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BC Centre for Disease Control
Provincial Health Services Authority

BCCDC COVID-19 Language Guide

Guidelines for inclusive language for written and digital content



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Language is power, in ways more literal than most people think. When we speak, we exercise the power of language to transform reality. Why don't more of us realize the connection between language and power?

Julia Penelope

Introduction and context

When we write or speak, the words we choose have the power to respectfully and accurately represent people and ideas that help foster and maintain good relations with others. Words also have the power to perpetuate ignorance and bias. This guide aims to assist with COVID-19 messaging and content development by using positive, acknowledging, and inclusive, rather than (potentially) stigmatizing language that may provoke fear.

Purpose

The overall purpose is to ensure all individuals are included and represented in a more equitable manner where individuals are more open and receptive to COVID-19 messaging. Inclusive language is essential in creating safer environments for employees and all community members we engage with. Culturally safe, trauma informed and equitable language, composed of words, terms, and phrases, aims to address all people in a productive and respectful manner. These guidelines incorporate an equity lens, the Government of British Columbia's *Declaration on the Rights of Indigenous Peoples Act*, the provincial Commitment on Cultural Safety and Humility in Health Services and the Provincial Health Services Authority (PHSA) Values to inform print and digital content.

Frameworks

World Health Organization

According to the [World Health Organization](#) and the [National Collaborating Centre for Determinants of Health's Let Talk Health Equity](#),¹ the pursuit of health equity has become a worldwide public health objective. Health equity means that all people can reach their full health potential and should not be disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, sex, social class, socioeconomic status or other socially determined circumstance. Health equity “involves the fair distribution of resources needed for health, fair access to the opportunities available, and fairness in the support offered to people when ill.” While striving to improve health outcomes for all population groups, the pursuit of health equity seeks to reduce the excess burden of ill health among socially and economically disadvantaged populations. (Whitehead, 2006, p. 5)

Declaration on the Rights of Indigenous Peoples Act

The government of British Columbia (B.C.) passed the *Declaration on the Rights of Indigenous Peoples Act* in November 2019 which aims to create a path forward that respects the human rights of Indigenous peoples, while introducing better transparency and predictability in the work we do together for true and lasting reconciliation with Indigenous Peoples living in British Columbia.

*Declaration of Commitment*⁴

In March 2017, B.C. became the first province in Canada to pledge their commitment to making BC's health system more culturally safe and effective for Indigenous peoples. This was an important step toward embedding Cultural Safety and Humility among those who are involved in the delivery of health services to Indigenous people(s) in British Columbia. This includes working with government, health authorities and other health care system partners to support a system wide approach. This commitment reflects the high priority placed on

¹ National Collaborating Centre for Determinants of Health (2013) Let's talk: health equity. Antigonish, NS National Collaborating Centre for Determinants of Health, St. Francis Xavier University.

² Commission on Social Determinants of Health. Closing the gap in a generation: Health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization; 2008 [cited 2012 Sept 21]. Available from: www.searo.who.int/LinkFiles/SDH_SDH_FinalReport.pdf

³ Whitehead M, Dahlgren G. Concepts and principles for tackling social inequities in health: Levelling up part 1. Geneva: World Health Organization; 2006 [cited 2012 Sept 21]. Available from: www.euro.who.int/_data/assets/pdf_file/0010/74737/E89383.pdf

⁴ <https://www.fnha.ca/Documents/FNHA-Doctors-of-BC-Cultural-Safety-and-Humility-Signing.pdf>

Cultural Safety and Humility as essential dimensions of quality and safety in reaching a shared objective of promoting the highest standard of health care with and for Indigenous populations in BC.

*Provincial Health Service Authority's Values*⁵

These guidelines are consistent with PHSA's Values of: Respect people, Be compassionate, Dare to innovate, Cultivate partnerships, and Serve with purpose. To embody and live our collective values, our organization must be conscientious of the words, terms, or phrases used and habitually challenge the status quo.

Scope

The scope of these guidelines is for COVID-19 content development, written or digital materials, and when updating existing resources in an effort to make new and existing content more inclusive and non-stigmatizing. This includes content for both internal communications within British Columbia Centre for Disease Control (BCCDC) and for external communication with and for users/partners.

Limitations

We recognize that terminology is continually changing. These guidelines highlight current principles and best practices as of June 2020 and are not all encompassing. The document begins with the section of guiding principles followed by some selected examples. There is a commitment for a bi-annual (January and July) review of these guidelines and to be updated and amended to reflect any shifts and/or changes in terminology and/or language.

This guide is only offered in English and is not offered in any other language as it focuses on words, terms and phrases in the English language. Finally, this guide does not address or include a specific section on graphics and/or images that often accompany text or that are often used with social media posts. Perhaps in future iterations a section on graphics/images may be included.

⁵ <http://www.phsa.ca/about/who-we-are/vision-mission-values>

Guiding Principles

The following guiding principles were initially developed by an existing Language Matters Working Group with members from BCCDC's Clinic Prevention Services and Trans Care BC. Further input was provided by the BC Ministry of Health, BCCDC's Chee Mamuk Indigenous Health Program, TransFocus, and the BCCDC Hepatitis & Harm Reduction Services.

To practice inclusive language, incorporate the following principles:

Language matters. Use inclusive and equitable terms that are relevant to your audience. Consider who may be missed when using certain terms.

Practice the Platinum Rule. “Treat others as **they** wish to be treated” rather than the golden rule: “Treat others as you wish to be treated.”

Language evolves. Be flexible, revisit regularly, and adapt when needed.

Use “people/person first” language. Focus on the person as an individual first, as an example: “person with a physical disability or mobility impairment” versus “physically disabled”, “crippled”, or “lame.”

Choice. Providing all options and respecting autonomy and agency in decision making is at the forefront of people-centred care.

Cultural humility.⁶ A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience; this may be accomplished by the centering of the voices of the people with lived and living experiences when presenting information and key messages.

Trauma and violence informed care. Create safer environments with an understanding that the effects of trauma are linked to health and behaviour for people. Keep in mind that many people experience intersecting effects of systemic and interpersonal violence.

⁶ <https://www.fnha.ca/wellness/cultural-humility>

Harm reduction. Respect individual rights, decisions, and goals and meaningfully engage people who use substances in design and delivery of services. Challenge stigma and focus on social justice and human rights. Follow evidence and ensure interventions are “practical, feasible, effective, safe and cost-effective in diverse social cultural and economic settings.”⁷ Creativity and flexibility. Each person and every situation is unique. Understand that adaptation may be required for implementation. There requires attentiveness on how content might land with someone of a different cultural and/or socioeconomic background.

Awareness of assumptions and judgement. It is impossible not to have assumptions and judgements. It is the awareness of our assumptions and judgements, and how they show up in our writing that will determine how wide reaching our resources and information are.

Self-reflexivity. Aim to bring awareness to your own values and beliefs and the ways they interact with those who access our resources and services. Aim to see beyond established ways of thinking. Work to understand, in real time, the larger patterns, dynamics, and systems at play when examining health disparities and inequities.

Plain language. Use simple language that is easy to understand.

⁷ <https://www.hri.global/what-is-harm-reduction>

How to Use These Guidelines

Consider the intended audience(s) when developing content or applying the examples used in this guide. Terms that are appropriate for health care provider content may not be understood by community members or others. Where possible, consult with your intended audience(s) and consider the above guiding principles.

Content developers should have an operational understanding of these guiding principles and the following selected examples offered, with their suggested alternatives, for commonly used words, terms or phrases. The guide does not capture all potentially stigmatizing language, so content developers should work to ensure their language meets or exceeds the spirit of the listed Guiding Principles.

Contributors

The work for this COVID-19 Language Guide is based on the hard work and countless hours by the members of the Language Matters working group, a gender and language working group with representation from BCCDC Clinical Prevention Services and Healthcare Initiative for Men Clinic. We are indebted and grateful to: Lauren Collins, Geoffrey Ford, Devon Haag, Sharon Janzen, Shaila Jiwa, Heather Pedersen and Simon Rayek.

In addition to the many listed above, we are equally grateful for all the time, energy and effort to the following for either writing and/or reviewing sections of this guide: BC Ministry of Health; team members of Chee Mamuk, BCCDC's Indigenous public health program; BCCDC Hepatitis & Harm Reduction Services; BCCDC Provincial TB Services, BCCDC COVID-19 Knowledge Translation Needs Identification and Prioritization Working Group; and to all the individuals within and outside of BCCDC: Heather Amos, Annelies Becu, Jane Buxton, Katie Fenn, Henry Lau, Melanie Kurrein, Jessica Macht, Christina Rajsic, Travis Salway, Kyle Shaughnessy, Blake Stitilis, and Sara Young. Apologizes in advance to those who helped but were not listed above; if this has occurred; it is an oversight and will be addressed/corrected in the following iteration of this guide.

Finally, there is much gratitude to Nick Smith of BCCDC Community Antimicrobial Stewardship program for the design and layout of this guide.

Contact

As mentioned above, this guide will undergo a review every January and July, as language is fluid, dynamic and ever evolving and as a result there are always going to be ways this guide can be improved upon and made better. If you have any comments, suggested edits, or to offer any observations and reflections, contact harlan.pruden@bccdc.ca.



Disease Basics

These basics are also applicable to other diseases (e.g. HIV, TB, HCV).

Try this...	Instead of this...	Because...
COVID-19 virus COVID-19 virus transmissions Transmit virus Person with mild/severe symptoms Prevents COVID-19 virus spreading Virus responsible for COVID-19	COVID-19 infection or positive New COVID-19 infections Infect / infecting Became infected Prevents COVID-19 infection	“Infection” carries the stigma of being contagious, a threat, or unclean. This recommendation was offered by HIV advocates who frequently highlight the damaging consequences of this word choice. Decrease fear by using descriptors or descriptive language of what COVID-19 is or how it is spread.
People/person with COVID-19 Person with... <ul style="list-style-type: none"> ▪ who tested positive for the virus ▪ with mild symptoms for the virus ▪ with severe illness for the virus People/person without COVID-19 Person with... <ul style="list-style-type: none"> ▪ illness caused by COVID-19 virus ▪ who need hospital support 	COVID-19-infected people COVID-19 positives COVID-19 positive people People infected with COVID-19 COVID-19-uninfected people	Person-first language emphasizes humanity. Decrease fear by using descriptors or descriptive language of what COVID-19 is or how it is spread.
Community member Individual accessing service(s)	Patient Client	When describing a person engaging with the healthcare system, “individual accessing service(s)” and/or “community member” is considered acknowledging and inclusive. ‘Client’ and ‘clinician’ words may affirm a power structure/dynamic.

Try this...	Instead of this...	Because...
<p>Engage a population</p> <p>Priority population/group</p> <p>Key population/group</p>	<p>Target a population</p> <p>Vulnerable population (see below)</p> <p>Target(ed) population/group</p>	<p>These preferred terms emphasize community-oriented, participatory approaches to ending an epidemic, instead of paternalistic, top-down approaches.</p>
<p>(Increased or decreased) likelihood, chance</p> <p>More likely or less likely for severe illness</p> <p>More likely or less likely for transmission/ spreading</p>	<p>Risk</p>	<p>The preferred terms help reduce passivity applied to populations.</p>
<p>Chronic conditions</p> <p>People who live in long-term care facilities etc.</p>	<p>Risk factors</p> <p>Lifestyle factors</p>	<p>Lifestyle/risk factors can imply personal choice/fault.</p> <p>The preferred terms are more specific and person-centred.</p>
<p>Hardly reached or unsuccessfully engaged</p> <p>Populations/individuals</p>	<p>Hard to reach populations/individuals</p>	<p>The preferred terms put the onus on the health sector rather than an individual.</p>
<p>Person waiting for COVID-19 test results</p>	<p>COVID-19 suspect</p>	<p>“Suspect” evokes suspicion and personal fault.</p>
<p>Protect/protection from COVID-19</p>	<p>Fight/battle/attack the virus</p> <p>War on coronavirus</p> <p>Crisis</p>	<p>Battle and war references can evoke images of violence and panic</p>

Use of “vulnerable population(s)”

The following is provided by Amy Katz, researcher from Centre for Urban Health Solutions at St. Michael’s Hospital, in a post titled, “[*Words matter: The use of ‘vulnerable’ in health care and public health.*](#)”

Within public health and many other spaces, we often hear about helping “vulnerable groups” or doing work with “vulnerable populations.” We see this in strategic plans, websites, grant applications and papers. But we don’t often hear precisely what it is that people are vulnerable to, how this vulnerability is produced, or by whom. And we don’t often discuss the role of health care institutions and research in producing vulnerability. Instead, there is this free-floating and vaguely outlined “vulnerability” that is just somehow there. No group of people is inherently vulnerable. If a group of people is experiencing vulnerability in a particular situation, setting, system or society, that vulnerability is being produced by other people. It is entirely possible to trace how that vulnerability is produced, and who is responsible. If vulnerable or vulnerability is used it warrants a description of how is it produced and who is responsible.

When we leave it at “vulnerable groups” – the implication is that the vulnerability is built in, it’s a deficit, it is a condition internal

to the group. So, our role as health care providers or researchers is then to save people from their own vulnerability. Health care and public health have a long history of scientific racism. In Dr. Katz’s paper⁸, Katz reviewed literature on eugenics, on the “Bell Curve,” on what has been termed “biological determinism.” All of these are theories grounded in the idea that white populations are superior. They are pseudo-scientific justifications for white supremacy. These theories have been widely and completely debunked by scientists from geneticists to epidemiologists to clinicians. But they’re not gone.

These ideas might not be explicitly stated, but they often inform how we do research and how health care operates. When the word “vulnerable,” is used, there is an increase in the likelihood that implicit racist ideas about white superiority and the role of white people in saving other flawed populations flow in to fill in the blanks. And those implications fester.

⁸ Katz, Amy S. et al. “Vagueness, power and public health: use of ‘vulnerable’ in public health literature.” *Critical Public Health* (2019): 1-11: DOI: 10.1080/09581596.2019.1656800

Racial, Ethnic & Cultural Identities

Race and ethnicity are distinct concepts that are often conflated:

- Race is a social construct used to categorize people based on perceived physical differences (e.g., skin colour, facial features).
- Ethnicity is a multi-dimensional concept referring to membership in a cultural group; it is often connected to socio-demographic characteristics including language, religious affiliation, nationality, cultural traditions and migration history, among others.

The table below offer language considerations for describing racial, ethnic and cultural identities.⁹ With few exceptions, terms used to describe a people's race or ethnicity should be capitalized.

Group/Population	Examples
Black	African, Afro-Caribbean, African Canadian descent
East Asian	Chinese, Korean, Japanese, Taiwanese descent
Southeast Asian	Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent
Indigenous (First Nations, Inuk/Inuit, Métis) ¹⁰	First Nations, Inuk/Inuit, Métis descent
Latino	Latin American, Hispanic descent
Middle Eastern	Arab, Persian, West Asian descent (e.g., Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)
South Asian	South Asian descent (e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
White	European descent

⁹ Ontario Anti-Racism Directorate. Data Standards for the Identification and Monitoring of Systemic Racism. 2018. The Upstream Lab. Screening for Poverty and Related social determinants and intervening to improve Knowledge of and links to resources (SPARK). Accessed April 17, 2020.

¹⁰ It is recommended that reporting about Indigenous data and communities be informed through collaboration with Indigenous communities in the jurisdiction of data collection. Distinctions-based approaches — that is, identifying First Nations, Inuk/Inuit and Métis communities and/or other Indigenous populations, such as nations or clans — may be preferred.

Group/Population	Definition	Language Considerations
<p>Person of colour (POC) Black, Indigenous or Person of Colour (BIPOC)</p>	<p>A person who is not white or of European origin</p>	<p>Many prefer this term to “racial minorities” and consider it inclusive of all non-white races, while individuals with some non-white identities may not relate to the term. Still others consider it euphemistic or irrelevant, as they may not be a minority or view themselves as minority.</p> <p>Do not use “people of colour” when referring to one specific nonwhite racial group; use a term specific to that group.</p>
<p>Racialized communities</p>	<p>Group being assigned or categorized in a racial hierarchy</p>	<p>In the United States and Canada, this term is sometimes preferred to “racial minorities” because it encompasses non-white groups that may make up a majority of individuals in a given geographical area. The term also defines race as an ascribed identity, acknowledging an individual’s identity may differ from another person’s perception, which may be useful to distinguish from self-reported race and ethnicity information.</p>
<p>Biracial Multiracial or mixed race</p>	<p>Having parents or ancestors of different racial backgrounds</p>	<p>Some consider using “mixed” alone to be stigmatizing, while others claim the term positively. “Mixed race” is used frequently in academia and elsewhere, though some again highlight it as having stigmatizing potential.</p>
<p>Newcomers New to Canada</p>	<p>Immigrants Foreigners Migrants</p>	<p>Person-first language emphasizes humanity.</p>

Substance Use

Understanding Substance Use Harms

People use substances (such as alcohol, tobacco, medications, cannabis, heroin, cocaine, methamphetamine, etc.) for a variety of reasons, including to alter mood, thoughts and awareness, for social, emotional, and spiritual reasons, to manage physical or psychological pain and so on. Substance use can have positive, neutral, or negative outcomes for individuals – and individuals can have positive experiences with one substance, while experiencing harm from another substance.¹¹

While substance use is not intrinsically detrimental, it is often linked to political, economic and social factors that contribute to negative outcomes for people who use substances. Harms are more likely where substance use intersects with criminalization, racialization, lack of appropriate health services, and social, economic and political marginalization.

Using non-stigmatizing language to talk about substance use and people who use substances can help transform how substance use is understood and addressed.

Try this...	Instead of this...	Because...
Person who injects drugs / substances	Injection drug user (IDU)	Person-first language emphasizes humanity.
Person who smokes drugs / substances	Drug user/abuser	
Person who uses drugs / substances	Drug abuse	
Person with lived/living experience of substance use	Drug addict	
	Drug-addicted	
	Alcoholic	
	Problematic substance use	

¹¹ <https://www.health.gov.bc.ca/library/publications/year/2006/followingtheevidence.pdf>

Try this...	Instead of this...	Because...
<p>Person who uses substances regularly</p> <p>Regular substance use</p> <p>Person seeking treatment for substance use</p> <p>Less preferred: Substance use disorder / Person with a substance use disorder</p>	<p>Problematic substance use</p> <p>Drug addiction</p> <p>Drug dependence</p> <p>Drug habit</p> <p>Drug abuse</p> <p>Alcoholism</p> <p>Alcohol abuse</p> <p>Alcohol dependence</p>	<p>Regular substance use is not inherently problematic and may not indicate that someone has an ‘addiction’. Many of harms people experience around substance use tied to factors such as criminalization, unregulated drug markets, and/or social determinants of health.</p> <p>The term ‘substance use disorder’ is used widely in medical settings, where addiction is understood as a chronic, relapsing medical condition that can be treated. It emphasizes that ongoing substance use is not amoral failing or personality flaw; however, use of the term ‘disorder’ can also be stigmatizing.</p> <p>“Abuse” is a negative term that invites a value judgement. Addiction is not a diagnostic term although it is an acceptable synonym substance use disorder.</p>
<p>Stopped / quit / not using substances</p> <p>Not currently using substances</p> <p>Negative or positive [for a toxicology screen]</p> <p>Currently using substances</p>	<p>Clean</p> <p>Dirty</p> <p>Clean urine drug test</p> <p>Dirty urine drug test</p>	<p>Labeling the use of drugs as “dirty” and the absence of drug use as “clean” invites a value judgement that stigmatizes people who use drugs and does not accurately reflect the complexities of substance use and decisions not to use substances.</p>

Try this...	Instead of this...	Because...
<p>Opioid Agonist Treatment (OAT) [includes buprenorphine, methadone/methadose, hydromorphone, diacetylmorphine, morphine, and other evidence-based treatments]</p> <p>Medication-assisted treatment (MAT) [when referring to or inclusive of medications used to treat non-opioid substance use]</p> <p>Managed Alcohol Program (MAP) [provide regular doses of beverage alcohol in a safe setting to prevent use of non-beverage alcohol, and to manage intoxication levels]</p>	<p>Opioid replacement</p> <p>Maintenance</p> <p>Drug substitution</p>	<p>“Replacement” and “substitution” imply medications merely “substitute” one drug or “one addiction” for another, fueling a stigmatizing misconception that prevents people from accessing treatment.</p>
<p>Withdrawal management</p> <p>Evidence-based treatment</p> <p>Treatment</p> <p>Treatment centre</p> <p>Treatment services</p> <p>Supportive recovery services</p>	<p>Detox, or detox centre</p> <p>Rehab</p>	<p>“Rehab” and “detox” imply a person who uses substances must be ‘fixed’ or has ‘poisoned’ their body.</p> <p>Substance use treatments encompass a range of services from withdrawal management to long-term treatment. Evidence-based approaches to substance use include options along a continuum of substance use – from ongoing daily use to abstinence from substance use.</p>

Try this...	Instead of this...	Because...
<p>Person in recovery</p>	<p>Former addict/alcoholic Recovered addict/alcoholic Reformed addict/alcoholic</p>	<p>This person-first terms honor the belief of many clinicians and people who use substances that recovery from substance use is an ongoing and variable process.</p> <p>Some find the term ‘recovery’ stigmatizing, as it can imply that only people who abstain from substances have achieved wellness and recovery from substance use; however, recovery and abstinence are important goals and meaningful terms for some people who use substances</p> <p>Some individuals may claim a term like “addict,” but such terms should only be used by the individual choosing to re-claim the term.</p>



Sex, Gender, Sexual Identities, Pronouns & Gender Inclusive Language

Concept or Term	Name	Definition
Concept	Sex (assignment)	Biological category based on reproductive, anatomical and genetic characteristics with the broad categories of male, female and intersex. However, typically within health care settings the only officially recognized and assigned at birth categories are female and male categories, which becomes part of someone's official government record and societally assumed gender.
Concept	Gender	A composite of socially constructed roles, behaviours, activities and/or attributes that a given society considers appropriate for members of a given sex.
Concept	Two-Spirit	Two-Spirit refers to individuals who embody diverse (or non-normative) sexualities, genders, and gender expressions and/or roles ¹² and who are Indigenous to Turtle Island ¹³ . Two-Spirit is not one specific or homogenous identity, rather a community organizing tool, in other words, a way to identify these individuals who may vary in appearance, language, and community roles from nation to nation.
Term	Queer	People who identify as queer may think of their sexual orientation and/or gender identity as characterized by non-binary constructs of sexual orientation, gender and/or sex (the term is considered more fluid and inclusive than traditional categories for sexual orientation and gender identity, and some even use the term to describe their political beliefs. Once considered a pejorative term, queer has been reclaimed by some LGBT people to describe themselves; however, it is not a universally accepted term even within the LGBT community).

¹² Intentionally not using the western frameworks, concepts, or identities of LGBTQ+. Instead opting for the descriptive statement of: "who embody diverse (or non-normative) sexualities, genders, and gender expressions, as the concept of Two-Spirit pre-dates these western frameworks, concepts, or identities of LGBTQ+."

¹³ Turtle Island is harkening to some of the first peoples' creation stories (Anishnaabe, Lenepe, to list a few) and is used to name the land that we have come to call North America. Turtle Island is used to reference this land mass while not affirming or recognizing the two nation states of Canada or the United States of America.

Concept or Term	Name	Definition
Term	Bisexual	Having the potential to be emotionally, romantically and/or sexually attracted to either gender/sex ¹⁴ - not necessarily at the same time, in the same way or to the same degree.
Term	Pansexual	The sexual attraction to a person of any sex or gender. Whereas, the term bisexual is sometimes defined as the romantic and/or sexual attraction to multiple genders/sex.
Concept	Cisgender person	A term for people whose gender identity aligns with their sex assigned at/from birth. For example, someone who identifies as a woman and was assigned female at birth is a cisgender woman similarly, a man who is male-assigned at birth. The term cisgender is the opposite of the word transgender. Related terms include cissexism and cisnormativity.
Concept	Gender identity	Each person's internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. Gender identity is independent of sex-assignment. Gender identity is fundamentally different from a person's sexual orientation.
Concept	Gender expression	How one chooses to convey one's gender identity through behaviour, clothing and other external characteristics.
Term	Non-binary person	Person who identifies between or outside of the gender binary by experiencing their gender as neither exclusively man nor woman.
Term	Genderqueer person	Person who does not identify as a man or woman or subscribe to conventional gender distinctions.
Term	Gender fluid person	Person whose gender identity shifts between different genders (or no gender) or across the spectrum.
Term	Agender person	Person who does not identify with any gender; agender people may wish to have no gender expression at all, which many find difficult to achieve in our gendered society.

¹¹ Given that, for some people, sexual orientation suggests an attraction to sex characteristics of other people, while for others, sexual orientation suggests an attraction to gender(s) of other people, we use gender/sex (as recommended by van Anders, 2015) to signify a situation in which sex and gender cannot be disentangled. Citation: van Anders SM. Beyond Sexual Orientation: Integrating Gender/Sex and Diverse Sexualities via Sexual Configurations Theory. Arch Sex Behav. 2015;44(5):1177-1213. doi:10.1007/s10508-015-0490-8

Concept or Term	Name	Definition
Term	Bigender person	Person who identifies as two genders.
Term	Pangender person	Person who identifies as all genders.
Term	Trans* [sometimes] transgender	An umbrella term that refers to someone whose gender identity is different than their gender assumed at birth usually based on their anatomy/sex.
Concept	Misgender	To refer to someone using a word or address that does not correctly reflect one's gender identity.
Concept	Transition	Three types: social, medical, and legal. Individual choices as to what is needed and when. Do not need to do any transition to be trans.

Try this...	Instead of this...	Because...
Assigned male/female at birth	Born male/female	The preferred terms affirm gender identity.
Sex assigned at birth	Biological sex	By using "assigned" the proper location of issue is placed with institutions and society in terms of misunderstanding and misgendering trans people.
Transgender man	Sex at birth	
Transgender woman	Used to be a woman	"FTM" and "MTF" terms overly focus on the medical aspects of transition and do not reflect all trans experiences. Note: These terms are sometimes used among some trans people as a convenient shorthand.
	Born a woman	
	Female-to-male (FTM)	
	Used to be a man	
	Born a man	"Used to be a man" is a misnomer, because many trans people experience their gender to be consistent from the start; however, misunderstood by people around them based on their sex assignment. Sometimes their original understanding may become buried and needs to be reconnected with over a discovery process (which can extend greater than 65 years old for some trans people).
	Male-to-female (MTF)	

Try this...	Instead of this...	Because...
<p>Transgender</p> <p>Trans</p> <p>Transgender people/person</p> <p>People/a person who is transgender</p> <p>People/person of trans experience or history</p>	<p>Transgendered</p> <p>Transgenders/a transgender</p> <p>A trans</p>	<p>“Transgendered” is a dated term that suggests a point in time when a person “became” transgender, which diverges from the lived experiences of most transgender people. Similarly, “transgenders” is dated and does not emphasize humanity.</p> <p>Some trans people do not identify with the terms “trans”, but are ok with acknowledging their past “trans history” (i.e., before they transitioned).</p>
<p>Trans man</p> <p>Trans woman</p>	<p>Transman</p> <p>Transwoman</p>	<p>“Trans” is an adjective that helps describe someone’s gender identity, and it should be treated like other adjectives. Merging the adjective and the noun risks suggesting that a trans man or woman is more (or less) than just a man or just a woman, which goes against how many trans people identify themselves.</p>
<p>Gender affirmation</p> <p>Gender confirmation</p> <p>Transition</p> <p>Transitioning</p>	<p>Transgendering</p> <p>Sex change</p> <p>Sex reassignment</p> <p>Procedure</p> <p>The surgery</p>	<p>“Gender affirmation” and “transition” define the interpersonal, interactive process whereby a person receives social recognition and support for their gender identity and expression. This process may, but does not necessarily, involve medical intervention, which may include hormone therapy and one or more surgeries to affirm one’s gender. “Pre-/post-operative” or “non-operative” may still be used in medical literature, but should not be applied to a specific person without their consent.</p>

Try this...	Instead of this...	Because...
<p>Intersex person</p> <p>Person who is intersex</p>	<p>Hermaphrodite</p>	<p>An inclusive umbrella term that refers to rare occurrences of congenital variations in the development of chromosomal, gonadal, or anatomical sex. There are many possible variations in genitalia, hormones, internal anatomy, or chromosomes, compared to the usual two ways that human bodies develop.</p> <p>Classical understandings of the term “hermaphrodite” are usually limited to individuals with both traditionally male and female anatomical features, particularly genitalia. This term also is considered offensive because of its mythical origin and historically derogatory use. Reference or for more info:</p> <p>https://interactadvocates.org/faq</p>



Pronouns

Though exceptions exist (e.g., someone who does not use pronouns and uses only their name), as a general rule, use pronouns that correspond to a person's gender identity. Because gender identity is an internal characteristic that should not be assumed (i.e. don't assume pronouns based on appearances), it is best practice to ask for a person's pronouns. For example, people make decisions about which pronoun(s) works for them: some trans women use they + she; some non-binary people use he; while some cis people use they in solidarity with trans, non-binary and Two-Spirit people.

In addition to the binary English pronouns "she/her/hers" and "he/his/him," some people may use gender-neutral pronouns, including the pronouns "they/them" used as singular terms, among others. When using the singular "they," still conjugate the verb as a plural, as in, "they are gender non-binary." No one gender can lay claim to pronouns.

It is considered by some to be extremely offensive and even violent to misgender someone by intentionally and repeatedly using inappropriate or incorrect pronouns. If someone has recently come out as trans to you and are asking you to use a new name and/or pronoun, you have time to learn; however, timely practice will ensure minimal discomfort and distress for the trans person and you.

When writing about a hypothetical person, like an anonymous participant in a study enrolling people of all genders, use the singular "they" rather than "he or she" to be inclusive of the full gender spectrum, and if writing for the public a best practice would be to use "you," which produces a more personal and direct tone in communications and is gender-neutral and thereby gender-inclusive.

A good practice when introducing yourself, or even as part of your email signature is as follows:

"Nice to meet you _____, my name is _____; I use she/her pronouns. What's your name and what pronouns do you go by?"

or

"John Smith PhD (he/his/him), Program Director" in an email signature.

Gender Inclusive Language

Shift to the use of “people,” “everyone,” “folks” or “folx” and avoid use of the phrases of “men and women,” “you guys” or “guys.” Why? The phrase “men and women” excludes non-binary people, and it is unclear whether it includes trans men and women. And “guys” is not gender inclusive – people, everyone, folks, or folx are gender neutral and thereby inclusive.

A good practice is to ask everyone who you are meeting for the first time (especially in an examination context): “What name do you go by?” and avoid the use of the common go-to terms of “sir, ma’am, Mister, Ms or Mrs” (applied based on how someone looks to the health care professional) with people whose gender you do not know.



Sexuality & Bodies

Try this...	Instead of this...	Because...
Sexual orientation	Sexual preference	<p>“Preference” suggests that non-heterosexuality is a choice, a concept often used to discriminate against the LGBTQ community.</p> <p>“Preference” also suggests a selection from two or more choices, excluding bisexual people and pansexual people, among others.</p>
Condomless sex or Sex without the use of prevention tools Sex with the use of condoms and/or other prevention tools	Unprotected sex Unsafe sex Protected sex Safe sex	<p>The preferred terms are more specific, accurate and remove judgement.</p> <p>Condomless sex may still involve protection in the form of U=U or HIV PrEP.</p>
Engage in insertive sex Engage in receptive sex	Men who have sex [assuming that men are always insertive] Women who have sex [assuming women are always vaginally receptive] [which makes assumptions about sexual behaviour based on gender and anatomy that may not be at play for people along the sexuality and gender spectrums]	<p>This shift allows for a focus on the specific behaviour regardless of gender or sex making the health message more quickly relevant to a broad range of people. This is also inclusive of people with intersex conditions by focusing on their particular anatomy’s ability to insert or receive.</p>
Internal condom	Female condom	<p>Some transgender men and non-binary people may use internal condoms vaginally, and people of all genders can use internal condoms for anal sex.</p>
External condom Condom	Male condom	<p>Some transgender women and non-binary people may use external condoms for intercourse; people of all genders may cut external condoms to create dental dams.</p>

Try this...	Instead of this...	Because...
<p>Internal genitals</p> <p>External genitals</p>	<p>Vagina</p> <p>Penis</p>	<p>Avoid terms like penis or vagina, although they may be medically “accurate” terms they may not be the language people use about their bodies.</p> <p>Example: “the symptoms of chlamydia for people with internal genitals are burning sensation and urinary urgency.” Instead of “The symptoms of chlamydia for women are...”</p> <p>Trans Care BC clinical anatomy vocabulary: http://www.phsa.ca/transcarebc/Documents/HealthProf/Gender_Inclusive_Language_Clinical.pdf</p> <p>General resource on language: http://www.phsa.ca/transcarebc/Documents/HealthProf/Gender_Inclusive_Language_General.pdf</p>
<p>Become aroused</p> <p>Gonads</p> <p>Internal exam</p> <p>Chest</p> <p>Chestfeeding</p> <p>Pregnant person</p>	<p>Erection</p> <p>Testicles</p> <p>Pelvic exam/pap</p> <p>Breast</p> <p>Breastfeeding</p> <p>Pregnant woman</p>	<p>Gender-neutral alternative to a commonly gendered body parts or function.</p> <p>Gender-neutral terms for body parts allow a broader spectrum of gender identities to access the health information that is right for them without distraction of trying to determine or potential confusion about what the medical or anatomical issue at hand is.</p>

Relationship, Family Status & Pregnancy

Relationships

Avoid language that assumes the nature of a given relationship. For example, be mindful that not all sexual partners are romantically involved, which may be implied by terms like “couples.” Similarly, do not assume sexual partners are monogamous or value monogamy (referring to polyamorous or non-monogamous relationships). Use the terminology preferred by the individuals described when possible, or simply use the neutral term “sexual partner(s).”

Try this...	Instead of this...	Because...
Has multiple sexual partners	Promiscuous	Avoid “promiscuity” and its derivatives, as it is an unnecessary value judgement.
Partner Partner(s) Spouse	Boyfriend Girlfriend Husband Wife	Does not assume sex of a person’s sex partner or romantic partner.
Non-monogamous Non-monogamy	Swingers Non-traditional relationships Promiscuous Unconventional relationships	An umbrella term for every practice or philosophy of non-dyadic intimate relationship that does not strictly hew to the standards of monogamy, particularly that of having only one person with whom to exchange sex, love, and/or affection. In that sense, “non-monogamy” may be accurately applied to extramarital sex, group marriage, or polyamory (see below). It is not synonymous with infidelity, since all parties are consenting to the relationship structure, partners are often committed to each other as well as to their other partners and cheating is still considered problematic behaviour with many non-monogamous relationships.

Try this...	Instead of this...	Because...
Poly Polyamory	Swingers Non-traditional relationships Promiscuous Unconventional relationships	The practice of, or desire for, intimate relationships with more than one person, with the informed consent of all parties involved. It has been described as "consensual, ethical, and responsible non-monogamy."

Pregnancy & Family

Do not assume a given family dynamic or relationship between parent and child. Be mindful that children are raised by biological parents, as well as by adoptive parents and other caregivers. Often, language around pregnancy, childrearing and family can reinforce gender-stereotyped roles, particularly for women. Avoid language that implies childcare or ensuring a child's health is the sole responsibility of mothers, women or people with uteruses. Similarly, avoid language that portrays pregnant or chestfeeding people as mere vessels supporting a child.

Try this...	Instead of this...	Because...
People of childbearing age	Women of childbearing potential	People of all genders and sexes may have childbearing potential.
People of reproductive age	Men with reproductive potential	People of all genders may have reproductive potential.

Age & Ability

Try this...	Instead of this...	Because...
<p>Older adults</p> <p>People over [age X]</p>	<p>The aged</p> <p>Elders</p> <p>(The) elderly</p> <p>Seniors/senior citizens</p>	<p>“Adults” affirms agency and personhood, as does person-first language. Stigmatizing terms such as “elders” can evoke frailty, and/or when used by non-Indigenous people, it may be viewed as a misuse of a cultural reference within Indigenous communities.</p> <p>For materials developed for and by Indigenous people or communities elders may be used.</p> <p>“Seniors” and “senior citizens” is not people first language and there is no universal definition: i.e. ‘senior’s discount’ at a drugstore may be 55+; whereas; BC Ferries will only honour the BC Gold Care Card (health coverage card) which is 65+.</p> <p>Use a specific age or age range instead of undefined categories.</p>
<p>Care partners</p> <p>Family and friends [in appropriate contexts]</p>	<p>Caregivers</p> <p>Caretakers</p>	<p>When describing people engaged in an older adult’s care best practice to ask how they want to be described, until that conversation happens use “care partner” to emphasize collaboration and the adult’s autonomy.</p>

Try this...	Instead of this...	Because...
<p>People with disabilities</p> <p>Disabled people (preference varies)</p> <p>Person with ...</p> <ul style="list-style-type: none"> ▪ physical disability or mobility impairment ▪ learning disability ▪ intellectual disability ▪ vision or sight impairment, low vision, limited vision ▪ partial hearing loss, hard of hearing ▪ mental illness or person with (clinical name e.g., schizophrenia) or psychiatric disability <p>Cite/reference the specific disability or disabilities</p>	<p>Handicapped</p> <p>Handi-capable</p> <p>Differently-abled</p> <p>The disabled</p> <p>Challenged</p> <ul style="list-style-type: none"> ▪ Physically disabled, crippled, lame ▪ Learning disabled, learning disordered ▪ Intellectually disabled, slow learner ▪ Blind (unless person is legally blind) ▪ Deaf (unless truly deaf) ▪ Mentally ill <p>Special, special needs, or functional needs</p>	<p>Community preference for person-first or identity-first (“disabled people”) varies, but most agree euphemistic language further ‘otherizes’ people with disabilities. The general rule of thumb is “person first.” The person is first, the disability is second.</p>
<p>Person with a disability</p> <p>Person living with...</p>	<p>Suffers with</p> <p>Afflicted by</p> <p>Victim of</p> <p>Battles with ...</p>	<p>People with disabilities do not necessarily suffer or feel like victims of a particular disability.</p>
<p>Abled</p> <p>Does not have a disability</p> <p>Enabled</p>	<p>Able-bodied</p> <p>Normal</p> <p>Healthy, in contrast to people with disabilities</p>	<p>“Abled” to refer to all people without disabilities is preferable to “able-bodied” in order to be inclusive of cognitive disabilities and other disabilities not considered primarily physical.</p> <p>“Enabled” acknowledges the role of systems that privilege certain ability levels above others.</p>

Try this...	Instead of this...	Because...
Assistive device/technology Accommodation Wheelchair user Person who uses a wheelchair	Corrective Device/technology Wheelchair-bound Confined to a wheelchair	Assistive technologies and services should be portrayed as helping and accommodating a person rather than making them “correct” or emphasizing a limitation.
Accessible (parking/toilet/space)	Disabled (parking/toilet/space) Handicapped (parking/toilet/space)	It is preferred to use value neutral descriptive language rather than labels or shorthand.



Additional Terms, Topics & Framing

Try this...	Instead of this...	Because...
<p>Sex worker</p> <p>Sex work</p> <p>Transactional sex</p> <p>Sale of sexual services</p>	<p>Prostitute</p> <p>Prostitution</p> <p>Commercial sex work</p>	<p>“Sex work” implies ownership over a person’s own career choice, while “prostitution” and its derivatives carry engrained cultural stigmas. Use of the phrase “commercial sex work” rather than “sex work” is redundant and ‘otherizes’.</p>
<p>Sex trafficking</p> <p>Sex trafficking of minors</p> <p>Commercial sexual exploitation of children</p>	<p>Sexual slavery</p> <p>Forced prostitution</p> <p>Child prostitution</p>	<p>In the context of forced or coerced transactional sex by minors, the preferred terms emphasize role of exploiters because children cannot consent to sex work. Some community members prefer the term “youth sex work” to describe transactional sex by minors they feel is not coerced or forced. However, this is controversial.</p>
<p>Survivor of sexual assault</p>	<p>Rape victim</p>	<p>“Survivor” is more empowering than “victim,” which evokes defeat and helplessness. When referring to a specific person, always use a term they approve.</p>
<p>Intimate partner violence</p> <p>Gender-based violence</p>	<p>Domestic violence</p>	<p>The preferred terms are more specific to two separate ideas: violence between intimate partners and violence specifically based on gender power imbalances. They also each include relevant violence outside of a shared home.</p>

Try this...	Instead of this...	Because...
<p>Person who has experienced violence</p> <p>Survivor of violence</p> <p>Person who has been sexually exploited</p>	<p>Abuse victim</p>	<p>Use more empowering or neutral terms than “victim,” which evokes defeat and helplessness. When referring to a specific person, always use a term they approve.</p>
<p>Person with [specific mental disorder]</p> <p>E.g. person with bipolar disorder</p>	<p>Mentally ill person</p> <p>Insane person</p> <p>The mentally ill</p> <p>[Specific person] is bipolar</p> <p>Crazy</p>	<p>Person-first language emphasizes humanity and dispels the misconception that mental disorders are untreatable. Also, insanity is a legal - not medical - definition.</p>
<p>Died by suicide</p> <p>Survivors of suicide attempts</p> <p>Those who died by suicide</p>	<p>Committed suicide</p>	<p>“Committed” evokes associations with the legal or moral issues of “committing” a crime or sin, or is referred to as an illness; whereas, suicide is often the consequence of one’s social circumstances (e.g., unemployment, social exclusion, trauma, etc.)</p>
<p>Person who has been arrested/convicted of a criminal offence</p> <p>Person who is incarcerated</p> <p>Person in prison</p>	<p>Felon</p> <p>Convict</p> <p>Offender</p> <p>Inmate</p> <p>Prisoner</p> <p>The incarcerated</p>	<p>Person-first language emphasizes humanity. Also, some of these terms have specific legal definitions that may be confused.</p>

Try this...	Instead of this...	Because...
<p>Use non-weight based indicators to assess health, such as biochemical markers (e.g. blood pressure), behaviours (e.g. physical activity) and mental health (e.g. screening for depression).</p>	<p>People who are overweight</p> <p>People with [BMI or other metabolic score] of X</p> <p>People with obesity</p> <p>Overweight people</p> <p>Obese people</p> <p>The obese</p>	<p>The terms “obesity” and “overweight” are often tied to the idea of personal responsibility, rather than the complex factors that contribute to a person’s health, including income, genetics, trauma history, and the community food environment (e.g. the disproportionate marketing of sugary drinks to racialized communities).</p> <p>Additionally, weight-focused language can contribute to weight stigma, which has been shown to contribute to adverse health outcomes (e.g. attributing a health problem to weight, rather than seeking out an underlying medical condition). Include ways to focus on health, not weight: http://www.vch.ca/Documents/VCH-Healthy-Weights-Key-Messages.pdf</p> <p>Here's a recent article challenging the claim that people with higher BMIs have a higher COVID-19 mortality: https://www.wired.com/story/covid-19-does-not-discriminate-by-body-weight/amp</p>

Health Harming Coping Strategies

Although ‘Health Harming Coping Strategies’ is used, a definition was not offered in the recently released report titled “[Chief Public Health Officer’s Report on the State of Public Health in Canada 2019 Addressing Stigma Towards a More Inclusive Health System](#)”, the phrase of health harming coping strategies is used to convey rationale behaviours that help an individual address the symptoms of certain social, cultural and economic conditions and that may have negative health impacts in the long term. The term is used to draw attention to or name some of the strategy(ies) that an individual is using to deal or cope with their reality and that these coping strategies may be harmful to their health.

Below are examples of how this person-first phrase is used in the outcomes section for the above referenced report:

Racialized identities:

First Nations, Inuit, and Métis peoples (Racism/stigma)

Chronic stress leading to health harming coping strategies (e.g., smoking, alcohol and substance use)

African, Caribbean, and Black Canadians (Racism/stigma)

Chronic stress leading to health harming coping strategies (e.g., smoking, alcohol and substance use)

LGBTQ2+ (sexual stigma and gender identity stigma)

Chronic stress leading to health harming coping strategies (e.g., self-harm, disordered eating, smoking, alcohol and substance use)

Mental illness stigma

Health harming coping strategies (e.g., denial, self-isolation, substance use)

Substance use stigma

Health harming coping strategies (e.g., isolation, social withdrawal and avoidance, further substance use) and behaviours (e.g., needle sharing)

HIV stigma

Health harming coping strategies (e.g., social withdrawal, substance use, denial, non-adherence to medications)

Weight stigma

Health harming coping strategies (e.g., disordered eating)



BCCDC COVID-19 Language Guide

Guidelines for inclusive language for written and digital content



BC Centre for Disease Control
Provincial Health Services Authority