



Words Matter: AAP Guidance on Inclusive, Anti-biased Language

Words Matter

A Message from AAP President
Lee Savio Beers, MD, FAAP



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

On this page:

Purpose

General Considerations

Disability

Race/Ethnicity

Gender/Gender Identity/Sexual Orientation

Purpose

The American Academy of Pediatrics encourages the use of inclusive, anti-biased language in all of its publications and communications in order to mitigate and combat bias, avoid stereotypes, remove stigma, and promote justice and strengths. The use of inclusive, anti-biased language is consistent with the [AAP Diversity and Inclusion statement](#) and supports the Academy's [Equity Agenda](#) by reflecting diverse lived experiences and acknowledging the oppressive systems, structures, and policies that create those experiences. Language has the power to change minds, hearts, behaviors, and relationships and to create narratives that shape our perceptions and beliefs. Thus, it is important to carefully consider language when developing AAP content to convey messages and propose solutions that promote diversity, foster inclusion, and advance equity. Language should recognize the inherent value in each individual, and mitigate the harm perpetrated upon communities that have been marginalized and socially, politically, and economically disadvantaged. Using inclusive language invites people in for discussion, instead of working off biases and excluding those you may wish to engage.

This document is intended to provide guidance for authors, editors, presenters, media spokespersons, and other content contributors; it is not intended to be prescriptive, exhaustive, or used as a single authoritative source for specific terminology. Every effort should be made to

determine what is most appropriate for the topic, type, and purpose of the communication. However, there will be variations in how individuals self-identify and prefer to be referenced. Individuals within groups may have different preferences, and preferences may also change over time. Inclusive, anti-biased language honors the rights of groups and individuals to define their own identities. Content creators should consider the target audience when choosing language and framing and should consult with individuals/groups to ask how they wish to be identified. This may include consulting reliable self-advocacy groups and/or resources developed by organizations representing the communities being discussed. Despite thoughtful consideration, the most carefully chosen words may have an unintended (and negative) impact, depending on the connotation to the audience. However, using anti-biased, inclusive language will help clarify the intent, hopefully mitigating negative impacts.

Lastly, not only do words matter, but so does context – both social and situational. It is important to note that words do not exist in a vacuum. They are contextualized by history, politics, social position, geography, and other variables. **Recognizing that these factors are dynamic, so too is language.** For example, terms that may be acceptable in some places may carry a different, sometimes offensive, meaning in other places; or terms used within certain groups may take on a different meaning when used by those outside of the group – especially when those using it are part of a dominant social group.

The AAP recognizes that dialogue about terminology is ongoing and there often is not universal agreement about specific terms and their definitions. Vocabulary continually evolves. This is a working document that will be continuously updated as recommendations for suggested terminology evolve. The AAP encourages content creators to practice cultural humility and engage in ongoing dialogue and learning to increase their understanding of inclusive, anti-biased terminology. Using cultural humility can help people reflect when their words have an impact other than what was intended and allow language to continually evolve as we learn more.

The following guidance includes strategies that can be used to make content more inclusive and enable rather than disempower people and groups.

General Considerations

- Be as specific as possible when referring to groups or subjects. Specificity provides clarity and avoids multiple interpretations or misinterpretations.

- Use terms like “vulnerable” and “marginalized” sparingly as general descriptors. They can obscure meaning. For example, instead of using “vulnerable,” consider using “people experiencing barriers or people with less resources.” As a general rule, these terms should be avoided if the population’s “vulnerability” or “marginalization” cannot be clearly defined.
- Use strengths-based language to acknowledge a person's assets, rather than deficits, and the presence of individual agency. For example, consider terms such as “living with” instead of “suffering from” or “maximize growth” instead of “minimize risk.”
- Use person-first language to focus on the individual, placing the person at the center rather than the diagnosis or physical, mental, or social condition they are experiencing. It acknowledges the person before the condition or disease and aims to define them first as a person. Examples include a child living with diabetes, a child living with asthma, a child who uses a wheelchair, children in foster care, and children and families experiencing food insecurity.
- Consider using terms that describe underlying systemic causes to create a narrative that compels solutions to address larger societal problems. Be careful using terms that describe behaviors or outcomes, such as disparate disease burden, solely as a result of personal or group choice or based on racial/ethnic differences. Consider describing the social structures, systems, and policies that cause the behavior or outcome. For example, instead of only describing a health risk behavior (eg, tobacco use, substance use) or outcome (eg, high school dropout), also consider describing the forces that contribute to that behavior (eg, lack of access to resources, economic stress, educational barriers).
- When presenting data, use the categories from the survey/study being cited. However, it is important to contextualize the data as noted above.

Disability

- Do not use words that can suggest or perpetuate undesirable stereotypes, including when talking about people without disabilities. For example, avoid using words like “able-bodied” and use “nondisabled” instead.
- Avoid condescending euphemisms (eg, “differently abled”).

- People with a disability can be healthy. A disability does not connote illness; thus, people with disabilities should only be referred to as a patient when discussing care by a health care professional.
- Use language that emphasizes the need for accessibility instead of the presence of a disability. For example, consider “accessible parking” instead of “handicapped parking.”
- Focus on a person's abilities, contributions, and aspirations as opposed to their limitations or the challenges they face. Instead of saying a child or adolescent who is nonverbal, consider saying a child who uses a communication device.

Race/Ethnicity

- Race should be acknowledged as a social construct and should not be used as a biological or genetic descriptor. It should not be used as a biological proxy for disparities.
- Avoid language that ascribes responsibility to the community for disparities in outcomes between different racial/ethnic groups. Instead, describe how structural racism and other structural forces cause the disparities. Be as descriptive as possible to explain how these forces operate to create the disparity.
- The term “racial/ethnic minority” can be misleading or inaccurate in some instances. For instance, half of US children are Black, Hispanic/Latino, American Indian/Alaska Native, Asian, or another race other than white; thus, the term “racial/ethnic minority” does not apply when describing these groups collectively in discussions about children under 18. Additionally, some may consider the term “minority” to be pejorative and to denote belief in human hierarchy. Consider listing the specific racial/ethnic groups being discussed or impacted instead of using the term “racial/ethnic minority.”
- There are several terms that may be used to collectively describe Black, American Indian/Alaska Native, Hispanic/Latino, Asian American and Pacific Islander and other racial/ethnic groups that have historically been called “minorities.” Terms often used include people or children of color; Black, Indigenous, and people of color (BIPOC); and nonracialized terms such as “marginalized” and “underrepresented.” It is noted that although BIPOC may be concise, some may find it to be imprecise in representing the diversity of these groups and lacking specificity. Consider using it sparingly. Authors are encouraged to be as specific as possible so that readers and audience members

understand the population(s) being discussed. Specificity also acknowledges the distinct culture, traditions, and experiences of oppression for each group.

- Multiple terms may be considered acceptable for a single racial/ethnic group.
- Terminology may vary based on geographic location, source, and other factors and may depend on personal preference.
- When possible, refer to an individual's or group's specific region or country of origin.
- Avoid language that reinforces racial bias and negative stereotypes and perpetuates myths as well as terms considered outdated or pejorative.

Gender/Gender Identity/Sexual Orientation

- Avoid confusing sex with gender.
- Consider appropriateness of using “male” and “female” as nouns. Avoid using adjectives to describe sexual orientation or gender identity as nouns. For example, he/she is “transgendered.”
- Gender identity is not synonymous with sexual orientation. Gender identity and sexual orientation are distinct but interrelated. Terminology should not be conflated, meaning that being transgender does not imply a sexual orientation, and people who identify as transgender still identify as straight, gay, bisexual, etc, on the basis of their attractions. Be sure to specify if you are referring to gender identity, sexual orientation, or both when discussing these issues.
- Avoid binary terms (eg, “opposite sex” or “opposite gender”) to compare or describe sex or gender.
- Avoid inconsistent ways of addressing individuals based on gender: if one individual is addressed by name, last name, title, or profession, the others should be as well.
- Discuss humans in general in neutral terms (eg, individuals, children, adolescents, people).
- Consider strategies to make language as gender-inclusive as possible, including using gender-neutral endings or nongendered terms. Avoid reinforcing gender stereotypes or bias and only specify gender when it is relevant or necessary and known. For example, use

chairperson instead of chairman; use police officer instead of policeman; use congressional representative or legislator.

- Lesbian, gay, bisexual, transgender and questioning or queer (LGBTQ) should be used when discussing studies and recommendations for self-identified lesbian, gay, bisexual, transgender, or questioning youth. The terms transgender and gender diverse (TGD) and lesbian, gay, bisexual (LGB) are similarly used when referencing those more specific self-identifying groups. Many individuals, particularly adolescents, do not identify as LGBTQ but may have had same-gender sexual behaviors, just as many people may not identify as transgender despite having a non-cisgender identity.
- Determine whether you are discussing behavior or identity. Many individuals, particularly adolescents, do not identify as LGBTQ but may have had same-gender sexual behaviors (ie, young men who have sex with men [YMSM] and young women who have sex with women [YWSW]).
- The term “sexual and gender minority” should be used sparingly, and specifically in the context of discussing issues of marginalization and privilege in society (not as a general label or medical term).
- Although younger generations have embraced the term queer, older adults may still be uncomfortable with this term. Consider your audience and that appropriate terminology may differ in various contexts.
- Use language that does not assume heterosexual orientation or cisgender identity. For example, in discussing newborn care, it may be appropriate to refer to a birthing parent (and non-birthing parent, if applicable) or a breast/chestfeeding parent depending on the topic being discussed. Refer to one’s partner rather than their boyfriend or girlfriend.

References



Source American Academy of Pediatrics

© Copyright 2021 American Academy of Pediatrics. All rights reserved.
