



Inclusive Language Primer

Communicating with Respect

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RTI International¹

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Introduction: Why Inclusive Language Matters

Every person—regardless of race, sex, gender,² sexual orientation, age, national origin, or ability—deserves to be treated with dignity and respect. The words we use may influence what people think or believe about themselves or others in our communities.

Although this primer is not the final opinion on the topics or terms discussed, nor does it replace inclusive language training, it does provide alternatives to stigmatizing or biased terms³ and suggestions for terminology related to diversity, equity, and inclusion.

Tip

This primer focuses on terms and conventions used in U.S. English. When writing for an international audience, check for country and cultural conventions because these may be different. For example, tribal nations in the United States use “Native American,” whereas Canadians use “First Nations” and Australians use “Aboriginals” (note capitalizations).

The goals of this inclusive language primer are to:

- Define inclusive language (i.e., person-first and identity-first language).
- Discuss why it is important to remove stigmatizing and biased language in text.
- Provide ways to start conversations about inclusive language.
- Identify some common words and phrases that perpetuate bias.
- Provide appropriate person-first (**Table 1**) and identity-first (**Table 2**) alternatives or other alternatives (**Table 3**).

Person-first and identity-first language can be used regardless of an author’s, a project funder’s, and a project’s global location. Although it is important to honor the preferences of authors and project funders, you should take the opportunity to start a dialogue with them about the importance of using inclusive language. Before the dialogue begins, you should be prepared to present some examples from the inclusive language community about its preferred terminology.

What Is Inclusive Language?

Inclusive language is the use of words, phrases, and expressions that are respectful, honor people’s diversity, and avoid exclusionary language. When authors use exclusionary language in proposals and contract deliverables, it is not usually done to intentionally harm, malign, or degrade a person or groups. However, the perpetuation of these terms in our vernacular and lexicon may affect people and communities’ equity and may create bias and stigma by “othering” people.

This inclusive language primer focuses on two frameworks: person-first language and identity-first language.

² For more information about the use of pronouns in text and why they matter, see RTI’s Insider page: <https://insider.rti.org/home/Diversity-Equity-Inclusion/Why-Pronouns-Matter>

³ Note that this inclusive language primer does not provide an exhaustive list of stigmatizing or biased terms, but instead touches on some of the more common terms seen in client and author projects.

Person-first language puts the person before their characteristics. By putting the person first, the language promotes respect and understanding, preserves a person’s dignity, and creates a positive outlook.

Person-First Example

Using the phrase, “someone with opioid use disorder,” rather than calling them an “addict” helps to change others’ belief and perceptions.

(March of Dimes, 2021)

Identity-first language takes the approach that a person’s disability, diagnosis, or other characteristics are an important part of their identity. The use of identity-first language ensures that a person’s identity is not erased and is considered an inherent part of who they are.

Identity-First Example

Using the phrase, “autistic person,” rather than saying “a person with autism” recognizes, affirms, and validates an individual’s identity as an autistic person.

(Brown, 2011)

The use of person-first versus identity-first language can be complex and sometimes a bit confusing because preferences may differ among individuals in the same community. In general, it is usually preferred to use person-first language when discussing medical conditions (e.g., “a person with cancer,” “a person with diabetes,” “children with epilepsy”). Conversely, identity-first language should be used when discussing conditions that relate to different ways in which people interact with the world (e.g., “an autistic man,” “a deaf woman”). Note that in some communities, identity-first language is preferred over person-first language.

Tip

It is always best to ask a person their preferred terminology instead of making assumptions. When this is not possible, research the community’s preferred terminology. Remember that even within a community, differing ideas about language will be present, so you should choose the term that is most widely accepted or used by the community.

How to Start Conversations About Inclusive Language

Again, it is important to note that the terms in this primer are recommendations—not requirements. RTI works with project funders that may have their own preferred terminology (e.g., “a patient,” “HIV-positive”). However, because RTI is an institute that promotes equity, diversity, inclusion, and belonging, it is important to be inclusive regarding how we write, regardless of whether the documents will be available to the public. Although project funders or other authors may not always agree, you should try to recommend person-first or identity-first language when possible. This primer provides examples of inclusive language, as well as answers to some common questions authors may ask. Although you may not always be successful, making recommendations and having these conversations are a starting point in integrating inclusive language into the daily lexicon.

Common Questions About Inclusive Language

Why is it important to use inclusive language?

Non-inclusive words can perpetuate disrespectful, skewed, and derogatory narratives and assumptions about people or communities. When people read documents containing stigmatizing and biased language, they may internalize the perceptions and form opinions associated with specific words or labels. As a result, readers who are in a particular demographic group may experience some or all of following:

- Increased mental duress (real or perceived)
- Increased internalized stigma
- Increased feelings of worthlessness
- Increased risk of alienation by family or social circles
- Lowered self-esteem (which can, in turn, spur behaviors that put the person at risk)
- Loss of hope
- Loss of income (real or perceived).

Tip

The preference of a community or person should trump “official” resources, such as the Centers for Disease Control and Prevention (CDC), because sometimes an agency’s preference or recommendation does not align with what the community or individual prefers (Haelle, 2019).

Is inclusive language the same as being politically correct?

No. Inclusive language focuses on the idea of equity and inclusion for all by recognizing that everyone is human and that their worth is not defined by their particular circumstance or a single aspect of their identity. Perpetuating biased and stigmatizing language creates a further divide between marginalized and non-marginalized groups. It is important to recognize diverse identities by making mindful choices about the terms used to describe illnesses, disabilities, personal situations, communities, and other relevant information. Conversely, political correctness is defined by what is socially acceptable without causing offense and does not take into account an individual’s identity or preference.

I don’t write documents. My role is an editor, graphics designer, reviewer, or administrator. Am I crossing a line by making suggestions to authors about using inclusive language?

Not at all. As an editor, administrator, or reviewer, part of your goal is to suggest changes that enhance a document. In this vein, authors expect an editor to flag potential issues, which may include the use of non-inclusive terms. Although we cannot force someone to adapt inclusive language in a deliverable, an editor’s or reviewer’s due diligence is to catch potential problems and suggest suitable alternatives. Similarly, if a reviewer or administrator recognizes potentially non-inclusive terms, then they should work with the respective editor or directly with the author (if an editor has not been assigned) to determine whether there is a better choice.

I conduct research in a laboratory. Is it really necessary, or possible, to use inclusive language in my field of work?

Yes! Inclusive language can be used in all situations and across all fields. Some authors, fields of study, or project funders may have specific conventions or requirements that must be considered; however, even some publishers of peer-reviewed journals (e.g., Elsevier) have made a commitment to using more inclusive language in the articles they publish (Holloway, 2020).

I'm working on a document that will never be available to the public. Can't I just use whatever terms I want?

RTI strives for its staff to engage inclusively; therefore, using inclusive language should remain a priority regardless of whether a document will be available to the public. Remember that staff at RTI, project funders, and other authors outside of RTI may belong to communities that have been historically marginalized..

How do you handle phrases that are used to describe levels of conditions?

Terms such as “high functioning,” “low functioning,” and “severe” are considered to be offensive, yet the phrases are common and frequently used. It is best to only describe the condition level when it is absolutely necessary. Furthermore, in these instances, it would be best to use medical diagnoses and describe an individual’s abilities and challenges, rather than using less-specific labels (NCDJ, 2021).

What do I do if my report must include a reference or quotation with non-inclusive language?

Remember, our sources do not always speak the way we write. That’s okay. You may end up using a non-inclusive term in a direct quote but be certain that it is fundamental to the story. Otherwise, the item should be paraphrased and a more acceptable term used (NCDJ, 2021).

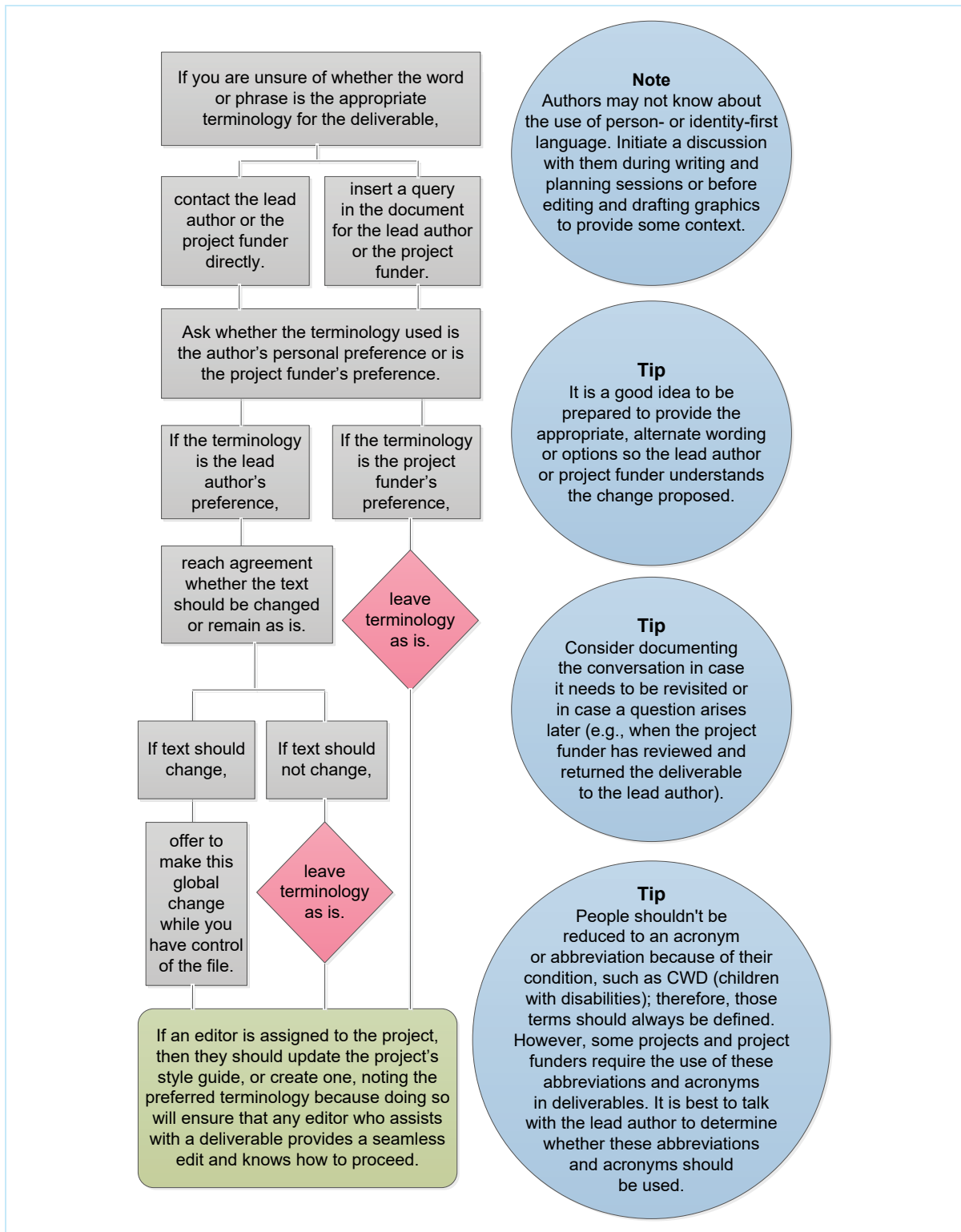
What should I do if the author(s) don't want to use inclusive language?

If an author is adamant about using a stigmatizing phrase (e.g., the Chinese virus instead of coronavirus disease 2019 [COVID-19]) in a deliverable—even after discussing the issue with the editor, reviewer, and/or client—then note the author’s preference in the project files (the editor should also note the preference in the style sheet) in the folder. An email or read-me file in the administrative folder is a more permanent record of the author’s decision, just in case any future questions are raised about the issue.

Inclusive Language Process Diagram

Figure 1 is a process diagram that you can use to determine what to do when you are drafting or helping to draft a document and need guidance on using inclusive language or when reviewing or editing a document and non-inclusive language appears.

Figure 1. Process Diagram⁴



⁴ Source: Farr, H. (2022). *Inclusive Language Primer: Communicating with respect*. RTI International.

Terminology Examples

Language is constantly evolving; therefore, it is important to be aware of new terminology and phrases that are added to the daily lexicon that could be creating bias and stigmatizing specific groups. The remainder of this section discusses some examples of important and recent terminology.

Autism

Autism can be a complicated topic because some autistic people view autism as an intrinsic part of their identity. Although autism is termed as a disability, it also confers benefits and is simply a different way of perceiving and interacting with the world (Haelle, 2019). Some people may prefer to use “person with autism,” some parents may prefer “child with autism,” and the child may prefer “autistic child.” Using person-first language can (but not always) connote a perception of autism as an unfortunate disorder or disease that someone wants to be cured, whereas using identity-first language connotes an “aspect of my identity that is important to my sense of self” (Haelle, 2019). Therefore, it is important to ask the person their preference, keeping in mind that it may change from person to person.

COVID-19 and Public Health Crises

When discussing COVID-19 in a document, you should flag any instances that identify it as the “Wuhan virus,” the “Chinese virus,” the “Asian virus,” or something similar because those terms are unnecessarily stigmatizing the location and the people living in those locations. In general, it should be acceptable to geographically reference a location if needed (e.g., Ebola in Africa), but it is important to ensure that the content is not written in a manner that associates public health issues and diseases with one ethnic or racial group (e.g., African Ebola). For example, past public health crises have incorrectly associated Mexican Americans with the swine flu, Chinese Americans with severe acute respiratory syndrome (SARS), and HIV with Haitian Americans.

It is fine to discuss “people who have COVID-19,” “people who may have COVID-19,” “people who are being treated for COVID-19,” “people who are recovering from COVID-19,” or “people who died after contracting COVID-19” (SA Federation for Mental Health, 2020). However, refrain from calling them “victims” or from referring to them as “COVID-19 cases” or as “COVID-19 suspected cases.” It is important to note that the use of “cases” in text applies to any disease, not just to COVID-19 and its variants.

Deaf, Hard of Hearing, and Hearing Loss Versus Hearing Impaired

Deaf

There are an ongoing debates about the term “Deaf” versus “deaf” (i.e., people who consider themselves a member of Deaf culture versus people who are hard of hearing) and about the preference for whether person-first versus identity-first language should be used. However, according to the Hearing Loss Association of America (HLAA, 2021), “the term ‘Deaf’ is used to describe people who usually do not have useful residual hearing and who generally use sign language as their primary mode of communication.” People in this group consider their deafness a part of their identity or culture—not as a disability—therefore, they tend to use the uppercase “D” (Deafax, 2015). Conversely, people who are audiological deaf tend to

use a lowercase “d.” People who are audiotologically deaf may use hearing assistive technology or lip reading and although they may be able to use spoken language, it is not their primary way to communicate. Always use person-first when using the term “deaf” (e.g., people who are Deaf; people who are deaf; deaf people. Do not use, “*the deaf*”).

Hard of Hearing

According to the HLAA (2021), “... hard of hearing is a descriptive term used when making the distinction among people with hearing loss; for example, people who are deaf and hard of hearing.” People who use the term “hard of hearing” can have varying degrees of what they can hear, as well as differing ages of onset for when they first became hard of hearing. Typically, people who are hard of hearing use lip reading, residual hearing, assistive technology, or sign language to communicate. When using the term “hard of hearing” in text, use person- or identity first terms (e.g., people who are hard of hearing or hard of hearing people. Do not use, “*the hard of hearing*”).

Hearing Loss Versus Hearing Impaired

According to the HLAA (2021), “... hearing loss describes someone with any degree of hearing loss ranging from mild to profound.” Hearing loss includes people who are deaf and people who are hard of hearing. HLAA mostly uses the term “people with hearing loss” in descriptive writing, whereas the National Association of the Deaf (NAD, n.d.) states that for some, the use of “people with hearing loss is inclusive and efficient.” However, it is important to note that just because a person was born deaf or hard of hearing, does not mean that they automatically consider themselves to have “lost” anything (i.e., they did not “lose” their hearing). Although HLAA considers the term “hearing impaired” to be an audiological term and avoids using it to refer to a person who is deaf or hard of hearing, NAD notes that “hearing impaired” is not accepted by the community and is a negative term. Therefore, we recommend not using the term “hearing impaired”; a better option is to use a “person who is deaf” or “a person who is hard of hearing.”

Gender-Neutral Terms

When writing content, it is important to recognize that some language is gendered (i.e., it holds an inherent bias toward a particular sex or gender). For example, using terms such as “mailman” or “chairman” are skewed to identify with men. By using gender-neutral terms, such as “mail carrier,” “chair,” or “chairperson,” you can help eliminate assumptions about a person’s gender or orientation. This point extends to the use of titles, such as Mr., Mrs., or Miss. You can ask the person their preferred title, but if that is not possible, a gender-neutral title, such as Mx., is acceptable. Additionally, gender-neutral terms can be used when addressing groups of people to ensure inclusivity for all genders. For example, rather than “Hi guys” use “Hi everyone.”

Obesity

According to the American Medical Association’s policy, the preference is to use person-first language when using terms such as, “fat,” “obese,” “morbidly obese,” “extremely obese,” and other terms related to a person’s size (2017). If it is important to mention a person’s size at all in text, instead of using stigmatizing terms such as “a morbidly obese woman or person” or an “obese child,” better options are to say, “a woman with morbid obesity” or “a child affected by

obesity.” Using person-first language helps eliminate weight bias, which has been shown to be a problematic factor in persons with obesity receiving equitable health care. Furthermore, a policy statement from the Obesity Action Coalition (OAC, 2018) says that according to the results of a study, people prefer that health providers use the terms “weight,” “unhealthy weight,” and “weight problem,” rather than “fat” or “obese” because they are less stigmatizing.

Race and Ethnicity

During the past decade, academics and scientists have begun to recognize that race is a social construct that historically has been used to divide humans based on physical appearance, such as skin color, hair texture, and facial features (Desmond-Harris, 2014; Gannon, 2016). Conversely, ethnicity is used to describe people’s culture in a geographic region or for large groups of people who have common national, tribal, religious, or linguistic origins and/or backgrounds. Although race and ethnicity can overlap, it is important to never make assumptions about a person’s race or ethnicity based on their appearance and to be aware of the complexities within identities. For example, a person can identify racially as Asian and ethnically as American. It is always best to ask people how they identify.

It is also important to note that use of the term “minority” should be avoided in text because that word is an umbrella term to identify a population subgroup that is not part of the majority, thus creating a further divide (APA, 2021). If it is necessary to identify a person or group’s race or ethnicity, then it is best to ask the preference of the person or group to ensure that the respectful term is used (e.g., people of color, communities of color versus ethnic and racial minorities) (APA, 2021). However, if it is not possible to find out the preferred term, then you should use adjectives instead of nouns. That is, never use “the Blacks,” “the Asians,” or the “Latinxs”; instead, use, “the Black faculty members,” “the Asian board members,” or “the Latinx students.” Along the same lines, when writing about a person or a group’s national origins, hyphenated adjectives are sometimes used to connect racial and ethnic identifiers such as “Japanese-American,” “African-American,” and “Mexican-American.” However, the use of hyphens can connote an otherness, a sense that people of color are somehow not full citizens or fully American: part American, but also something *not* American (Yin, 2022); therefore, these hyphens should be removed.

For people who identify as multi-racial, it is important to not make any assumptions about their race or identity. If it is necessary to know their racial identity, then they should be respectfully asked. The term “non-white” or other terms that treat whiteness as the default should be avoided. Instead use terms such as “people of color” or “an individual who identifies with an underrepresented group.”

Victim Versus Survivor

Although the terms “victim” and “survivor” are not explicitly person-first language, they do carry their own stigma and bias nuances. Both terms have their specific uses and necessities in various contexts. For instance, according to the RTI-developed and supported National Sexual Assault Kit Initiative (SAKI, n.d.), “victim” is used in the criminal justice system when referring to people who have experienced sexual violence, whereas “survivor” is used by sexual violence advocates and other service providers. Additionally, the Rape, Abuse, & Incest National Network (RAINN, 2021) notes that “survivor” is used when referring to someone who has gone

through the recovery process, whereas “victim” refers to someone who has recently experienced sexual violence.

In the health field, “survivor” is used when referring to someone who has recovered from a serious health event, such as a “burn survivor,” “cancer survivor,” and “stroke survivor.”

Writers should be aware of the audience and the context of the deliverable to determine which term is most appropriate. For instance, text that focuses on sexual violence data or with the criminal justice system, can use the term “victim.” However, when text discusses a personalized account, such as success stories, the term “survivor” is more appropriate. In first-person accounts, be sure to use the person’s preferred term.

Disclaimer

Many of the examples listed in **Table 1** are when person-first language should absolutely be used (e.g., in the context of HIV), but there are also some examples when the use of person-first language is not widely preferred among specific communities, particularly in the areas of disability. In all cases, it is best to ask the person or author about the preferred terminology.

Also, many lesbian, gay, bisexual, transgender, queer, and others (LGBTQ+) terms are missing in **Tables 1** and **2**. The omission is not an error, but because some groups do not use person-first language at all. A person should not be identified by their identity unless it is absolutely pertinent to the document. For more information about the use of LGBTQ+ inclusive language, see the *Conscious Style Guide* (Yin, 2022).

Table 1. Terms to Avoid and Acceptable Alternatives for Person-First Language.

If This Term Is Used,	Consider Changing It to This Person-First Language
Abuse	For illicit drugs: A person who uses drugs. For prescription medications: Person who misuses drugs; person who uses drugs other than as prescribed.
Abused or neglected children	Children who have been abused or neglected.
AIDS orphans	Children orphaned by loss of parents, caregivers, or guardians who died of AIDS-related complications.
Albino	Person with albinism.
Alcoholic	Person with an alcohol use disorder.
Amputee	Person with an amputation.
At-risk youth	Youth in high-risk situations or youth at risk of [outcome].
Autistic, autism	Person with autism. Parents may say “child with autism,” but the child may prefer “autistic child.” (For more details about this terminology, see “Autism” entry above.)
Baby boomer	People born in the United States between 1946 and 1964.
Beggar (also see “poor”)	Person experiencing poverty.
Bipolar	Person with bipolar disorder.
Birth defect	Person with a congenital disability.

(continued)

Table 1. Terms to Avoid and Acceptable Alternatives for Person-First Language (continued)

If This Term Is Used,	Consider Changing It to This Person-First Language
Brain damaged	Person with a brain injury or person with a traumatic brain injury.
Chronic mental illness	Person with long-term or persistent mental illness or psychiatric disability.
Clean	<p>Regarding sexually transmitted diseases (STDs): Person without STDs</p> <p>For toxicology screen results: Testing negative.</p> <p>For non-toxicology purposes: Person who is</p> <ul style="list-style-type: none"> • In remission or recovery • Abstinent from drugs • Not drinking or taking drugs • Not currently or actively using drugs.
Convict, ex-con, felon, or inmate	Person formerly or currently incarcerated.
Crazy, deranged, lunatic, insane, mad, mentally ill, or psycho	Person living with mental illness; person with an emotional disability.
Crippled, disabled	Person with a disability; people with disabilities; the disability community.
Deaf, hard of hearing, or hearing loss	<p>For deaf or Deaf: People who are deaf or people who are Deaf.</p> <p>For hard of hearing: People who are hard of hearing or hard of hearing people.</p> <p>For hearing loss: People with hearing loss (Note: “Hearing impaired” is an audiological term; therefore, the HLAA avoids using it when referring to an individual’s hearing loss.)</p> <p>(For more details, see the “Deaf, Hard of Hearing, and Hearing Loss Versus Hearing Impaired” section above.)</p>
Diabetic	<p>As an adjective (e.g., diabetic person or diabetes patient): Person with diabetes and patient with diabetes</p> <p>As a noun (“Are you diabetic?”): Do you have diabetes?</p>
Dirty	<p>For toxicology screen results: Testing positive.</p> <p>For non-toxicology purposes: Person who uses drugs; person who is actively using.</p>
Down’s person or mongoloid	Person with Down syndrome.
Dropout	Student who has dropped out of school.
Drug addict, drug abuser, junkie, or user	Person with a substance use disorder.
Drunk	Person with an alcohol use disorder; person who misuses alcohol or engages in unhealthy or hazardous alcohol use.
Dumb or mute	Person who cannot speak, has difficulty speaking, uses synthetic speech, is non-vocal, is non-verbal.
Epileptic	Person with epilepsy; person with a seizure disorder.

(continued)

Table 1. Terms to Avoid and Acceptable Alternatives for Person-First Language (continued)

If This Term Is Used,	Consider Changing It to This Person-First Language
Fat, obese, morbidly or extremely obese	Person whose weight is classified as X, a man with obesity, or use the terms “weight,” “unhealthy weight,” or “weight problem.” (For more details, see the section of this primer that is titled Obesity.)
Former addict, reformed addict	Person in recovery or long-term recovery; person who previously used drugs.
Foster child or youth	A child or youth in foster care.
Handicapped	Person with a disability or disabilities.
Healthy, normal, regular, typical, or whole	Person without disabilities; person who is able-bodied.
HIV-exposed infant	Infant exposed to HIV.
HIV positive or HIV infected	Person living with or diagnosed with HIV.
Idiot, imbecile, mentally defective, moron, or retard	Person with an intellectual disability.
Illegal immigrants or illegal aliens	Individuals who are undocumented; people who lack documents required for legal immigration; people whose legal visas are no longer valid. (More information about the term “undocumented” is discussed in <i>Defining undocumented</i> [Immigrants Rising, 2019].)
Impaired or impairment	Person who is disabled or has a disability.
Infected	Person with X, contracted or acquired X, or diagnosed with X.
Learning disabled	Person with a specific learning disability.
Normal (as in, a normal person versus a person with a disability)	Typical. (Note: This term should be used carefully because both “normal” and “typical” can still stigmatize a person with a disability by suggesting that they deviate in some way ([NCDJ, 2021]. Information about “normal, typical, and standard schools” is presented in Table 3 .)
Oxy baby	Infant exposed to substances in the womb.
Paraplegic	Person with paraplegia; person with a spinal cord injury.
Physically disabled	Person with a physical disability.
Poor	Person experiencing poverty; people whose incomes are below the federal poverty threshold.
Post-polio or suffered from polio	Person with post-polio syndrome; person with a disability because of polio.
Preemie	Infant who is born prematurely.
Prostitute	Sex worker or a person involved in the sale or trade of sex.
Quadriplegic	Person with quadriplegia; person with a spinal cord injury.
Retarded or slow learner	Person with a specific learning disability.
Schizophrenic	Person with schizophrenia.
Sex offender	Person with a sexual offense history.

(continued)

Table 1. Terms to Avoid and Acceptable Alternatives for Person-First Language (continued)

If This Term Is Used,	Consider Changing It to This Person-First Language
Sex trafficking, slave (human trafficking), or victim	It is important to note that not all human trafficking is for sexual exploitation purposes. The preferred terminology is to use “survivor of” (e.g., survivor of human trafficking).
Slow or low functioning	Person with cognitive difficulties.
Special education student	Student who receives special education services.
Stroke victim	Person who had a stroke.
Stutterer or tongue-tied	Person who has a speech or communication disability.
Vision impairments	<p>Several terms are acceptable, depending on which level is most accurate:</p> <ul style="list-style-type: none"> • Blind: This is an acceptable term when a person is legally or completely blind. • Limited vision: This is an acceptable term when a person is not legally or completely blind. • Low vision: This is an acceptable term when a person is not legally or completely blind. • Partially sighted: This term is used most often in British publications, but it is acceptable if a person is not legally or completely blind. • Visually impaired: This term is similar to “hearing impaired”; however, some people may object to it because it describes the condition in terms of a deficiency.
Welfare mom	Person who is receiving social assistance benefits.
Wheelchair bound or confined to a wheelchair	Person who uses a wheelchair or a mobility device. (Note: Wheelchairs are liberating to people with disabilities because they provide mobility.)
Zika baby	Infant infected with Zika.

Sources for the terms to avoid and acceptable alternatives are as follows: APA, 2020; CDC, 2020; CPHA, 2019; Haelle, 2019; Immigrants Rising, 2019; March of Dimes, 2021; NIDA, 2021; OAC, 2018; Office of Disability Rights, 2006; Perlman, 2020; SA Federation for Mental Health, 2020; Shatterproof, 2021; Snow, K., n.d.; TCDD, 2011; The Well Project, 2014; UNAIDS, 2015; USAID, 2009.

Table 2. Terms to Avoid and Acceptable Alternatives for Identity-First Language

If This Term Is Used,	Consider Changing It to This Identity-First Language
Afro-American	African American or Black people. (Note: “Black” is appropriate rather than “African American” to describe people of African descent from various national origins [e.g., Haitian, Nigerian]). Also see “Blacks” entry in this table.
Asian(s) or Asian-American	<p>Asian people or Asian American person(s) (note the lack of a hyphen):</p> <ul style="list-style-type: none"> • “Asian” refers to an individual who identifies with one or more nationalities or ethnic groups in the Far East, Southeast Asia, or the Indian subcontinent. • It is best to use the preferred term of the individual or group. • Be specific when possible. For example, if you are referencing individuals from South Korea, use “South Korean” instead of “Asian(s).” • Use adjectives, not nouns: Asian students, not Asians.
Autistic, autism	Person with autism. Parents may say “child with autism,” but the child may prefer “autistic child.” (For more details about this terminology, see the section titled Autism in this primer.)
Blacks, Black people, and other people of color	<p>Blacks, Black people, and other people of color:</p> <ul style="list-style-type: none"> • Black and African American are not always interchangeable. • It is best to use the preferred term of the individual or group. • People may identify as African, Afro-Caribbean, or Afro-Latinx. • Use adjectives, not nouns: Black faculty, not Blacks.
Caucasian	White or European American. (Note: Caucasian is considered to be offensive in some cultures.)
Hispanic or Latino	<ul style="list-style-type: none"> • “Hispanic” refers to people from Spanish-speaking countries. People who are from countries such as Mexico or Guatemala and who speak Spanish can identify as both Hispanic and Latinx. • “Latinx/e, Latino, and Latina” refer to people of Latin American descent from various backgrounds or languages. For example, Brazilians who speak Portuguese or a language other than Spanish are Latinx, but they are not Hispanic. • It is best to identify the most precise nationality, if possible, and to confirm the person’s preferred term. Use adjectives, not nouns: Hispanic/Latinx staff, not Hispanics/Latinxs. • The U.S. Census and population data categories use “Hispanic/Latino” as one term to define all individuals. In this context, keep the term as it appears.
Indians	<p>First People, Indigenous people, and Native American.</p> <ul style="list-style-type: none"> • It is best for authors to identify groups indigenous to North America by specific group or nation (e.g., the Navajo Nation). • The U.S. Government has legislative policies and bureaus that use the term “Indian” (e.g., the Bureau of Indian Affairs). In this context, the term should not be changed. • Although “Native American” is considered by some to be an acceptable term, it is a European construct.

(continued)

Table 2. Terms to Avoid and Acceptable Alternatives for Identity-First Language (continued)

If This Term Is Used,	Consider Changing It to This Identity-First Language
Minority	<p>Underrepresented or members of underrepresented groups (for more information, see the <i>Inclusive Language Guide</i>) (OHSU Center for Diversity and Inclusion, 2021).</p> <p>Because “minority” tends to center around the majority, which is often white people, this term fails to account that in some instances “minorities” are actually the majority. Therefore, “underrepresented” is preferred, especially when being specific. However, if distinction is needed between the dominant racial group and nondominant racial groups, use a modifier (e.g., “ethnic,” “racial”) when using the word “minority” (e.g., ethnic minority, racial minority, racial-ethnic minority). When possible, use the specific name of the group or groups to which you are referring.</p>
Mixed (race)	Multi-racial, bi-racial, or inter-racial.
Native (referring to original inhabitants of a nation)	First People or Indigenous population. It is preferable to state or provide specific tribal names (e.g., Maori, Lakota, Cree, Aboriginal and Torres Strait Islander).
Oriental	Use “Asian” for people from Asia. (Note: It is always best to provide the exact nation or region of origin [e.g., Japanese, Chinese, Vietnamese].)
Tranny, she-male, transgender	<p>When writing about a specific person who or a group that shares a specific gender identity, use the most specific term possible (e.g., “men,” “transmen,” “women,” “transgender woman,” “non-binary people”), including the fact that the person or people are transgender if it is relevant and excluding it if it is not (transgender women are women). When writing about all people whose gender does not conform to the sex they were assigned at birth, use “transgender and non-binary people” or “people whose gender does not correspond to the sex they were assigned at birth”). When writing about biological sex, use “assigned female at birth” (AFAB) or “assigned male at birth” (AMAB). It is important to note that the acronyms AFAB and AMAB, respectively, are often encountered in informal language but are typically not used in formal writing.</p>

Sources for the terms to avoid and the acceptable alternatives are as follows: APA, 2020; CDC, 2020; CPHA, 2019; Haelle, 2019; March of Dimes, 2021; NIDA, 2021; Office of Disability Rights, 2006; Perlman, 2020; SA Federation for Mental Health, 2020; Shatterproof, 2021; Snow, K., n.d.; TCDD, 2011; The Well Project, 2014; USAID, 2009.

Table 3. Other Terms to Avoid and Acceptable Alternatives

If This Term Is Used,	Consider Changing It to This Word or Phrase Instead
Adolescent sex worker or child prostitute	Adolescents who are sex workers; sex-trafficked child, victim of child sex trafficking, sexually exploited child, child sex trafficking survivor (Rights4Girls, 2020); victim of sexual exploitation (UNAIDS, 2015); sexual exploitation of a child or children, young people who sell sex (World Health Organization [WHO], 2015). (Note: Depending on the agency or organization [e.g., UNAIDS, WHO], there are differences in the age ranges of people considered to be children or youth. However, it is worth noting that children cannot consent to any sexual activity and are, therefore, victims of sexual trafficking and/or sexual exploitation.
AIDS test	HIV test (AIDS is a diagnosis; there is no AIDS test).
Dirty needles	Sharing needles.
Drug problem or drug habit	Substance use disorder.
Dwarf or midget	A little person or a person of short stature. Note: Little People of America recommends using the identity-first descriptors of “short stature” or “little person” or the person-first language alternative of “someone with dwarfism” as acceptable options. (For more information, see Little People of America, 2015.)
Fit or attack	Seizure or an epileptic episode or event.
The ghetto or inner city	Underserved community; economically depressed neighborhoods; low-income housing.
Handicapped parking, bathrooms, etc.	Accessible parking, bathrooms, etc.
Happy pills	Anti-depressants.
High (or upper) class or low (or lower) class	High or low socioeconomic status; economically marginalized.
The Homeless	Avoid the dehumanizing collective noun “the homeless,” instead using constructions such as people without housing, or unhoused people. Other acceptable alternatives are as follows: people who are homeless, a person experiencing homelessness, people in an emergency shelter, people in transitional housing, or people with housing insecurity, or unhoused people. (Note: “Out-of-school” youth is an accepted term that mean “youth who are not enrolled in or are not attending school.” This term doesn’t mean “homeless” youth.)
Lapse, relapse, or slip	Resumed or experienced a recurrence (of symptoms).
Mental institution	Mental health hospital.
Minority	To refer to non-White racial and ethnic groups collectively, use terms such as “people of color” or “underrepresented groups.” If a distinction is needed between the dominant racial group and nondominant racial groups, use a modifier (e.g., “ethnic,” “racial”) when using the word “minority” (e.g., ethnic minority, racial minority, racial-ethnic minority). When possible, use the specific name of the group or groups to which you are referring.
Mother-to-child transmission	Vertical transmission or perinatal transmission.
Non-compliant	Not in agreement with the treatment plan.

(continued)

Table 3. Other Terms to Avoid and Acceptable Alternatives (continued)

If This Term Is Used,	Consider Changing It to This Word or Phrase Instead
Normal, typical, or standard school (as used in the education industry)	Instances of “normal,” “typical,” and “standard” schools should be changed to “traditional.”
Patient management	Care coordination or supportive services.
Population at risk	Priority population; population with the greatest need.
Problems	Needs.
Prostitution	Sale of sexual services or transactional sex.
Psychotic	Erratic or unusual (when referring to behavior).
The projects	Subsidized housing.
Promiscuous	Having multiple partners.
Rehab or detox center	Treatment center.
Research subject	Avoid “subject” because it is dehumanizing; instead, use “participant.”
Sex trafficking, slave (human trafficking), or victim	It is important to note that not all human trafficking is for sexual exploitation purposes. The preferred terminology is to use “survivor of” (e.g., survivor of human trafficking).
Shrink	Psychiatrists or psychologists.
Underprivileged	Economically marginalized.

Sources for the terms to avoid and acceptable alternatives are as follows: APA, 2020; CDC, 2020; CPHA, 2019; March of Dimes, 2021; NIDA, 2021; Office of Disability Rights, 2006; Perlman, 2020; Rights4Girls, 2020; SA Federation for Mental Health, 2020; Shatterproof, 2021; Snow, K., n.d.; TCDD, 2011; The Well Project, 2014; WHO, 2015; UNAIDS, 2015; USAID, 2009.

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