. This is for the benefit of our captioners, interpreters, and attendees.

All in-person requests to address the Commission must be submitted to the Commission support staff prior to the Commission’s consideration of the item through physical Public Comment cards available at the meeting room entrance. Comments by the public on all other matters within the subject matter jurisdiction of the board will be heard during the “Public Comments” period of the meeting.

During virtual meetings all attendees are automatically muted upon entry. Please use the

RAISE HAND function to indicate your wish to speak on a specific agenda item. To use the RAISE HAND function, press star (*) and then 9 When called upon, you may UNMUTE by pressing star (*) and then 6.

Agenda Packet

This agenda packet is available on the Department on Disability Website at <https://disability.lacity.gov/about/commission-disability>. To request to be placed on the agenda packet mailing list, provide your email address to the Commission support staff at the Commission meeting or contact the Department on Disability: 201 North Figueroa Street, Suite 100, Los Angeles, CA 90012; (213) 202-2764; dod.contact@lacity.org.

Accommodations

Communication Access Real-time Translation (CART) services are provided at each meeting. Upon request, agenda material in alternative formats and other accommodations are available to the public for City-sponsored meetings and events. All requests must be made at least five business days prior to the scheduled meeting. For additional information, contact the

Commission on Disability at (213) 202-2764 (voice) or
(213) 202-3452 (TTY).

Meeting Agenda

Item One (1) - Request for Remote Participation Option Pursuant to Government Code Section 54953(e)(2)(a)

In accordance with Government Code Section 54953(e)(2)(a) members may now notify the commission of their need to participate remotely for just cause or request the commission to allow them to participate in the meeting remotely due to emergency circumstances, if they haven't already done so, including a general description of the circumstances relating to their need to appear remotely. The provisions of this subdivision shall not be used by any member of the commission or more than two meetings per calendar year. The member shall publicly disclose at the meeting before any action is taken whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals. The member shall participate through both audio and visual technology.

Item is for **Discussion** and **Action**.

Item Two (2) - Approval of the Regular Meeting Minutes

The Commission will review the minutes of the February 2025 Regular meeting and vote to approve.

Item is for **Discussion** and **Action**.

Item Three (3) - Public Comment on Items not on the Agenda

For items not on today's agenda, but under the Commission's jurisdiction, members of the public who wish to speak on items shall be allowed to speak for up to two minutes per item up to a total of five minutes per meeting.

Item is for **Information**.

Item Four (4) - Rescheduling of the June Commission on Disability Meeting

The Commission will discuss and approve the rescheduling of the June Commission on Disability Meeting. Options of

rescheduling are 1. Cancel the June Meeting and have elections in May. 2. Cancel the June meeting and have elections in July. 3. Reschedule the June meeting to Thursday, June 12th.

Item is for **Discussion** and **Action**.

Item Five (5) - Ad Hoc Committee Updates

The current ad hoc committees - Commission Bylaws and Advocacy, Disability Culture and Legacy, Aviation and Transportation Network Companies (TNCs), Accessible Infrastructure and Communication, Housing Equity - will provide work plan updates and written recommendations, if any, which the Commission may choose to act upon. The Accessible Infrastructure and Communication Committee will also submit the General Services Department Preventative Maintenance Budget Packet Request Letter for review and action.

Item is for **Discussion** and **Action**.

Item Six (6) - Executive Director's Report

The Department on Disability **Executive Director, Stephen David Simon**, and/or other department staff will provide an update on items relating to Department activities, metrics, budget, planning, and/or other relevant issues.

Item is for **Discussion**.

Item Seven (7) - New Business and Announcements

Announcements from Commissioners, DOD staff, and guests, as well as follow-up items from this or previous commission meetings to be presented at the next meeting.

Item is for **Discussion**.

Item Eight (8) - Adjournment

Adjournment

Item is for **Action**.



Regular Meeting Minutes

City of Los Angeles Commission on Disability

Thursday, February 20, 2025

2:00 P.M.

Edward R. Roybal Board of Public Works Session Room

Room 350

Los Angeles City Hall

200 N. Spring Street

Los Angeles, California 90012

Zoom Video Conference

Commissioners Present:

Akiko Tagawa, President

Mary Grace A. Barrios, 1st Vice President

Myrna Cabanban, 2nd Vice President

Candace Cable, Secretary
Jorge E. Acevedo, Commissioner
Iran Hopkins, Commissioner
Alisa Schlesinger, Commissioner
Robert Williams, Commissioner

Commissioners Absent:

Robert Bitonte, Commissioner

City Staff Present:

Stephen David Simon, Executive Director, Department on
Disability
Alison Everett, Assistant Executive Director, Department on
Disability
Chris Lee, City Attorney's Office
Kayvon Wroten, DOD Staff
Salina Goytia, DOD Staff
Peter Soto, DOD Staff
Gail Delgado-Huezo Staff

Other City Departments:

Guests:

Benjamin Alcazar, LA Metro Sr. Director, Civil Rights Programs Office of Civil Rights / Racial Equity / Diversity & Inclusion
Hector Gutierrez, LA Metro Sr. Manager, Office of Strategic Innovation

Item One (1) - Request for Teleconference Option Pursuant to AB 2449

In accordance with AB 2449 Section 2(a)(i) members may now notify the legislative body of their need to participate remotely for just cause, if they haven't already done so, including a general description of the circumstances relating to their need to appear remotely. The provisions of this clause shall not be used by any member of the legislative body for more than two meetings per calendar year.

Action Taken: There were no Commission members attending the Commission on Disability meeting virtually. No action required by the Commission on Disability.

Item Two (2) - Approval of the Regular Meeting Minutes

The Commission will review the minutes of the January 2025 regular meeting and vote to approve them.

DOD Commissioners reviewed the January 2025 minutes then voted and approved the minutes.

Action Taken: The Commission approved the minutes for the January 2025 regular meeting.

Item Three (3) - Public Comment on Items not on the Agenda

For items not on today's agenda, but under the Commission's jurisdiction, members of the public who wish to speak on items shall be allowed to speak for up to two minutes per item up to a total of five minutes per meeting.

Constituent thanked the COD and said she was finally heard regarding sidewalk obstruction issues with the Church of Scientology planters.

Constituent who is paraplegic, former Dip Tap Director, and familiar with issues with Title II discrimination and violations addressed psychiatric and cognitive disorders with individuals who are in encampments.

Constituent addressed the Church of Scientology's over 200 planters obstructing the walkway, paratransit dropoffs, and the walkway to Kaiser Hospital and thanked the Commission for hearing their complaints.

Constituent stated he witnessed a woman who got stuck on a planter in front of the Church of Scientology building who are blocking the public right of way.

Constituent who suffers from Long Covid and advocated for City Hall to be lighted in Teal on March 15th, to align with inclusion and disability rights related to Covid impacts. This is part of the broader movement and asked for support on this matter.

Constituent addressed the Church of Scientology violating the blocking the public right of way for pedestrians.

Constituent addressed the Church of Scientology building and members of the organization and stated they are hurting the most vulnerable in our society.

No action taken, information purposes only.

Item Four (4) - Presentation from Los Angeles Metro

Benjamin Alcazar, Office of Civil Rights / Racial Equity / Diversity & Inclusion, Office of Chief of Staff and Hector Gutierrez, Senior Manager, Office of Strategic Innovation, LA Metro will discuss accessible transportation for the 2026 World Cup and 2028 Olympics and Paralympics, and the plan for the LAX/Metro Transit Center and how it connects to the LAX Automated People Mover Train System.

Hector Gutierrez shared the accessibility aspects of the LA28 Games and gave an update on Metro Transit Center. There will be 60 days of operations for the Olympics and Paralympics. Planning is underway for routes, accessible transportation and traffic

management as the games start and end in Los Angeles. A Mobility Concept Plan is in the works as the games approach through a combination of different partners and stakeholders. So far, \$ 139 million in funds has been secured through a connecting communities grant. A strategy is in development to have accessible and equitable transportation to get travelers to the various venues in a safe manner. Benjamin Alcazar's presentation had issues with sound and was not audible in the introduction. Mr. Alcazar presented the LAX Metro Transit Center located on 96th and Aviation. This is part of the K line transit and the first facility in Metro that has hands-free activation. He covered accessible mobile wayfinding applications as guidance assistance throughout a station and made it easy to have successful full trips.

Commissioner Cable thanked the presenters and requested the universal design strategy and mobility concept plan. Commissioner Tagawa asked about people with hidden disabilities and how Metro manages these needs. Hector Gutierrez replied, there is Disability training, assistance strategies, and volunteers to help with this segment of the population.

Executive Director Simon thanked the presenters and asked about the timeline for the LAX MTC Metro Connector and mentioned the possibility of scheduling a site visit. The timeline for this project completion is for Summer 2025. Commissioner Cabanban asked if there are any concrete definitive plans instead of planned projects, what is in place now? Hector Gutierrez mentioned the roles, responsibilities and actions included in the accessibility strategy. The wayfinder application is currently in the demonstration version. Commissioner Hopkins asked about estimates on spectator demand for accessible transit service during the game. Hector Gutierrez stated that the living model continues to evolve and work in coordination with services, to anticipate needs to have accessible pick-up shuttles until arrival to the secure perimeter.

Commissioner Mary Grace Barrios asked LA Metro if it is possible to have a comprehensive timeline from where we are now all up to implementation? Hector Gutierrez stated that there are now some parts that are in operations and other pieces are still in development and still working to get ready.

Public Commenter 1: Constituent who uses Metro stated that Hollywood and Highland always has a broken elevator and her chair was damaged by Metro.

Public Commenter 2: Constituent who uses a wheelchair worked on previous events and offered suggestions on how to allow for a positive path to travel and precommunication and demand for accessible restrooms.

Public Commenter 3: Complained on how elevators are consistently out of order and it takes too long for repair.

Public Commenter 4: Complained on Metro and the history of broken elevators and the need for monitoring. The Accessibility and Advisory committee does not meet regularly and there is a need for bigger membership.

Public Commenter 5: Addressed accessibility and clean indoor air on public transit for the LA28 Games. He stated how the subway is a breeding ground for airborne illnesses and is requesting air filters and air changes be made in order to keep riders safe. He also

advocated for City Hall to be lighted in Teal to align with inclusion and disability rights related to Covid impacts.

Item Five (5) - Ad Hoc Committee Updates

The current ad hoc committees - Commission Bylaws and Advocacy, Disability Culture and Legacy, Aviation and Transportation Network Companies (TNCs), Accessible Infrastructure and Communication, Housing Equity - provided work plan updates and written recommendations, if any, which the Commission may choose to act upon.

Ad Hoc Committee #1, Commission Bylaws and Advocacy drafted a letter to Deputy Mayor Shockley requesting that City Officials, offices, and department use standardized disability inclusive language and provided three guidelines as options for the Commission to select to attach to the letter. The Commission reviewed and discussed the draft letter recommending disability inclusive language and the United Nations attachment and moved to approve the letter and the UN Language Guidelines as an attachment. Commissioner Barrios made a motion to approve the letter with DOD staff edits and the amendment proposed by

Commissioner Hopkins and the attachment of the UN Language Guidelines. Ad Hoc Committee #2, Disability Culture and Legacy had no updates for the month of February. Ad Hoc Committee #3, Disability Culture and Legacy, had a presentation from LA Metro regarding transportation service and its mobility plan for LA28. Ad Hoc Committee #4, Aviation and Transportation Network Companies (TNCs) drafted a letter of support for the General Services Department's Preventative Maintenance Budget Package Request. Commissioner Cabanban made a motion to approve the letter with DOD staff edits. Ad Hoc Committee #5, Housing Equity had no updates for the month of February.

Public Commenter 1: Addressed the importance of language and suggested the IOC International Olympic Committee may have already provided appropriate language guidance to the City (LA28) and wanted to know if any inquiry has been made to them and possibly use what's already there.

No Action Taken, information purposes only.

Item Six (6) - Executive Director's Report

The Department on Disability Executive Director, Stephen David Simon, and/or other department staff will provide an update on items relating to Department activities, metrics, budget, planning, and/or other relevant issues.

Executive Director Simon thanked interpreters and captioners for staying past their scheduled time. He stated that the Emergency Operations Center (EOC) is at level 3 and the Department is only continuing to staff the Disaster Resource Center (DRC). In response to the public comments made regarding sidewalk planters in the Hollywood area, the Department reached out to the ADA Coordinator for Pedestrian Rights of Way with the Bureau of Engineering. The Bureau of Street Services Enforcement Division has been citing the entity, and additionally the issue was referred to the City Attorney's Office for adjudication. . The Department on Disability (DOD) Budget hearing is taking place in February which will cover the recommended budget for this department. Two specific requests will be games related. A list of DOD events will be provided to Commissioners. Upcoming

events include the Abilities Expo and Angel City Sports.

Public Commenter 1: Hearing for Emergency Notifications for people with disabilities

Public Commenter 2: Recommended the City remove the planters as a credit under the Willits decision

Public Commenter 3: Planters in Hollywood are deliberate attempts to prevent free speech or protest of survivors.

No Action Taken, information purposes only.

Item Seven (7) - New Business and Announcements

Announcements from Commissioners, DOD staff, and guests, as well as follow-up items from this or previous commission meetings to be presented at the next meeting.

Commissioner Hopkins proposed to schedule the Annual Public Hearing Meeting in May on the subject recommended by Stephen David Simon of registries

for people with Disabilities in emergency response plans and get feedback from the public.

No Action Taken, information purposes only.

Item Eight (8) - Adjournment

Adjournment

The meeting adjourned at approximately 4:25 P.M.



City of Los Angeles
Commission on Disability

Work Plan for Fiscal Year 2024-2025

The Commission shall provide a forum for the identification and discussion of difficulties encountered by disabled persons in our society, and shall make recommendations to the Mayor and the City Council on measures which the Federal, State and local governments may undertake to assure that persons with disabilities may participate without any hindrance in the life of our community.

Powers and Duties

1. Advise the Mayor, the City Council and the Department on Disability of the needs and problems of persons with disabilities in the City of Los Angeles.
2. Hold public hearings at least once a year to take testimony from disabled persons and others regarding conditions adversely affecting the lives of disabled persons in the city of Los Angeles, and report its findings and recommendations to the Mayor and the City Council.

3. Monitor the program mandates of the Department on Disability and make recommendations to the Mayor and the City Council on program and policy initiatives to improve the service of the Department to the disabled community and provide persons with disabilities in the City of Los Angeles a better opportunity and ability to pursue activities of daily living without discrimination.
4. Review and make recommendations to the Mayor on grant proposals.
5. Maintain active liaison with citizen groups interested in the problems facing persons with disabilities.
6. Promote greater awareness of the changing life patterns, opportunities and responsibilities of persons with disabilities.
7. Investigate and report to the Mayor and the City Council instances of discrimination based on disability, as well as attitudinal barriers in the areas of housing, transportation, employment and training, recreation, media of mass communications, health and social services, and legislation; and special problems of disabled persons living alone, as well as their safety and access to support services.

8. Perform specific studies and surveys on the needs of disabled persons when requested by the Mayor and/or the City Council.
9. Submit an annual report to the Mayor and the City Council on the activities of the Commission.

FY 2024-2025 Ad Hoc Committees

[Ad Hoc Committee #1 - Commission Bylaws and Advocacy](#)

[Ad Hoc Committee #2 - Disability Culture and Legacy](#)

[Ad Hoc Committee #3 - Aviation and Transportation Network Companies \(TNCs\)](#)

[Ad Hoc Committee #4 - Accessible Infrastructure and Communication](#)

[Ad Hoc Committee #5 - Housing Equity](#)

Ad Hoc Committee #1 - Commission Bylaws and Advocacy

Ad Hoc Committee Members

- President Tagawa
- Commissioner Cabanban

Objectives and Action Items

1. Recommend revisions to the Commission Bylaws
2. Recommend inclusive language for use by the Commission on Disability and Citywide use
 - Help compile language to recommend for use in the guidelines
 - Draft recommendations for consideration by the Commission
3. Draft a letter to the Mayor expressing concerns regarding the previous fiscal year budget cuts to the Department on Disability and recommend increasing the budget
 - Meet with the Department on Disability to understand critical needs
 - Draft the letter to the Mayor
4. Presentation by Disability Rights California and Disability Rights Education and Defense Fund (DREDF)

on what they are working on and how COD can contribute

Work Plan Updates

October

- President Tagawa appointed herself and Commissioner Cabanban to the Commission Bylaws and Advocacy ad hoc committee
- The ad hoc committee finalized its objectives and action items

November

- The Commission received a presentation from DREDF about DREDF's work where it intersects municipal policy, legal advocacy and support, and the Parent Training and Information Center (PTI), as well as additional resources and news from DREDF

December

- December Meeting Cancelled

January

- No update provided

February

- The Committee drafted a letter to Deputy Mayor Shockley requesting that City Officials, Offices, and department used standardized disability inclusive language and provided three options for disability inclusive language for the Commission to select to attach to the letter.
- The Commission approved the Ad Hoc Committee’s recommendation to send a letter to Deputy Mayor Shockley requesting that City Officials, Offices, and departments use standardized disability inclusive language, with the United Nations Inclusive Language Guidelines attached, and asked that the Department to transmit it on their behalf.

March

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April

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May

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June

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Ad Hoc Committee #2 - Disability Culture and Legacy

Ad Hoc Committee Members

- Commissioner Cable (Chair)
- Commissioner Hopkins (Co-Chair)
- Commissioner Cabanban
- Commissioner Williams

Purpose

Create systemic change that builds the visibility and lasting legacy of persons with Disabilities and the Paralympic Games in the City of Los Angeles.

Objectives and Action Items

1. Recommend that a City street be named after the Paralympics
 - Research the process of naming a street in Los Angeles
 - Choose a name
2. Explore opportunities to recognize Betty Wilson, including possibly establishing an annual award for Disability advocacy in her name.
 - Permanent Structure Naming and Award (What kind of award will it be? Trophy, Plaque, Funds?)

- Establish how and who will give the award
 - Have the Department give/organize awards through the City as collaborative
 - Establish criteria for award
3. Collaborate with the Department of Cultural Affairs to recommend creating a mural celebrating Disability culture.
- Request a presentation from the Department of Cultural Affairs to discuss where the COD can collaborate.
 - Suggest mural be made celebrating Disability culture

Work Plan Updates

October

- President Tagawa appointed Commissioners Cable, Hopkins, Cabanban, and Williams to the Disability Culture and Legacy ad hoc committee
- The ad hoc committee finalized its objectives and action items

November

- No update provided

December

- December Meeting Cancelled

January

- No update provided

February

- No update provided

March

-

April

-

May

-

June

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Ad Hoc Committee #3 - Aviation and Transportation Network Companies (TNCs)

Ad Hoc Committee Members

- Commissioner Barrios
- Commissioner Cabanban
- Commissioner Acevedo

Objectives and Action Items

1. Request a presentation from LAWA and/or Metro on transportation services into LAWA including but not limited to:
 - Plan for persons with mobility issues from home to the airport and back
 - Plan for World Cup and LA28 Games and routes
 - Plan for the future LAWA/METRO joint project and each facility
2. Conduct one or more site visits of various locations associated with the joint LAWA METRO project, the Automated People Mover (APM) and recent Downtown Los Angeles renovations and new stations
3. Collaborate with the Disability Access and Accommodation Advisory Committee (DAAAC) to address access issues at the airport

4. Request that Waymo present to the Commission about the accessibility of their services in follow up to preliminary information gathered at a prior meeting.
5. Request a presentation by LA DOT on accessible transportation options

Work Plan Updates

October

- President Tagawa appointed Commissioners Barrios, Cabanban, and Acevedo to the Aviation and Transportation Network Companies (TNCs) ad hoc committee

November

- The ad hoc committee reported that it requested a presentation from Waymo, however Waymo stated that they are only able to present to committee, not the full commission in a public meeting

December

- December Meeting Cancelled

January

- No update provided

February

- The Commission received a presentation from Metro about accessible transportation for the 2026 World Cup and 2028 Olympics and Paralympics, and the plan for the LAX/Metro Transit Center and how it connects to the LAX Automated People Mover Train System

March

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April

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May

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June

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Ad Hoc Committee #4 - Accessible Infrastructure and Communication

Ad Hoc Committee Members

- Commissioner Barrios
- Commissioner Cable

Purpose

To advise and contribute to the City of Los Angeles infrastructure and communication initiatives on the embracement of access and opportunities for everyone.

Objectives and Action Items

1. Recommend the City adopt Atkinson HyperEligible font as the City's standard business font used for all public information
 - Request presentation from the Braille Institute on history and background of accessible fonts for implementation to City of Los Angeles
 - Draft a letter to the Mayor's office and council requesting the use of Atkinson HyperEligible font for the entire City of Los Angeles
2. Make recommendations to improve physical accessibility at City Hall

- Obtain a list of accessibility barriers at City Hall from Commissioner Barrios and request necessary changes
- Research the process for requesting and funding accessibility improvements at City Hall
- Request a copy of the accessibility evaluation of City Hall performed as part of the Self-Evaluation and Transition Plan
- Determine applicability of CROWN Act to City facilities
- Meet with a representative from the Board of Public Works to discuss the Board's work related to accessibility of City facilities

3. Recommend Spanish translation for Commission meeting items and materials

- Research if Spanish translation of Commission materials is feasible and technically possible, including but not limited to:
 - Spanish captions during meetings
 - Whether Spanish translation and captions are provided at City Council meetings

4. Research the feasibility of creating a media campaign promoting the need for sidewalk infrastructure improvements in advance of the LA28 Games, then make recommendations as appropriate.

- Request a presentation about updates to the LA28 Games infrastructure accessibility plan, then make recommendations as appropriate
 - Research what is necessary for the City of LA to make a public service announcement
 - Determine which City department is the lead on public/pedestrian paths of travel for the LA28 Games, FIFA World Cup, and other major events
 - Determine how the Commission can amplify the reopening of Willits Case for the need of accessibility infrastructure in the City of LA during the LA28 Games.
5. Request a presentation from Throne Labs about their services and accessibility

Work Plan Updates

October

- President Tagawa appointed Commissioners Barrios and Cable to the Accessible Infrastructure and Communication ad hoc committee
- The ad hoc committee finalized its purpose, objectives and action items

- The Commissioner received a presentation from Throne Labs explaining their services in smart accessible bathrooms

November

- No update provided

December

- December Meeting Cancelled

January

- The ad hoc committee reported that the accessibility barriers they reported at City Hall have been addressed by the General Services Department, with the exception of making the door on the accessible stalls self-closing because the necessary part is on backorder.
- President Tagawa informed the Commission and the ad hoc committee that the General Services Department has submitted a FY 25-26 budget request that will support the Department's capacity to address disability access and that they would appreciate support from the Commission. President Tagawa asked the ad hoc committee to meet with staff prior to the next meeting for more information so the

Commission can submit a letter of support as part of the budget process.

February

- The Ad Hoc Committee drafted a letter of support for the General Services Department's Preventative Maintenance Fiscal Year 2025-2026 Budget Package Request.
- The Commission approved the Ad Hoc Committee's draft letter and asked that the Department transmit it to the Budget and Finance Committee on their behalf.

March

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April

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May

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June

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Ad Hoc Committee #5 - Housing Equity

Ad Hoc Committee Members

- President Tagawa
- Commissioner Bitonte

Objectives and Action Items

1. Establish a partnership with the Los Angeles Homeless Services Authority (LAHSA) to prioritize individuals with disabilities on housing lists
2. Draft a recommendation to the City for awareness, inclusion, and advocacy to support individuals with disabilities who are experiencing or at risk of homelessness.
 - Request a presentation on the status of the Inside Safe program as it relates to accessibility and services to individuals with disabilities.
 - Request presentation from LA Housing Dept. regarding Accessible Housing Program (AHP) Requirements
 - Request a presentation by LAHSA or other LA City entity that can provide data about the number of individuals with disabilities experiencing or at risk of homelessness in Los Angeles.

- Request a presentation by LAHSA or other LA City entity that can provide data about the amount of funding allocated towards individuals with disabilities experiencing or at risk of homelessness in Los Angeles.
3. Recommend the Federal government establish a mobile SSI pilot program
- Draft a recommendation to the City for awareness and support of the project.

Work Plan Updates

October

- President Tagawa appointed herself and Commissioner Bitonte to the Housing Equity Committee

November

- No update provided

December

- December Meeting Cancelled

January

- Commissioner Bitonte reported that he researched and compiled his past records related to the mobile SSI program and will share that information with the ad hoc committee for review.

February

- No update provided

March

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April

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May

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June

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Presentation Schedule

FY 2025-2025

September

- Meeting cancelled

October

- Presentation from the Los Angeles Disabilities & Aging Collaborative
 - Hector Ochoa, Director of College Transitions, Southern California Regional Services for Independent Living (SCRS - IL)
 - Zenay Hayward, Housing and Homelessness Coordinator, DOD
- Presentation from Throne Labs about their services and accessibility
 - Jessica Henzelman, Co-founder and COO
 - Daniel Brumbaugh, Account Executive

November

- Presentation from the Civil + Human Rights and Equity Department
 - Kim Kasreliovich, Assistant General Manager
- Presentation from Disability Rights Education and Defense Fund (DREDF)

- Nicole Bohn, Executive Director

December

- December Meeting cancelled

January

- Presentation from California Mentor East Los Angeles Family Home Agency (FHA) about their services
 - Danika Rosales, Program Recruiter
- Presentation from the Department on Disability about the Durable Medical Equipment (DME) Program
 - Lourdes Sinibaldi, CORE Division Director

February

- Presentation from Metro about accessible transportation for the 2026 World Cup and 2028 Olympics and Paralympics, and the plan for the LAX/Metro Transit Center and how it connects to the LAX Automated People Mover Train System (*confirmed*)
 - Benjamin Alcazar, Office of Civil Rights / Racial Equity / Diversity & Inclusion, Office of Chief of Staff
 - Hector Gutierrez, Senior Manager, Office of Strategic Innovation, LA Metro

March

- Presentation from LAWA on the Plan for the LAX Automated People Mover Train System and its connection to the LAX/Metro Transit Center, with an emphasis on accessibility for people with disabilities (*confirmed*)
 - Cassandra Heredia, LAWA ADA Coordinator

April

- Presentation by the Department of Cultural Affairs (DCA) regarding how the Department and Commission on Disability can collaborate
 - Juan Garcia, DCA's Acting Director of Marketing and Development as well as Public Information Director

May

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June

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To be scheduled:

- [Ad Hoc Committee #3 - Aviation and Transportation Network Companies \(TNCs\)](#)

- Presentation by LADOT on accessible transportation options **(DOD)**
- Presentation by WAYMO about their service and its accessibility **(COD)**
- [Ad Hoc Committee #4 - Accessible Infrastructure and Communication](#)
 - Presentation by the Braille Institute about the history and background of accessible fonts **(COD)**
 - Presentation about updates to the LA28 Games infrastructure accessibility plan, then make recommendations as appropriate **(DOD)**
- [Ad Hoc Committee #5 - Housing Equity](#)
 - Presentation on the status of the Inside Safe program **(DOD)**
 - Presentation from LA Housing Dept. regarding Accessible Housing Program (AHP) Requirements **(DOD)**
 - Presentation by LAHSA or other entity that can provide data about the number of people with disabilities experiencing homelessness in Los Angeles **(DOD)**
- Other
 - Presentation by a Regional Center in order to learn how to amplify their objectives **(COD)**

- Presentation by Independent Living Center about the services and information they provide to constituents with disabilities **(COD)**
- Presentation by Disability Disaster Access & Resources (DDAR) about the services and information they provide to constituents with disabilities **(COD)**
- Presentation about the Americans with Disabilities Act, barriers to enforcement, and recent case law **(COD)**
- Presentation about mental health services available to Los Angeles residents **(COD)**



Language Guidelines

Language is powerful, and the way we speak about people with disabilities reflects our values and attitudes. By using respectful, person-first or identity-first language, and by avoiding derogatory terms or outdated expressions, we can create a more inclusive and welcoming environment for everyone. Here are some guidelines on how to properly speak about people with disabilities, including language to use and language to avoid.

Person-First Language

Person-first language is a respectful approach that emphasizes the individual, not the disability. For example:

- Use: "Person with a disability" instead of "disabled person" or "the handicap."
- Use: "Person who uses a wheelchair" instead of "wheelchair-bound person."

This language places the person before their condition and not defining them by their disability.



Identity-First Language

Some people prefer identity-first language, where the disability is acknowledged as an integral part of their identity. This preference varies among individuals, so it's important to respect the language that a person uses to describe themselves.

- For example: "Autistic person" instead of "person with autism."

Language to Use

- People with disabilities: A broad and respectful term that can be used in most contexts.
- Accessible: Describes spaces, services, and products designed to be usable by people with disabilities.
- Person who is blind or has low vision: Focuses on the person rather than the condition.
- Person who is Deaf or hard of hearing: Acknowledges the range of hearing abilities.
- Person with a cognitive disability: Use this term rather than outdated terms like "mentally retarded."

Language to Avoid

- "The disabled": This phrase groups people into a category defined solely by their disability, which can be dehumanizing. Instead, use "people with



disabilities" to emphasize the person rather than the disability.

- "Handicapped": This term is outdated and can be seen as offensive.
- "Suffering from" or "afflicted with": These phrases imply pity or that the disability is a burden.
- "Special needs": Some people find this term patronizing. Instead, use "specific needs" or "individual needs."
- "Crippled", "invalid", or "retarded": These are derogatory terms and should not be used.
- "Confined to a wheelchair" or "wheelchair-bound": Instead, use "wheelchair user" or "person who uses a wheelchair."

Respecting Preferences

Always ask individuals how they prefer to be described and respect their choices. Not everyone will prefer person-first language; some may identify strongly with their disability and choose identity-first language. By listening and adapting to individual preferences, you demonstrate respect and understanding.



Avoiding Euphemisms

Avoid using euphemisms that may minimize or obscure the reality of a disability. For example, "differently-abled" or "challenged" can be seen as dismissive or condescending. It's better to use clear, straightforward language.

Emphasize Abilities, Not Limitations

Focus on what people can do rather than what they cannot. Instead of highlighting limitations, emphasize abilities, contributions, and participation.

Examples of Positive Language Use

- "She's an artist who is Deaf."
- "He is living with multiple sclerosis."
- "They are a student with a learning disability."

In these examples, the emphasis is on the person's identity and their role in society, rather than their disability alone.



Glossary

AAC – Augmentative Alternative Communication

Tools that help people with communication difficulties express themselves.

ACO – AIDS Coordinator's Office

A department that coordinates services for people living with HIV/AIDS.

AD – Audio Description also referred to as Video Description

Spoken descriptions of visual elements in videos or TV shows for people who are blind or have low vision.

ADA – Americans with Disabilities Act

A law that protects the rights of people with disabilities.

ADAC – Americans with Disabilities Act Coordinator

A person responsible for ensuring ADA compliance in an organization.

ADR – Alternative Dispute Resolution

A method for resolving conflicts without going to court.



AFB - American Foundation for the Blind

An organization that provides resources for people who are blind or visually impaired.

AFE - Authorization for Expenditures

A document that gives permission to spend money for a specific purpose.

AIDS - Acquired Immune Deficiency Syndrome

A disease caused by the HIV virus that weakens the immune system.

ALDs - Assistive Listening Devices

Devices that help people hear better in noisy environments. Also known as Assistive Listening Systems.

APS - Adult Protective Services

A service that protects vulnerable adults from abuse or neglect.

APZ - Accessible Parking Zone

A designated parking area for people with disabilities.



ASD - Autism Spectrum Disorders

A group of developmental disabilities that affect social interaction and communication.

ASL - American Sign Language

A visual language used by people who are Deaf or hard of hearing.

AT - Assistive Technology also referred to as Adaptive Technology

Tools or devices that help people with disabilities use computers, like special keyboards or software.

BC - Blue Curb

A curb painted blue to indicate a parking space for people with disabilities.

CAO - City Administrative Officer

An official responsible for managing a city's budget and operations.



CART - Communication Access Realtime Translation also referred to as **Computer-Assisted Real-Time captioning**
Real-time text translation of spoken words displayed on a screen, useful in meetings or events.

CASp - Certified Access Specialist

A professional who ensures buildings are accessible to people with disabilities.

CBC - California Building Code

A set of regulations that governs building construction in California.

CBO - Community Based Organization

A local organization that provides services to a specific community.

CC - Closed Captioning

Text on a screen that displays spoken words and sounds for people who are Deaf or hard of hearing.

CDD - Council for Developmental Disabilities

A group that advocates for the rights of people with developmental disabilities.



CDC - Centers for Disease Control and Prevention
A federal agency that protects public health and safety.

CD - Cognitive Delay
A slower rate of development in thinking and learning.

CIL - Center for Independent Living
A resource center that supports people with disabilities in living independently.

COD - Commission on Disability
A group that advises on issues related to people with disabilities.

COOP - Continuity of Operations Plan
A plan that ensures essential functions continue during an emergency.

CORE - Community Outreach, Referrals, and Education
Programs that connect people to services and educate the public.



CP - Cerebral Palsy

A group of disorders that affect movement and muscle tone.

CSS - Constituent Service System

A system that manages requests and complaints from the public.

CTS - Captioned Telephone Service

A phone service that provides captions of spoken conversations for people who are hard of hearing.

DAFN - Disability Access & Functional Needs

Services that ensure people with disabilities are supported during emergencies.

DASD - Disability Access Services Division

A division that provides accessibility services and support.

DB - Deaf-Blindness

A condition that involves both hearing and vision loss.



DD - Developmental Disability

A group of conditions that impair physical, learning, language, or behavioral development.

DHHS - Department of Health and Human Services (Federal)

A federal agency that provides health and social services.

DHH - Deaf or Hard-of-Hearing

Refers to people with little or no hearing ability.

DMD - Disability Mentoring Day

An event that connects people with disabilities to career opportunities.

DME - Durable Medical Equipment

Medical devices that are reusable and support health care needs.

DOD - Department On Disability

A department that advocates for the rights and needs of people with disabilities.



DOE - Department of Education

A federal agency that oversees education policies and programs.

DOJ - Department of Justice

A federal agency responsible for enforcing laws and ensuring public safety.

DOL - Department of Labor

A federal agency that protects workers' rights and promotes fair labor practices.

DOR - Department of Rehabilitation

A department that helps people with disabilities find and keep jobs.

DOT - Department of Transportation

A government agency that manages transportation systems and infrastructure.

DRN - Disability Rights Network

An organization that advocates for the rights of people with disabilities.



DRS - Division of Rehabilitation Services

A division that provides services to help people with disabilities achieve independence.

DS - Down Syndrome

A genetic disorder that causes developmental delays and physical characteristics.

DSA - Division Of State Architect

A division that ensures public buildings meet accessibility standards.

ED - Emotional Disturbance

A condition that affects a person's ability to manage emotions and behavior.

EMD - Emergency Management Department

A department that plans and coordinates responses to emergencies.

EOC - Emergency Operations Center

A central location where emergency response is coordinated.



ESA - Emotional Support Animal

An animal that provides comfort and support to a person with a mental or emotional condition.

FMS - Financial Management System

A system that manages an organization's finances and budgeting.

FNSS - Functional Needs Support Services

Services that support people with disabilities during emergencies.

HI - Hearing Impaired

Refers to individuals with partial or total hearing loss.

HH or HoH - Hard of Hearing

Refers to individuals with some hearing loss but who are not Deaf.

HHS - Health and Human Services

A department that provides health and social services.



HIV - Human Immunodeficiency Virus infection

A virus that attacks the immune system and can lead to AIDS.

HOH - Hard of Hearing

Refers to individuals with some hearing loss but who are not Deaf.

I&R - Information and Referral

A service that connects people to information and resources.

ID - Intellectual Disability

A condition that limits intellectual functioning and adaptive behavior.

IEP - Individualized Education Program

A plan developed to ensure a child with a disability receives specialized instruction and services.

ILC/CIL - Independent Living Center/Center for Independent Living

A resource center that supports people with disabilities in living independently.



IWD - Individual with Disability

A person who has a physical or mental impairment that limits one or more major life activities.

JAN - Job Accommodation Network

A resource that helps employers and people with disabilities find job accommodations.

LA 28 - Los Angeles 2028

The organization responsible for planning the 2028 Olympic and Paralympic Games in Los Angeles.

LAC - Local Assistance Center

A location where people can get help after a disaster or emergency.

LACAO - Los Angeles City Attorney Office

The office that provides legal counsel to the city government.



LADBS - The Los Angeles Department Of Building And Safety

A department that ensures buildings are safe and meet regulations.

LADOA - Los Angeles Department of Aging

A department that provides services and support to older adults.

LADOT - Los Angeles Department Of Transportation

A department that manages transportation in the city, including traffic and public transit.

LAHSA - Los Angeles Homeless Services Authority

An organization that coordinates services for people experiencing homelessness in Los Angeles.

LD - Learning Disability

A condition that affects the ability to learn, especially in reading, writing, or math.

LDW - Light Duty Worker

An employee who is temporarily assigned less physically demanding work due to injury or illness.



LSW - Licensed Social Worker

A professional who is licensed to provide social work services.

LV - Low Vision

When a person's vision is significantly impaired.

MA - Medical Assistance

A program that provides health coverage to eligible individuals.

MH - Mental Health

A person's emotional, psychological, and social well-being.

MI - Mental Illness

A condition that affects a person's thinking, feeling, behavior, or mood.

MO - Mayor's Office

The office of the elected leader of the city.



NAMI - National Alliance on Mental Illnesses

An organization that provides support and advocacy for people affected by mental illness.

NCIL - National Council on Independent Living

An organization that advocates for the rights of people with disabilities.

OT - Occupational Therapy/Therapist

A type of therapy that helps people develop or recover skills needed for daily living and working.

PIO - Public Information Officer

A person responsible for communicating information to the public and the media.

PLUM - Planning Land Use Management

A committee or department that manages land use and planning in a city.

PTSD - Post Traumatic Stress Disorder

A mental health condition triggered by experiencing or witnessing a traumatic event.



PWD - Person/People with Disabilities

Individuals who have physical, mental, or sensory impairments.

RA - Rehabilitation Act

A federal law that prohibits discrimination against people with disabilities.

RAFFLA - ReelAbilities Film Festival Los Angeles

A film festival showcasing movies that focus on the lives of people with disabilities.

SAMHSA - Substance Abuse and Mental Health Services Administration

A federal agency that improves access to services for substance abuse and mental health.

SDG - Sustainable Development Goals

Global goals set by the United Nations to promote peace, prosperity, and environmental sustainability.

SE - Supported Employment

A program that helps people with disabilities find and keep jobs.



SLI - Sign Language Interpreter

A professional who translates spoken language into American Sign Language for Deaf or hard-of-hearing individuals.

SM - Social Media

Online platforms where people share information, such as Facebook, Twitter, and Instagram.

SNAP - Supplemental Nutrition Assistance Program

A federal program that provides food assistance to low-income individuals and families.

SNF - Skilled Nursing Facility

A healthcare facility that provides 24-hour nursing care and rehabilitation services.

SO - Service Officer

An individual who provides support and assistance to people applying for services, often in a government or non-profit setting.



SPD - Sensory Processing Disorder

A condition that affects how the brain processes sensory information, leading to challenges in daily functioning.

SSI - Supplemental Security Income

A federal program that provides financial assistance to people with disabilities, or who are elderly, and have limited income.

SSD - Social Security Disability

Benefits provided by the federal government to individuals who are unable to work due to a disability.

SSDI - Social Security Disability Insurance

A federal program that provides benefits to disabled individuals who have paid into Social Security.

SSP - Support Service Provider

A professional who assists Deaf-blind individuals by providing visual and environmental information.

TBI - Traumatic Brain Injury

An injury to the brain caused by an external force, which can affect physical and cognitive functioning.



TDD/TTY - Telecommunications Device for the Deaf/Teletypewriter

Devices that allow individuals who are Deaf, hard of hearing, or speech-impaired to communicate over the phone by typing.

TSA - Transportation Security Administration

A federal agency responsible for airport security and other forms of transportation security.

TRS - Telecommunications Relay Service (TRS)

A service that helps people with hearing or speech disabilities make phone calls.

USC - United States Code

The official compilation of federal laws of the United States.

VA - Veterans Affairs

A federal department that provides services and benefits to military veterans.



VI - Visually Impaired

Refers to individuals with partial vision loss, including those who are blind.

VP - Videophone

A phone that lets users see and speak to each other through video, useful for people who use sign language.

VR - Vocational Rehabilitation

A program that helps people with disabilities prepare for, find, and maintain employment.

VRI - Video Remote Interpreting

A service that provides sign language interpreting through video technology.

WAI - Web Accessibility Initiative

A project by the World Wide Web Consortium (W3C) that develops guidelines for making web content accessible to people with disabilities.

WCAG - Web Content Accessibility Guidelines

Guidelines created to ensure that web content is accessible to all users, including people with disabilities.



WIC - Women, Infants, and Children

A federal program that provides nutritional support to low-income pregnant women, new mothers, and young children.

WIOA - Workforce Innovation and Opportunity Act

A federal law that provides workforce development activities and training for job seekers, including those with disabilities.

YLF - Youth Leadership Forum

A program that develops leadership skills in young people, often focused on individuals with disabilities.

YWD - Youth with Disabilities

Refers to young people who have physical, mental, or sensory impairments.

Additional Definitions

Auxiliary Aids and Services

Tools and services that help people with disabilities communicate effectively. Examples include sign language



interpreters, notetakers, assistive listening devices, and Braille materials.

Braille

A system of raised dots that blind or visually impaired people can feel with their fingers to read.

Captioning

Written text that shows what is said in a video or TV program. This includes spoken words and other sounds like music or sound effects. There are two types:

- Closed Captioning: Text that can be turned on or off on your TV or other device.
- Open Captioning: Text that is always visible and cannot be turned off.

Communication Board

A board with letters, pictures, or words that people use to communicate by pointing.

Interpreters and Transliterators

People trained to help others communicate when they have hearing, speech, or vision disabilities. They use



methods like sign language or lip-reading to translate spoken or signed communication.

- Cued Speech Transliterators: Use hand shapes around the face to represent sounds in spoken language.
- Oral Interpreters/Transliterators: Lip-read and silently mouth words to help people who rely on lip-reading.
- Re-Voicer: Repeats what a person with a speech disability says in clear speech.
- Sign Language Interpreters: Translate spoken words into sign language and vice versa.
- Tactile/Protactile Interpreters: Use touch to communicate with people who are both deaf and blind.

Large Print

Text that is printed larger for people with low vision. Usually, the text is at least 16 to 18 points in size.

Note-Takers

People who write down or record information for individuals who have trouble taking notes themselves.



Reader

Someone who reads printed material out loud to people who are blind or have other reading difficulties.

Reasonable Accommodation

A change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have equal access to services, programs, or activities. This may involve providing assistive devices, altering work schedules, or making physical spaces accessible, as long as it does not impose an undue hardship or fundamentally change the nature of the service, program, or activity.

Screen Reader

Software that reads out loud the text and directions on a computer screen for people who are blind or have visual impairments.

Speech Output Devices with Text-to-Speech Software
Devices that turn written text into spoken words.



Telecommunications Relay Service (TRS)

A service that helps people with hearing or speech disabilities make phone calls. A communications assistant relays messages between the person with the disability and the person they are calling.

- **TTY Calls:** Uses a text machine for real-time typing and reading messages over the phone.
- **Voice Carry Over (VCO):** Lets people who can speak but can't hear use a phone, with text messages relayed back to them.
- **Hearing Carry Over (HCO):** Lets people who can hear but can't speak use a phone, with their messages typed and read by an assistant.
- **Speech to Speech (STS):** Helps people with speech disabilities by repeating their messages clearly.
- **Spanish Relay Service:** Provides relay calls in Spanish for Spanish-speaking users.
- **Internet Protocol (IP) Relay:** Uses the internet to relay messages between people with disabilities and standard phone users.
- **Video Relay Service (VRS):** Allows people who use sign language to make video calls with an interpreter who translates between sign language and spoken English.

[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 cretinism 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 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 conscious 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 Autisticistic, 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/quadruplegic

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 preferred 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