

## GUIDELINES FOR REPORTING AND WRITING ABOUT PEOPLE WITH DISABILITIES

**DO NOT FOCUS ON DISABILITY** unless it is crucial to a story. Avoid tear-jerking human interest stories about incurable diseases, congenital impairments or severe injury. Focus instead on issues such as accessible transportation, housing, affordable health care, employment opportunities and discrimination.

**DO NOT PORTRAY SUCCESSFUL PEOPLE WITH DISABILITIES AS SUPERHUMAN OR HEROES.** Even though the public may admire superachievers, portraying people with disabilities as superstars raises false expectations that all people with disabilities should achieve this level.

**DO NOT SENSATIONALIZE A DISABILITY** by saying afflicted with, crippled with, suffers from, victim of, and so on. Instead, say *person who has multiple sclerosis*.

**DO NOT USE GENERIC LABELS** for disability groups, such as "the retarded," "the deaf." Emphasize people, not labels. Say *people with mental retardation* or *people who are deaf*.

**PUT PEOPLE FIRST**, not their disability. Say *woman with arthritis*, *children who are deaf*, *people with disabilities*. This puts the focus on the individual, not the particular functional limitation. Because of editorial pressures to be succinct, we know it is not always possible to put people first. If the portrayal is positive and accurate, consider the following variations: disabled citizens, nondisabled people, wheelchair-user, deaf girl, paralyzed child and so on. Crippled, deformed, suffers from, victim of, the retarded, infirmed, the deaf and dumb, etc. are never acceptable under any circumstances. Also, do not use nouns to describe people, such as epileptic, diabetic, etc.

**EMPHASIZE ABILITIES**, not limitations. For example: *uses a wheelchair/braces*, *walks with crutches*, rather than confined to a wheelchair, wheelchair bound, differently abled, birth difference or crippled. Similarly, do not use emotional descriptors such as unfortunate, pitiful and so forth.

**DO NOT USE CONDESCENDING EUPHEMISMS.** Disability groups also strongly object to using euphemisms to describe disabilities. Terms such as handicapable, mentally different, physically inconvenienced and physically challenged are considered condescending. They reinforce the idea that disabilities cannot be dealt with up front.

**DO NOT IMPLY DISEASE** when discussing disabilities that result from a prior disease episode. People who had polio and experienced after effects have post polio syndrome. They are not currently experiencing the disease. Do not imply disease with people whose disability has resulted from anatomical or physiological damage (e.g., person with spina bifida or cerebral palsy). Reference to disease associated with a disability is acceptable only with chronic diseases, such as arthritis, Parkinson's disease, or multiple sclerosis. People with disabilities should never be referred to as patients or cases unless their relationship with their doctor is under discussion.

**SHOW PEOPLE WITH DISABILITIES AS ACTIVE** participants of society. Portraying persons with disabilities interacting with nondisabled people in social and work environments helps break down barriers and open lines of communication.