

# HIV Language Guide

NIAID

National Institute of Allergy and Infectious Diseases



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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National Institute of Allergy and Infectious Diseases

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## Background

This update of the HIV Language Guide was led by the Workforce Operations, Communications, and Reporting Branch (WOCR) in the Division of AIDS (DAIDS) in the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH).

The first iteration of the NIAID HIV Language Guide (hereafter referred to as “Language Guide”) was created in February 2020 by the NIAID Office of Communications & Government Relations (OCGR) News & Science Writing Branch (NSWB) with input from DAIDS WOCR. Input and review were solicited from representatives of NIH, other public health organizations, and community-based groups to help ensure scientific accuracy, community buy-in, and cultural relevance. The Language Guide was intended to be a living document, subject to change as language standards in various fields may evolve.

For this 2024 edition, the Language Guide was circulated for feedback from all the community groups associated with NIAID-funded research networks and programs, including network and site-level community working groups and community advisory boards (CABs) of the [AIDS Clinical Trials Group](#), [HIV Prevention Trials Network](#), [HIV Vaccine Trials Network](#), [International Maternal Pediatric Adolescent AIDS Clinical Trials Network](#), [the Martin Delaney Collaboratories](#), and the [Centers for AIDS Research](#) (CFAR). It also was shared with the [Legacy Project](#) and other working groups supported by the [Office of HIV/AIDS Network Coordination](#) (HANC), including the Women’s HIV Research Collaborative, the Latinx Caucus, Community Partners, the American Indian and Alaska Native Working Group, the New Investigators Working Group, the Communications Working Group, and the Minority-Serving Institution Working Group. Feedback and suggestions were incorporated as appropriate.

Guidance documents and learning modules compiled by the DAIDS Cross-Network Transgender and Gender Diverse Working Group and the [2019-2023 Trans-NIH Strategic Plan for Women’s Health Research](#), compiled by the Office of Research on Women’s Health (ORWH), also informed language standards in the section “Sex, Gender & Sexuality.”

Language guidance for the “Substance Use” chapter was initially informed by a 2017 Office of National Drug Control Policy [memorandum](#) entitled “Changing Federal Terminology Regarding Substance Use and Substance Use Disorders,” as well as by [training resources](#) compiled by the Substance Abuse and Mental Health Services Administration and its partners. This section was carefully reviewed and updated by the National Institute on Drug Abuse (NIDA) Communications Branch to align with NIDA’s [resources on non-stigmatizing language](#).

To ensure accuracy and consistency, the Language Guide was then reviewed by representatives from across NIH, including the Office of AIDS Research, the Sexual and Gender Minority Research Office, ORWH, the Tribal Health Research Office, as well as NIDA, National Institute of Mental Health, National Institute on Aging, National Institute of Alcohol Abuse and Alcoholism, National Institute on Minority Health and Health Disparities, and the *Eunice Kennedy Shriver* National Institute of

Child Health and Human Development. A review also was provided by the Tuberculosis Trials Consortium Community Research Advisory Group. The final review was provided by NIAID's OCGR and NIAID, DAIDS, and HANC leadership.

## Contacts

If you are an NIH employee, the NIAID Office of Communications & Government Relations is available to assist with your communications needs and can consult on the appropriate use of language. Contact them at [NIAIDNews@niaid.nih.gov](mailto:NIAIDNews@niaid.nih.gov).

## About This Guide

This guide includes language suggestions for communicating about HIV and related topics. While it was originally designed to help NIAID staff communicate with empowering rather than stigmatizing language, especially as it relates to HIV, it was quickly recognized that it has value beyond NIAID.

This guide aims to help scientists, administrators, and researchers use fair, accurate, and respectful language and aid funded research networks, sites, centers, investigators, and stakeholders as they draft protocols and develop communications and outreach materials.

The Language Guide describes current thinking and best practices and procedures. NIAID strongly encourages use of person-first, non-stigmatizing language in all communications, including, but not limited to grant applications, contracts, publications, presentations, abstracts, and press materials. Prior to meetings and conferences, and when requests for reports, applications, and other communications are made, NIAID will emphasize its expectation that person-first language be used, and that stigmatizing language not be used (the most used stigmatizing terms will be highlighted and a link to the Language Guide made available). NIAID will actively work to advocate for the use of accurate and appropriate language throughout NIAID as well across the National Institutes of Health and the Department of Health and Human Services.

This document will be periodically reviewed and updated as needed to ensure that it remains current.

**Note:** The language guidance described in this guide applies primarily to English speakers in the United States. Language varies in different contexts, and translation can also change the connotation of certain phrases. While great care was taken to incorporate perspectives from many different communities, language varies over time and place and is constantly evolving. Similarly, while NIAID will continually review this document for accuracy and relevance, language guidance is subject to change.

Below are a few examples of the impact that language can have:

*“Change the language to end HIV stigma. Hope I have communicated clearly.”*

—Ugandan advocate Dric Adoni tweets about stigmatizing language around HIV from a popular youth HIV awareness event, the Y Plus Beauty Pageant.

*“OMG! The current [#ACTGannualmeeting] plenary presenter stopped herself mid-sentence from almost saying ‘HIV-infected’ participants & changed it to ‘participants with HIV.’”*

—American educator and autism and HIV advocate Morénike Giwa Onaiwu complimented person-first language used by a presenter at ACTG annual meeting.

*“There are not ‘difficult to reach people’ only services which are not well designed, #language is part of creating #stigma #NHIVNA #HIV”*

—UK-based HIV advocate Silvia Petretti makes the point that “difficult to reach people” puts the onus of obtaining HIV services on individuals facing adversity rather than on public health efforts.

## Introduction

*“We condemn attempts to label us as ‘victims,’ a term which implies defeat, and we are only occasionally ‘patients,’ a term which implies passivity, helplessness, and dependence upon the care of others.*

*We are ‘People With AIDS.’”*

— The Denver Principles (1983)

Since a group of people living with AIDS<sup>i</sup> wrote the self-empowerment manifesto known as *The Denver Principles* in 1983, language has been a central theme in efforts to dismantle the stigma around HIV. Many HIV advocacy groups and media outlets embrace slogans such as “language matters” and promote primers on using empowering language, as do other advocacy and health organizations.

Conversations about language choice frequently come up during conferences and listening sessions.

While everyone agrees that language matters, not everyone always agrees on the appropriate or acceptable terminology.

Language norms vary geographically, culturally, and over time. It is best to embrace the reality that language is constantly evolving, and it is up to us to evolve with it from a place of respect and humility.

**When scientists and administrators write or speak about HIV, the words they choose have the power to perpetuate ignorance, bias, and stigma. Conversely, they have the power to represent people and ideas respectfully and accurately.**

Empowering language remains an important focus for the HIV workforce because language has the potential to perpetuate stigma, and as studies continue to show, stigma helps perpetuate the HIV epidemic.<sup>ii</sup>

While many factors that contribute to health-related and societal stigmas are entrenched and systemic, NIAID staff and other groups that work with NIAID, such as grantees, contractors, and collaborators, have the immediate power and opportunity to improve language and lead by example.

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## Quick Tips

### Use the Platinum Rule

- **“Treat others as they wish to be treated.”**

Many learn as children that the best way to respect others is to follow the Golden Rule: “Treat others as you wish to be treated.” Many advocates in the HIV community promote the Platinum Rule: “Treat others as they wish to be treated.”

### Use Person-First Language

■ **Generally, most people prefer person-first language that emphasizes humanity, highlights autonomy, and promotes the idea that most people’s disabilities are just one facet of their life and identity.**

This is particularly true for people with an acquired, chronic illness (i.e., “person with diabetes” instead of “diabetic”).

### Know Your Audience

- **When possible, proactively seek input from the community you are discussing or describing.**

Remain receptive to feedback from those who are most affected by stigmatizing language and prioritize expertise from their lived experiences.

While some may find this to be a challenge, investing in respectful communication can strengthen the relationship between researchers and the public they are trying to reach.

### Rephrase or Reframe

■ **Finding the most appropriate language may mean rephrasing or reframing a message instead of just replacing terms.**

Recognize that there may not be a universal “right” answer for how to discuss a certain topic.

### Consider the Context

- **Choosing appropriate language always depends on the context in which the language appears.**

While the principles in this guide may be applied broadly to scientific talks, notices of funding opportunities (NOFOs), requests for proposals (RFPs), media interviews, developing study protocols, and public calls for clinical research participation, including outreach materials, other contexts may call for specific language that does not fit neatly into the following guidelines.

## Choose the Right Image

- **Be mindful of how an image you use may affect diverse audiences.**

Written and spoken words are only two facets of communication. Images and body language also convey messages, tone, and—unfortunately—stigma.

Images can contribute to racial bias and stigma,<sup>iii</sup> and advocates for people who use substances caution against using images of alcohol, syringes, or pills in relation to substance use, as these may be triggering for someone in recovery.

- **In the context of HIV, most advocates prefer images that highlight people living vibrantly with HIV to those that may show graphic depictions of symptoms of HIV.**

Consider how images related to pregnancy and perinatal transmission of HIV are used, considering pregnant people as individuals rather than just vessels for a baby.<sup>iv</sup> For example, images showing the pregnant person's whole body are more humanizing than those cropped to show only the abdomen.<sup>v</sup>

- **Images need to be representative of the demographics of a given region or country in terms of race, sex, age, and other characteristics.**

For example, in the United States, more than half of people living with HIV are over 50 years of age, and images should reflect this context.



# Stigmatizing Terms and Alternatives

## Key Terms To Avoid

Some of the more commonly used yet most critical terms to avoid are highlighted below; additional stigmatizing terminology and suggested alternatives, along with the rationale, are provided in the main text of the guide.

Stigmatizing Terms To Avoid	Use These Alternatives
HIV-infected, HIV-infection*, HIV-positive [people, individuals, populations]	People living with HIV, people with HIV ( <i>*see page 8 for comments on use of “HIV-infection”</i> )
Subject	Participant, volunteer
Sterilizing cure	HIV elimination, HIV eradication, HIV clearance
AIDS (when referring to the virus, HIV)	HIV, HIV and AIDS when referring to both
Mother-to-child transmission	Perinatal transmission
Verticals	Lifetime survivors
At-risk or high-risk person/population	Person/population with greater likelihood of ..., high incidence population, affected community
Target population	Key population/engage or prioritize a population
Hard-to-reach population	Under-resourced, underserved by [specific resource/service], population(s) experiencing discrimination/racism/transphobia

## HIV-Specific Terminology

Stigmatizing Terms To Avoid	Use These Alternatives	Here’s Why
<p><b>AIDS (when referring to the virus, HIV)</b></p> <p><i>Related terms to avoid:</i> <i>Died of AIDS</i></p>	<ul style="list-style-type: none"> <li>✓ HIV</li> <li>✓ HIV and AIDS (when referring to both)</li> <li>✓ Died from complications related to HIV</li> <li>✓ Died of an AIDS-related illness</li> </ul>	<p>AIDS itself is not a condition; it is a range of conditions, or a syndrome, that occurs when a person’s immune system is weakened by HIV. There is stigma associated with AIDS, so HIV is preferred and most often more accurate. The other terms listed avoid the incorrect assumption that AIDS is uniformly fatal and clarify that opportunistic infections are the acute cause of death.</p>

HIV-Specific Terminology (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<p><b>HIV infection/HIV-infected</b></p> <p><i>Related terms to avoid: HIV-infected people, HIV positives, HIV carriers, people infected with HIV, HIV-uninfected people</i></p>	<ul style="list-style-type: none"> <li>✓ HIV</li> <li>✓ People/person living with HIV</li> <li>✓ People/person with HIV</li> <li>✓ HIV status</li> <li>✓ HIV diagnoses</li> <li>✓ HIV acquisition</li> <li>✓ HIV transmission</li> </ul>	<p>“Infection” carries the stigma of being contagious, a threat, or unclear. HIV advocates frequently highlight the damaging consequences of this word choice. In specific situations, the term “HIV infection” is necessary to describe the biological process. In most cases, however, “HIV” alone accomplishes the necessary communication.</p> <p>Person-first language emphasizes humanity. “Living with” is an affirmation of life many advocates prefer. “Poz” is also sometimes used by community members themselves.</p>
<p><b>HIV cases</b></p>	<ul style="list-style-type: none"> <li>✓ People/person living with HIV</li> <li>✓ People/person with HIV</li> <li>✓ People/person newly diagnosed with HIV</li> <li>✓ People/person who recently acquired HIV</li> </ul>	<p>People should not be described as a “case,” as this term deemphasizes humanity and implies burden.</p> <p>Person-first language should be used when referring to people who are newly diagnosed with HIV. When referring to general incidence, however, it is acceptable to refer to the data using terms such as “cases,” “diagnoses,” and the term “incidence” itself, which is the most objective term.</p>
<p><b>Sterilizing cure</b></p> <p><i>Related terms to avoid: HIV elimination, natural cure, functional cure, remission*</i></p>	<ul style="list-style-type: none"> <li>✓ Clearance of HIV<sup>vi</sup></li> <li>✓ Clearance cure</li> <li>✓ HIV clearance</li> <li>✓ HIV eradication</li> <li>✓ Viral control off therapy<sup>vii</sup></li> <li>✓ ART-free virologic control</li> <li>✓ Post-intervention control</li> <li>✓ Virologic suppression off therapy</li> <li>✓ Investigational control</li> </ul>	<p>“Elimination” implies that people living with HIV must disappear to achieve an end to the epidemic. The other terms are considered offensive, inappropriate, or inaccurate. “Sterilizing” should not be used as it has a negative connotation given historic sterilization campaigns and may discourage participation in research.</p> <p>* “Remission” should not be used when referring to virologic control off therapy. Virologic control is defined as undetectable virus off therapy (outside of a clinical setting) using a standard clinical assay. Non-standard assays can detect the presence of replication-competent virus. Remission is appropriate when referring to an individual who was thought to have all replication-competent virus removed when samples were analyzed using non-clinical assays, however rebound eventually occurred.</p>

### HIV-Specific Terminology (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<p>Unlikely or impossible to transmit HIV (with regard to PrEP use)</p> <p><i>Related terms to avoid: effectively impossible to transmit HIV, people who have an undetectable viral load have little risk of transmission, almost no risk greatly reduces risk, close to zero risk</i></p>	<ul style="list-style-type: none"> <li>✓ Undetectable equals Untransmittable (U=U)</li> <li>✓ People with undetectable viral load cannot/do not/will not transmit HIV sexually</li> </ul>	<p>Describe the principle of treatment as prevention, or “Undetectable equals Untransmittable,” clearly and consistently. It is inaccurate to use qualifiers that suggest U=U is only somewhat effective. Unnecessary qualifiers perpetuate the overestimation of the likelihood of HIV transmission.</p>

### Research Terminology

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<p>Subject</p> <p><i>Related terms to avoid: research subject, patient, client</i></p>	<ul style="list-style-type: none"> <li>✓ Participant</li> <li>✓ Research or study participant</li> <li>✓ Volunteer</li> </ul>	<p>“Subject” is dehumanizing and denotes a hierarchical system where a group of people are subject to the will of another (such as the researcher). The term does not recognize the autonomy of the individual. Not all participants are patients, particularly in research involving people who are generally in good health. “Client” and “consumer” do not typically apply to the research setting.</p>
<p>Experiment/ Experimental</p>	<ul style="list-style-type: none"> <li>✓ Clinical trial</li> <li>✓ Study</li> <li>✓ Novel</li> <li>✓ Investigational*</li> </ul>	<p>“Experiment” tends to evoke the image of lab mice rather than people who are participating in research.</p> <p>*“Investigational” is a broadly used regulatory term that may be necessary to use in certain contexts; however, some people report “investigational” has a similar connotation to “experimental,” preferring “novel” be used when possible.</p>
<p>Target (a population)</p>	<ul style="list-style-type: none"> <li>✓ Engage (a population)</li> <li>✓ Prioritize</li> <li>✓ Priority population/group</li> <li>✓ Key population/group</li> </ul>	<p>The preferred terms emphasize community-oriented, participatory approaches to ending an epidemic instead of paternalistic, top-down approaches.</p>

Research Terminology (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<p><b>Hard-to-reach (populations/ individuals)</b></p>	<ul style="list-style-type: none"> <li>✓ <b>People who are underserved by [specific service/ resource]</b></li> <li>✓ <b>Underrepresented</b></li> <li>✓ Population(s) experiencing discrimination/racism/transphobia</li> <li>✓ People/person who are medically underserved or lack access to health care services</li> <li>✓ People/populations with low incidence</li> </ul>	<p>“Hard to reach” places the blame on the individuals and communities in question. The preferred terms put the onus on the health sector rather than communities. Naming the specific systems and structures causing the lack of engagement (e.g., racism, transphobia) is better than being vague about why a population is not being reached.</p>

Research Terminology (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<p><b>At-risk or high-risk (people/population/group)</b></p> <p><i>Related terms to avoid: increased risk, vulnerable, marginalized</i></p>	<ul style="list-style-type: none"> <li>✓ <b>Affected community/population</b></li> <li>✓ High-incidence population</li> <li>✓ People/populations with high incidence</li> <li>✓ Communities overrepresented in the HIV epidemic</li> <li>✓ Disproportionately affected</li> <li>✓ People/person most in need of...</li> <li>✓ People/person with greater likelihood of...</li> <li>✓ People/person exposed to HIV</li> <li>✓ People/person in communities with high HIV incidence</li> <li>✓ People/person with certain risk factors</li> <li>✓ People/person who could benefit from HIV prevention or treatment options</li> </ul> <p>If possible, reference the specific causal factors.</p> <ul style="list-style-type: none"> <li>✓ Groups that have been [economically/socially] marginalized</li> <li>✓ Groups at higher risk of [outcome]</li> <li>✓ Groups experiencing disadvantage</li> <li>✓ Groups experiencing a disproportionate impact [of HIV]</li> <li>✓ Population of focus</li> <li>✓ Under-resourced communities</li> </ul>	<p>People and communities are not inherently “risky” and “high-risk.” Terms such as “vulnerable,” “marginalized,” and “high-risk” are stigmatizing and convey judgment. The preferred terms acknowledge societal challenges and accurately reflect disease dynamics.</p>

Research Terminology (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
Treatment default	<ul style="list-style-type: none"> <li>✓ Treatment non-completion</li> <li>✓ Interruption in treatment</li> </ul>	<p>“Default” is a negative term that implies judgment about the person who did not complete treatment.</p>
<p><b>Compliance</b></p> <p><i>Related terms to avoid: adherence/adherent*</i></p>	<ul style="list-style-type: none"> <li>✓ Continuity of treatment</li> <li>✓ Continuity of care</li> <li>✓ Taken as prescribed</li> </ul>	<p>“Compliance” implies passive behavior/ following instructions or orders. *While “adherence/adherent” is preferred to “compliance,” using “continuity of treatment” or “continuity of care” acknowledges that sometimes treatment is interrupted due to circumstances beyond a person’s control.</p> <p>This language shift is intended to focus on the circumstances (whether treatment is occurring for any reason) vs. the presumption that access to and taking of medicine is entirely at the will of the individual. Continuation of medication is not limited to treatment and should be revisited when discussing taking medications for PrEP use as well. “Taken as prescribed” provides a clear alternative that suggests that medication is taken whether needed daily or monthly.</p>

## Sex, Gender, and Sexuality

### Definition of Terms

#### Gender

##### Cisgender Person

A person whose gender identity is aligned with their sex assigned at birth, sometimes abbreviated as “cis.”

##### Gender

A composite of socially constructed roles, behaviors, activities, and/or attributes that a given society considers appropriate, often based on sex assigned at birth. The gender binary of “man” and “woman” has been imposed, perpetuated, and reinforced through colonialism, but many nonbinary genders have existed throughout human civilization and still exist today despite the widespread imposition of the gender binary.

##### Gender Expression

How one chooses to convey one’s gender identity through behavior, clothing, and other external characteristics.

**Gender Fluid**

Person whose gender identity shifts between different genders (or no gender).

**Gender Identity**

An individual's sense of being a man, boy, woman, girl, nonbinary, gender fluid, intersex, genderqueer, gender nonbinary, Two-Spirit (used by some indigenous peoples), etc.; culturally dependent and not necessarily visible to others.

**Gender Nonbinary**

A person who does not identify within the confines of a binary gender construct. “Nonbinary” is an umbrella term that refers to people who do not identify within a single category of man or woman. Other terms include genderqueer, gender nonconforming, and Two-Spirit.

**Gender Nonconforming**

A person whose gender expression is not consistent with the societal or cultural norms expected of that gender.

**Genderqueer**

A person who does not necessarily identify solely as a man or woman or subscribe to conventional gender distinctions.

**Misgender**

To refer to someone, especially a transgender person, using a word, pronoun, or address that does not correctly reflect their gender identity.

**Transgender or Trans**

An umbrella term that includes many different gender identities and that typically is used by people whose gender identity differs from the sex they were assigned at birth.

**Two-Spirit**

An umbrella term used by some indigenous people around the world to describe sexual and gender minority people in their communities, including individuals otherwise known as transgender, bisexual, gay, lesbian, and/or queer. The term was created by and for indigenous peoples, and it was not created to be used as an identity marker for non-indigenous people. Because the term “Two-Spirit” can have different meanings, it may be important to ask follow-up questions to understand what it means to a person who uses the term to describe themselves.

**Identity and Specificity**

In certain contexts, it may be appropriate to use language that explicitly references sexual behaviors instead of referencing sexual orientations and gender identities. For example, a study may evaluate the ability of an experimental modality to prevent HIV transmission during anal intercourse between people assigned male at birth who identify as men. While many participants enrolled in this study may identify as gay or bisexual, there may be others who do not identify this way but nonetheless have anal intercourse with other cisgender men. In other words, medical specificity to describe behavior should be accounted for outside of individuals' identity around sexual

orientation. In this case, an accurate description of the enrolled participants is “cisgender men who have sex with men.”

**All science takes place in a cultural context, which must be considered when we prepare written materials for the public.**

### **Pronouns**

Because gender identity is an internal characteristic that should not be assumed, a person’s pronouns should not be assumed either. In addition to the binary English pronouns “she/her” and “he/him,” some people may use nonbinary 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 nonbinary.” Nonbinary pronouns should be incorporated into study protocols and other study documents when gender identity is not a specific element describing the study population; the binary pronouns “he or she” should not be used by default.

**It is always appropriate to ask someone what pronouns they use.**

It is best to first model the behavior by stating your own pronouns before asking for someone else’s, which helps convey understanding and lets someone know that it is a safe space to disclose one’s pronouns. For example, “I’m Charlie, and I use he/him pronouns. How would you like me to address you?” It can be extremely offensive and harmful to misgender someone by using incorrect pronouns. When writing about a hypothetical person, like an anonymous participant in a study enrolling people of all genders, use the singular “they” or “their” rather than “he or she” or “his or hers” to be inclusive.

### **Relationships**

Avoid language that assumes the nature of a given relationship.

**Use the terminology described by the individual participant when possible, or simply use the neutral term “sexual partner(s).”**

For example, be mindful that not all sexual partners are romantically involved, which may be implied by terms like “couples.” Similarly, do not assume that sexual partners are monogamous or that there is only one way to define monogamy.

## **Sex and Sexuality**

### **Intersex**

Term used for a variety of conditions that do not seem to fit the typical definitions of female or male, also known as variations in sex characteristics. Additionally, it can be used to refer to people who are born with genitals, reproductive organs, or chromosomal patterns that do not fit standard definitions of male or female or develop these differences in puberty. There are also genetic tests that can identify intersex conditions pre-birth<sup>viii</sup>. In other contexts, it may be appropriate to highlight sexual orientation. Using this language can honor the contributions of these communities or connect with people on an identity level. For example, one might say, “The advocacy group aims to increase PrEP use among gay, bisexual, and other men who have sex with men of color.”



## **Sex**

Typically categorized as male, female, or intersex based on chromosomes and genetics, hormones, and anatomy. Intersex and nonbinary sex assigned at birth exists in some places (e.g., currently, 17 U.S. states allow X on original birth certificates).<sup>ix</sup>

## **Sex Assigned at Birth**

Historically determined when a health care provider inspects a newborn baby’s genitalia and/or through genetic testing and anatomy scans during pregnancy. The infant’s sex is traditionally assigned as male or female on their birth certificate, although intersex and nonbinary sex assigned at birth exists in some places (e.g., currently, 17 U.S. states allow X on original birth certificates).<sup>x</sup>

## **Sexual Orientation**

### **Asexual**

An umbrella term describing people on a spectrum of sexuality, including people who experience no sexual feelings or desires, to people who only experience sexual attraction under certain conditions (such as emotional attraction as a prerequisite for sexual attraction).

### **Bisexual**

Having the potential to be emotionally, romantically, and/or sexually attracted to people of the same and different gender—not necessarily at the same time, in the same way, or to the same degree.

### **Gay**

Having the potential to be emotionally, romantically, and/or sexually attracted to people of the same gender.

### **Lesbian**

Refers to someone who identifies as a woman who has a romantic and/or sexual orientation toward other people who identify as women. Some nonbinary people also identify with this term.

### **Pansexual**

Not limited in sexual attraction with regard to sex, gender identity, or gender expression.

### **Queer**

People who identify as queer may think of their sexual orientation and/or gender identity as characterized by nonbinary 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 LGBTQIA+ people who self-identify as queer; however, it is not a universally accepted term.)

## Stigmatizing Terms and Alternatives

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
Sexual preference	✓ Sexual orientation	“Preference” suggests that non-heterosexuality is a choice, a concept often used to discriminate against LGBTQIA+ communities. “Preference” also suggests a single selection from two or more choices, excluding bisexual people and pansexual people, among others.
Men who have sex with men (MSM)	✓ Gay, bisexual, and other men who have sex with men (GBMSM)*	<p>Many gay men do not like to be referred to solely as men who have sex with men. Spelling out MSM—gay, bisexual, and other men who have sex with men—is more respectful.</p> <p>*It is acceptable to use “MSM” for brevity or in a table/chart, preferably with the explanation that this covers gay, bisexual, and other men who have sex with men at first instance. It is also important to use this term inclusively for transgender men unless otherwise specified. When referring exclusively to cisgender men, always specify “cisgender” and vice versa.</p>
Unprotected sex <i>Related terms to avoid: unsafe sex, protected sex, safe sex</i>	✓ Condomless sex ✓ Sex without the use of condoms or other prevention tools	The preferred terms are more specific, accurate, and remove judgment. Condomless sex may still involve prevention efforts because there are other ways to prevent HIV (e.g., TasP, PrEP).
Promiscuous	✓ Has multiple sexual partners	Avoid “promiscuity” and its derivatives as it is an unnecessary value judgment.
Female condom Male condom	✓ Condom ✓ Internal condom ✓ External condom	“Condom” should be used more generically, but when there is a specific reason, internal or external condom can be used. Some transgender men and nonbinary people may use internal condoms, and people of all genders can use internal condoms for anal sex. People of all genders may cut condoms to create dental dams.

Stigmatizing Terms and Alternatives (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<p><b>Sex at birth</b>  <i>Related terms to avoid:</i>  <i>biological sex, born male/female, natal sex</i></p>	<ul style="list-style-type: none"> <li>✓ Sex assigned at birth</li> <li>✓ Assigned female/male at birth (AFAB/AMAB)</li> </ul>	<p>The preferred terms factually recognize that sex—and, by extension, gender—is assigned. They affirm gender as a social construct that may differ from one's assignment at birth.</p>
<p><b>Female to male (FTM)</b>  <i>Related terms to avoid:</i>  <i>used to be a woman, born a woman</i></p>	<ul style="list-style-type: none"> <li>✓ Transgender man</li> <li>✓ Trans masculine</li> <li>✓ Trans man</li> </ul>	<p>FTM refers to a person who identifies as a man but was assigned female at birth; it is not a respectful way of acknowledging or referring to someone's gender. "Trans" is an adjective that helps describe someone's gender identity, and it should be treated like other adjectives.</p>
<p><b>Male to female (MTF)</b>  <i>Related terms to avoid:</i>  <i>used to be a man, born a man, male-to-female (MTF)</i></p>	<ul style="list-style-type: none"> <li>✓ Transgender woman</li> <li>✓ Trans feminine</li> </ul>	<p>MTF refers to a person who identifies as a woman but was assigned male at birth; it is not a respectful way of acknowledging or referring to someone's gender.</p>
<p><b>Transgendered</b>  <i>Related terms to avoid:</i>  <i>Transgenders, a transgender, transgenering</i></p>	<ul style="list-style-type: none"> <li>✓ Transgender person</li> </ul>	<p>"Transgendered" is a dated term that suggests a point in time in the past 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><b>Sex change</b>  <i>Related terms to avoid:</i>  <i>Pre-operative/post-operative, gender re-assignment surgery</i></p>	<ul style="list-style-type: none"> <li>✓ Gender affirmation</li> <li>✓ Gender confirmation</li> <li>✓ Transition</li> <li>✓ Transitioning</li> </ul>	<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 can but does not necessarily involve medical intervention, which can include hormone therapy and one or more surgeries to affirm one's gender. Gender-affirming hormone therapy (GAHT) is preferable to feminizing hormone therapy or masculinizing hormone therapy. "Pre-/post-operative" may still be used in medical literature but should not be applied to a specific person without their consent.</p>

Stigmatizing Terms and Alternatives (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<b>Hermaphrodite</b>	<ul style="list-style-type: none"> <li>✓ Variations in sex characteristics</li> <li>✓ Intersex identity</li> <li>✓ Person who is intersex</li> </ul>	<p>“Variations in sex characteristics” and “intersex identity” are preferred. “Variations in sex characteristics” is an inclusive umbrella term that refers to congenital atypical variations in the development of chromosomal, gonadal, or anatomical sex. Many, but not all, people with variations in sex characteristics identify as intersex. It is always best to ask how one identifies. Hermaphrodite is considered offensive because of its mythical origin and historically derogatory use.</p>
<b>Man/men</b>	<ul style="list-style-type: none"> <li>✓ Cisgender man/men (CGM)</li> <li>✓ Transgender man</li> <li>✓ Person assigned male sex at birth</li> </ul>	<p>In protocols, when the term “man” is used, people often intend it to refer to 1) cisgender men and/or 2) anyone who was assigned male sex at birth, regardless of current gender identity. It is important to be specific to ensure accuracy, as the term “man” is vague and does not encapsulate the distinctive features of either of these 2 groups. If used, it should be defined first.</p> <p>We recommend not using “men and women” unless people who are nonbinary and gender fluid are explicitly excluded, as that also reinforces the binary. Instead, it is best to use “people,” “people of all genders,” “all people,” or “men, women, and gender nonbinary people.” This last suggestion is the most inclusive option as it explicitly names the inclusion of gender nonbinary people.</p>
<b>Woman/women</b>	<ul style="list-style-type: none"> <li>✓ Cisgender woman/women</li> <li>✓ Transgender woman</li> <li>✓ Assigned female at birth</li> </ul>	<p>The same is true for the use of “women.”</p>

## Pregnancy and 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. Avoid language that implies childcare or ensuring a child’s health is the sole responsibility of women or mothers. Similarly, avoid language that portrays pregnant or breast/chestfeeding people as mere vessels supporting a child.

Pregnancy is not limited by gender, and language around pregnancy and birth should reflect this fact. In research protocols that do not contain gender-based eligibility criteria, language such as “pregnant women” and “mother” may incorrectly imply that participants who do not identify as women or mothers are not eligible, so gender-neutral language should be used. In studies that do contain gender-based eligibility criteria, it may be appropriate and even affirming to refer to “women” and “mothers;” however, studies with gender-based exclusion criteria must provide explicit justification for excluding potential participants based on their gender identity.

## Stigmatizing Terms and Alternatives

Stigmatizing Terms To Avoid	Use These Alternatives	Here’s Why
Mother-to-child transmission (MTCT)	<ul style="list-style-type: none"> <li>✓ Perinatal transmission</li> <li>✓ Vertical transmission</li> </ul>	The preferred terms do not place blame on pregnant people. They also focus objectively on the mode of transmission rather than the subjective, assumed identities of the people involved.
Verticals	<ul style="list-style-type: none"> <li>✓ Lifetime survivors</li> </ul>	People who acquire HIV in utero or during breastfeeding often refer to themselves as “lifetime survivors.” Another community-generated term is “dandelions,” which is based on the poem “Dandelion” by Mary Bowman.
Infants at risk (in utero, during labor, or through breastfeeding)	<ul style="list-style-type: none"> <li>✓ Infants exposed to HIV (in utero, during labor, or through breastfeeding/ chestfeeding/ nursing/lactation)</li> <li>✓ Fetus exposed to HIV in utero</li> </ul>	“Infants exposed to HIV” will work on its own in some circumstances, but sometimes clarification may be needed to refer to the specific exposure. Before delivery, it may be more appropriate to refer to the “fetus.”

Stigmatizing Terms and Alternatives (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<p><b>Mother (referring to the person who gave birth)</b>  <i>Related terms to avoid: pregnant woman, maternal, mother-infant pair</i></p>	<ul style="list-style-type: none"> <li>✓ Birth parent</li> <li>✓ Gestational parent*</li> <li>✓ Pregnant people or individuals</li> <li>✓ Pregnant participant</li> <li>✓ Postpartum participant</li> <li>✓ Parent-infant pair</li> <li>✓ Participant-infant pair/parent-participant pair</li> <li>✓ Parental</li> </ul>	<p>Not all pregnant people identify as mothers. “Mother” or “maternal” may imply the pregnant person is a woman or identifies as female. This terminology can exclude trans men and nonbinary people. It is appropriate to use the term “mother” when you are sure that the person identifies this way.</p> <p>*“Gestational parent” refers to a person involved in the birth and care of a child, whereas “gestational carrier” may be a more fitting term for a person who carries a fetus to term and then either has little or no long-term involvement in the care of the child.</p>
<p><b>Women (or girls) of childbearing potential</b>  <i>Related terms to avoid: women (or girls) of reproductive potential</i></p>	<ul style="list-style-type: none"> <li>✓ People/person of childbearing potential</li> <li>✓ Individual of childbearing potential</li> <li>✓ People/person able to become pregnant</li> <li>✓ People/person with reproductive potential</li> <li>✓ Parental</li> </ul>	<p>The preferred language is more inclusive and encompasses people who may become pregnant but do not identify as women.</p> <p>People of all genders and sexes may have reproductive potential.</p>
<p><b>Breastfeeding</b>  <i>Related terms to avoid: Breast milk</i></p>	<ul style="list-style-type: none"> <li>✓ Breast/chestfeeding</li> <li>✓ Nursing or lactating</li> <li>✓ Breast/chest milk</li> <li>✓ Human milk</li> </ul>	<p>Some individuals, including in some cases trans men or gender nonbinary individuals, may not refer to this part of their body as “breasts,” and the term “chest” is used instead. As with many terms, people have different preferences for specific terms such as “chestfeeding,” “nursing,” or “lactating” as alternatives. When speaking to individuals about HIV and infant feeding, it is always best to determine and use their preferred terminology.</p>
<p><b>Birth control</b></p>	<ul style="list-style-type: none"> <li>✓ Contraception</li> </ul>	<p>“Birth control” is very female-centric and typically is only used in reference to products used by “women.” This does not appropriately include people with transgender or nonbinary identities. Contraception can be used in reference to people of any sex assigned at birth or gender identity.</p>

# Substance Use

## Definition of Terms

### Substance Use Disorder, Addiction, and Dependence

“Substance use disorder,” “addiction,” and “dependence” are related but frequently confused terms.

**Substance use disorders** are chronic, treatable medical conditions from which people can recover. They are defined in part by continued substance use despite negative outcomes. Substance use disorders may be diagnosed as mild, moderate, or severe based on whether a person meets defined diagnostic criteria.

**Addiction** is not a formal diagnosis, and the term is used in many ways. Some people use the term to describe some substance use disorders, especially more serious presentations but the correct terminology should be used.

**Dependence** describes a condition in which withdrawal symptoms are experienced if substance or medication use is abruptly ceased or significantly reduced. Dependence can occur with the chronic use of many substances, including many medications, even if taken as prescribed. While dependence can be one of the symptoms used to diagnose a substance use disorder, dependence should not be confused as synonymous with substance use disorder or addiction.

### Drug Misuse and Alcohol Misuse

While the term “drug abuse” has been shown to perpetuate stigma, there is disagreement about the utility of “drug misuse.” Many people find the term helpful when discussing nonmedical use of substances that also have medical uses, such as prescription opioids. While an instance of nonmedical use of a medication like a prescription opioid is misuse, it does not necessarily mean the person has an opioid use disorder. “Misuse” can also be used to describe adult consumption of legal substances like alcohol (or, in some states, cannabis) in ways that may negatively impact health and safety.<sup>xi</sup>

“Misuse” and “substance use disorder” should not be used interchangeably, as not all people who misuse substances experience substance use disorder or require treatment to stop using substances. For example, a single occasion of binge drinking is considered alcohol misuse but may not amount to an alcohol use disorder diagnosis in a given individual.

Because “misuse” can also suggest fault on the part of people with substance use disorders, the neutral term “use” is generally preferred for most substances, except alcohol, when it will not create confusion.

Illicitly manufactured substances used outside of medical settings (such as heroin or illicitly manufactured fentanyl, cocaine, or methamphetamine) can be described in terms of “use” (NIH, 2023). The term “use” can also be used to describe the illegal consumption of legal substances by underaged youth.<sup>xiii</sup>

“Alcohol misuse” should be used instead of “alcohol abuse” when referring broadly to drinking in a manner, situation, amount, or frequency that could cause harm to the person who is engaging in drinking and/or to those around them.

For individuals younger than the minimum legal drinking age of 21, or for pregnant individuals, any alcohol use constitutes alcohol misuse. Alcohol misuse can be acute (e.g., binge drinking on a weekend night) or chronic (e.g., drinking associated with alcohol use disorder).<sup>xiii</sup>

## Stigmatizing Terms and Alternatives

Stigmatizing Terms To Avoid	Use These Alternatives	Here’s Why
<p><b>Clean syringes/dirty syringes</b></p> <p><i>Related terms to avoid: contaminated syringes</i></p>	<ul style="list-style-type: none"> <li>✓ New or unused/used syringes</li> <li>✓ Sterile syringes</li> </ul>	<p>“Clean” and “dirty/contaminated” evoke value judgments and specific visual assumptions that may not be accurate. The preferred terms are clearer and more accurate when discussing syringes and related injection equipment. “Needles” may also be used when engaging a community that is more likely to use that terminology.</p>
<p><b>Injection drug user (IDU)</b></p> <p><i>Related terms to avoid: drug user/abuser, drug addict, drug-addicted</i></p>	<ul style="list-style-type: none"> <li>✓ People/person who injects drugs (PWID)</li> <li>✓ People/person who uses drugs</li> </ul>	<p>Person-first language emphasizes humanity. If an acronym is needed for “people who inject drugs”, PWID can be used but to the extent possible, it is better not to refer to people, especially individual people, using an acronym.</p>
<p><b>Alcoholic</b></p> <p><i>Related terms to avoid: abuser or drunk</i></p>	<ul style="list-style-type: none"> <li>✓ People/person with alcohol use disorder</li> <li>✓ People/person who misuses alcohol or who engages in alcohol misuse</li> </ul>	<p>Person-first language emphasizes humanity.</p>
<p><b>Drug abuse</b></p> <p><i>Related terms to avoid: drug dependence, drug habit</i></p>	<ul style="list-style-type: none"> <li>✓ Substance use disorder</li> </ul>	<p>“Substance use disorder” is a medical term used to describe a chronic, treatable condition from which a person can recover. Substance use disorders are defined in part by continued substance use despite negative outcomes.</p> <p>“Dependence” is not synonymous with substance use disorder or addiction; see “Substance Use Disorder, Addiction, and Dependence” in the substance use section, definition of terms.</p>



Stigmatizing Terms and Alternatives (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<p><b>Alcoholism</b> <i>Related terms to avoid: alcohol abuse, alcohol dependence</i></p>	<ul style="list-style-type: none"> <li>✓ <b>Alcohol use disorder</b></li> </ul>	<p>“Alcohol use disorder (AUD)” is characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. It is a spectrum disorder and can be mild, moderate, or severe. AUD can cause lasting changes in the brain that make patients vulnerable to relapse. Most people with AUD can benefit from treatment with behavioral therapies, medications, or both.</p> <p>In the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), AUD replaces the older categories of alcohol abuse and alcohol dependence with the single disorder, AUD.</p>
<p><b>Clean/dirty</b></p>	<ul style="list-style-type: none"> <li>✓ <b>Currently using or not currently using substances</b></li> <li>✓ Negative (for a toxicology screen)</li> <li>✓ Positive (for a toxicology screen)</li> </ul>	<p>Labeling the use of drugs as “dirty” and the absence of drug use as “clean” invites a value judgment that stigmatizes people who use drugs and does not accurately reflect the complexities of substance use disorder and recovery.</p>
<p><b>Born addicted</b> <i>Related terms to avoid: addicted infant</i></p>	<ul style="list-style-type: none"> <li>✓ <b>Born in withdrawal</b></li> <li>✓ Born dependent on [drug]</li> <li>✓ Infant with neonatal abstinence syndrome</li> </ul>	<p>Infants cannot be born with addiction because they cannot meet the behavioral diagnostic criteria for substance use disorders. Rather, they may be born manifesting a withdrawal syndrome.</p>
<p><b>Opioid replacement</b> <i>Related terms to avoid: methadone maintenance, drug substitution, medication-assisted treatment (MAT)</i></p>	<ul style="list-style-type: none"> <li>✓ <b>Medication for opioid use disorder (MOUD)</b></li> <li>✓ Pharmacotherapy</li> <li>✓ Opioid agonist therapy (for buprenorphine and methadone specifically)</li> </ul>	<p>“Replacement” and “substitution” imply “substituting” one drug or one addiction for another, fueling a stigmatizing misconception that prevents people from accessing treatment. MOUD aligns with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics) as critical tools that are central to a patient’s treatment plan.</p> <p>MAT should not be used when referring to or inclusive of medications used to treat alcohol use disorder or opioid use disorder because “assisted” implies medications are secondary to other forms of treatment, which is no longer considered to be the case.</p>

### Stigmatizing Terms and Alternatives (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
Rehab/detox center	✓ Treatment center	“Rehab” and “detox center” carry cultural stigmas and misconceptions.
Recovering addict/ alcoholic <i>Related terms to avoid: former addict/alcoholic, reformed addict/ alcoholic</i>	✓ People/person in recovery ✓ People/person in remission	These person-first terms honor the belief that recovery is an ongoing and variable process. Some individuals with lived experience of substance use disorders may use a term like “addict” or “alcoholic” as part of their recovery program. These terms should only be used for personal stories, not general health information, and only with the person’s consent.
Relapse <i>Related terms to avoid: slip, slip-up, fall off the wagon</i>	✓ Return to use ✓ Recurrence	Suggested language removes the implication that a return to use is a moral failing and avoids negative associations.

## Racial and Ethnic Identities

Collecting data on race and ethnicity reveals a great deal about health disparities and provides information needed for population health.<sup>xiv</sup>

Generally, NIH uses racial and ethnic standards and definitions aligning with the Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity.<sup>xv</sup>

It should be noted that in 2022, a federal interagency working group was formed within the U.S. Office of Management and Budget (OMB) to review and develop recommendations for revising OMB’s Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity (SPD 15) with the goal of improving the quality and usefulness of federal race and ethnicity data.<sup>xvi</sup>

Racial groups:<sup>xvii</sup>

- American Indian or Alaska Native
- Asian
- Black or African American (Black is a term that can be applied to people anywhere in the world, including the United States, while African American refers specifically to American persons of African descent)
- Native Hawaiian or Other Pacific Islander
- White

The OMB guidance suggests that people of more than one race have the ability to select more than one racial group rather than have a “multiracial” category.

Ethnic groups (per OMB):

- Hispanic or Latino
- Not Hispanic or Latino

While these are the OMB-defined categories for ethnicity data collection purposes, we recognize that many individuals do not feel “seen” with those terms. Latino or Latina are broad terms that have been used for people of origin or descent from Cuba, Mexico, Puerto Rico, and some countries in Central America, South America, and the Caribbean, but again, individuals may prefer to specify their country of origin.

We recommend the use of Latina/o/e/x to be inclusive of individuals of all genders rather than Latino. When writing about known groups of individuals, more specific identifiers should be used. For example, when speaking about only cisgender women, Latina might be most appropriate. When discussing groups inclusive of transgender and gender diverse individuals, Latine or Latinx would be more appropriate.

Although Latinx is not recognized by OMB or NIH overall, it has been proposed as a gender-neutral, all-inclusive term. Its use may be considered on an audience-specific basis, particularly when addressing LGBTQIA+ communities in the United States, although some in those communities may prefer Latine.

Latine was created by LGBTQIA+ Spanish speakers and uses the letter “e” to illustrate gender inclusivity within existing Spanish pronunciation. In a Spanish-speaking context, Latine flows more naturally than Latinx in terms of grammar and pronunciation. When Latine is used as an adjective in Spanish, the noun that it describes can also be modified to reflect a similar gender-neutral variant (as in *niñes Latines*, meaning Latine children). The substitution of -e endings for the gendered -o and -a is already present in Spanish in nouns such as *estudiante* (student) and adjectives such as *interesante* (interesting).

Not everyone with Latin American heritage uses Latine or Latinx; many continue to use Latino as a gender-neutral default. Use specific language (e.g., Guatemalan American, if appropriate) and ask for personal identity preferences whenever possible.

- Latina/e/o/x can also be used to acknowledge the various communities, or one or more of these can be selected depending on the context:
  - Latino (individual man, group of men, or group of people including men and women)
  - Latina (individual woman or group of women)
  - Latine (gender-neutral term encompassing all genders)
  - Latinx (gender-neutral term encompassing all genders)

In keeping with the NIH Style Guide, the following should be noted:

- Avoid using “race/ethnicity” because the slash implies that these are interchangeable terms. Instead, use “race and ethnicity” or “race or ethnicity,” as appropriate.
  - Include context when writing about race and other demographic language. Populations should be described specifically whenever possible, and we should not default to using

“minorities” or “racial and ethnic groups” when we are really talking about specific populations. If the language cannot be made more specific (e.g., Black Americans, Asian Americans), then writing “racial and ethnic minority groups” is preferred over “minorities” alone; there are also sexual and gender minorities, etc.

Below are some additional considerations that also go beyond OMB racial and ethnic categories:

BIPOC refers to Black, Indigenous, and other People of Color. Many prefer this term to “racial minorities” and to “people of color.” It is considered inclusive of all communities of color while prioritizing Black and Indigenous peoples, who face particularly urgent social and structural disparities. Always use specific racial terms (e.g., Black or Indigenous) on their own instead of BIPOC if applicable; BIPOC should not be used when referring to an individual or an issue that affects a specific group of people.

American Indians and Alaska Natives are the only federally recognized political minority in the United States. Tribes hold a unique government-to-government relationship with the United States. When referring to a specific person or group of people, the best practice is to use a specific tribal identity whenever possible. American Indian or Alaska Native should only be used to describe persons with different tribal affiliations or when the tribal affiliations are not known or not known to be the same.

When referring to the diverse group of people with indigenous ancestry in the United States as a whole, the term American Indian is generally used. However, some communities may prefer Indigenous American or Native American, so it is best to ask how communities describe themselves.<sup>xviii</sup> Never use pejorative terms, which include Eskimo instead of Alaska Native.

Indigenous is a broader term that includes people indigenous to any place in the world.

The term “Indian Country” describes reservations, lands held within tribal jurisdictions, and areas with American Indian populations. The term is used with positive sentiment within Native communities and by Native-focused organizations such as the National Congress of American Indians (NCAI) and news organizations such as *Indian Country Today*. In law, the term Indian country (lower case “c”) is found in several areas of the United States Code and is also an official legal term referenced in many Supreme Court opinions, collectively articulating the meaning as it pertains to federal law relating to American Indian land and people.<sup>xix</sup>

## People With Disabilities

People with disabilities are not a monolith, and this diverse community holds different views about whether person-first (person with disabilities) or identity-first (disabled person) language is appropriate in most contexts. Generally, most people prefer person-first language that emphasizes humanity, highlights autonomy, and promotes the idea that most people’s disabilities are just one facet of their life and identity. This is particularly true for people with an acquired, chronic illness (i.e., person with diabetes instead of diabetic).

However, some disabled people explain that their disability is an intrinsic part of their identity and should not be appended after “person.” For example, many autistic people prefer identity-first language because they view autism as a way of thinking and living rather than a disorder. This is sometimes called the “social model” of disability, as opposed to the “medical model.” This concept is also related to disability pride movements. For example, because deafness is associated with a unique education system, language, and subculture, most people in this population prefer to be called “Deaf.”

## Stigmatizing Terms and Alternatives

Stigmatizing Terms To Avoid	Use These Alternatives	Here’s Why
<b>Obese people</b> <i>Related terms to avoid: the obese, overweight people</i>	<ul style="list-style-type: none"> <li>✓ People/person with [BMI or other metabolic score] of [X]</li> <li>✓ People/person who are overweight or obese</li> </ul>	Use specific, neutral, person-first language when describing weight and fat distribution. Being overweight is a medical condition defined by body mass index. “Obesity” should be referred to as a disease, not a condition.
<b>Handicapped</b> <i>Related terms to avoid: handi-capable, differently-abled, the disabled</i>	<ul style="list-style-type: none"> <li>✓ People/person with disabilities</li> <li>✓ Disabled people/person (preference varies)</li> </ul>	Community preference for person-first or identity-first (“disabled people”) varies, but most agree that euphemistic language further otherizes people with disabilities.
<b>Able-bodied</b> <i>Related terms to avoid: normal, healthy, in contrast to people with disabilities</i>	<ul style="list-style-type: none"> <li>✓ Able</li> <li>✓ Non-disabled</li> <li>✓ Does not have a disability</li> <li>✓ Enabled</li> </ul>	“Able” to refer to all people without disabilities is preferable to “able-bodied” to be inclusive of cognitive disabilities and other disabilities not considered primarily physical. “Enabled” acknowledges the role of systems that privilege certain ability levels above others.
<b>Corrective device/ technology</b> <i>Related terms to avoid: wheelchair-bound, confined to a wheelchair</i>	<ul style="list-style-type: none"> <li>✓ Assistive device/ technology</li> <li>✓ Accommodation</li> <li>✓ Wheelchair user</li> <li>✓ Person who uses a wheelchair</li> </ul>	Assistive technologies and services should be portrayed as helping and accommodating a person rather than making them “correct” or emphasizing limitations.

## Other Terms and Topics

### Stigmatizing Terms and Alternatives

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<b>Prostitute</b> <i>Related terms to avoid: prostitution, commercial sex work</i>	<ul style="list-style-type: none"> <li>✓ Sex worker/sex work</li> <li>✓ Person/people who exchange(s) sex</li> <li>✓ Transactional sex</li> <li>✓ Person/people who engage(s) in transactional sex</li> <li>✓ Sale of sexual services</li> </ul>	<p>“Sex work” implies ownership over a person’s own career choice, while “prostitution” and its derivatives carry engrained cultural stigmas. “Commercial sex work” is redundant and otherizes. There are nuances in discussing sex work that should not be overlooked: Some sex workers choose the work they do, while others are forced into it because they have no other options. Others are trafficked and survivors of rape. Minors cannot consent and should not be referred to as sex workers. (See below.)</p>
<b>Sexual slavery</b> <i>Related terms to avoid: forced prostitution, child prostitution</i>	<ul style="list-style-type: none"> <li>✓ Sex trafficking</li> <li>✓ Sex trafficking of minors</li> </ul>	<p>In the context of forced or coerced transactional sex involving minors, the preferred term emphasizes the role of exploiters because children cannot consent to sex work.</p>
<b>Rape victim</b>	<ul style="list-style-type: none"> <li>✓ Survivor of sexual assault</li> </ul>	<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>
<b>Domestic violence</b>	<ul style="list-style-type: none"> <li>✓ Intimate partner violence</li> <li>✓ Gender-based violence</li> </ul>	<p>The preferred terms are more specific to two separate ideas: violence between intimate partners and violence specifically based on gendered power imbalances. They also each include relevant violence outside of a shared home.</p>
<b>Abuse victim</b>	<ul style="list-style-type: none"> <li>✓ People/person who have experienced violence</li> <li>✓ Survivor of violence</li> </ul>	<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>

Stigmatizing Terms and Alternatives (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<p><b>Tuberculosis (TB) contact</b></p> <p><i>Related term to avoid: household contact</i></p>	<ul style="list-style-type: none"> <li>✓ <b>Contact person<sup>xx</sup></b></li> <li>✓ Close contacts</li> <li>✓ Proximity-acquired TB</li> <li>✓ Person recently exposed to TB</li> </ul>	<p>It is best to use person-centered language when describing someone who was exposed to <i>M. tuberculosis</i>.</p> <p>Significant TB exposure can occur both within and outside the household. Therefore, the term “household contact” is confusing and should no longer be used. “Contacts” is more accurate for those with significant TB exposure.</p>
<p><b>TB suspect</b></p>	<ul style="list-style-type: none"> <li>✓ <b>People/person to be evaluated for TB</b></li> <li>✓ People/person with presumed TB</li> </ul>	<p>“Suspect” evokes suspicion and personal fault.</p> <p>It is important to differentiate between TB disease and infection.</p>
<p><b>TB control</b></p>	<ul style="list-style-type: none"> <li>✓ <b>TB prevention and care</b></li> <li>✓ Prevention of TB transmission</li> <li>✓ TB response</li> </ul>	<p>“Control” evokes paternalism. Also, there has been a shift from approaches that seek to “control” TB to one that focuses on “ending” the TB epidemic.</p>
<p><b>TB or hepatitis co-infected people/participants</b></p>	<ul style="list-style-type: none"> <li>✓ <b>People/persons with concomitant hepatitis or concomitant TB</b></li> </ul>	<p>“Co-infect” and its derivatives carry the same stigma as “infect.”</p>
<p><b>TB cases</b></p>	<ul style="list-style-type: none"> <li>✓ <b>People/person with tuberculosis/TB</b></li> <li>✓ People/person with TB infection</li> </ul>	<p>Person-first language emphasizes humanity.</p>
<p><b>Monkeypox/monkey pox</b></p>	<ul style="list-style-type: none"> <li>✓ <b>Mpox</b></li> </ul>	<p>The name of the disease was officially changed due to concerns that the original name could be construed as discriminatory and racist. Monkeypox still refers to the name of the virus, but efforts should be made to just say the virus that causes mpox rather than use monkeypox. Mpox is not capitalized unless it begins a sentence.</p>

Stigmatizing Terms and Alternatives (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
<p>Babies, school-age children, teenagers</p>	<ul style="list-style-type: none"> <li>✓ Infants</li> <li>✓ Children</li> <li>✓ Adolescents</li> </ul>	<p>Try to avoid vague terms without first defining them. Age categories defined by the American Medical Association are provided below:</p> <ul style="list-style-type: none"> <li>• Neonates or newborns (birth to 1 month)</li> <li>• Infants (1 month to 1 year)</li> <li>• Children (1 year through 12 years)</li> <li>• Adolescents (13 years through 17 years)</li> <li>• Adults (18 years or older)</li> <li>• Older adults (65 and older)</li> </ul>
<p>The aged</p> <p><i>Related terms to avoid: (the) elderly, seniors/ senior citizens, old adults, geriatric (except in medicine)</i></p>	<ul style="list-style-type: none"> <li>✓ People over [age X]</li> <li>✓ Elders (culturally dependent)</li> </ul>	<p>When possible, use a specific age or age range. “Adults” affirms agency and personhood, as does person-first language. Stigmatizing terms such as “elderly” can evoke frailty. In indigenous communities and LGBTQIA+ communities, the term “elders” may be preferred and culturally appropriate.</p>
<p>Caretaker</p>	<ul style="list-style-type: none"> <li>✓ Caregiver</li> <li>✓ Care partner</li> <li>✓ Care team</li> </ul>	<p>“Caretaker” typically refers to a person taking care of something, such as a house. A “caregiver” provides care to someone who needs help, such as a person who is ill or an aging parent. The term “care partner” is sometimes used to show that caregiving is a two-way street involving both the caregiver and the person needing care. However, a partnership may not be possible if a loved one needs significant help or cannot care for themselves. A “care team” refers to all the people who are providing care to a person.<sup>xxi</sup></p>
<p>Felon</p> <p><i>Related terms to avoid: convict, offender, inmate, prisoner, the incarcerated</i></p>	<ul style="list-style-type: none"> <li>✓ People/person who are incarcerated</li> <li>✓ People/person in prison</li> </ul>	<p>Person-first language emphasizes humanity.</p>
<p>Mentally ill person</p> <p><i>Related terms to avoid: insane person, the mentally ill, [specific person] is bipolar, mental illness</i></p>	<ul style="list-style-type: none"> <li>✓ People/person with [specific mental disorder], e.g., person with bipolar disorder</li> <li>✓ Mental health condition</li> </ul>	<p>Person-first language emphasizes humanity and dispels the misconception that mental disorders are untreatable. Also, “insanity” is a legal—not medical—definition (and it is highly stigmatizing).</p>



Stigmatizing Terms and Alternatives (continued)

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
Committed suicide	<ul style="list-style-type: none"> <li>✓ Died by suicide</li> <li>✓ Attempted suicide</li> </ul>	<p>“Committed” evokes associations with the legal or moral issues of “committing” a crime or sin, whereas “suicide” is often the consequence of an unaddressed illness.</p> <p>“Suicide attempts” should not be described as successful, unsuccessful, or failed. Instead, use “survived a suicide attempt,” just as one might describe an individual who has survived cancer or a heart attack.</p>

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## Websites

[A Guide to Talking About HIV \(CDC\)](#)

[Changing Federal Terminology Regarding Substance Use and Substance Use Disorders](#)

[FHI 360 Changing Language, Changing Minds: Using Restorative Language to Promote Solidarity and Equity RESTORATIVE LANGUAGE GUIDE, March 2022](#)

[Language for HIV Cure \(AVAC\)](#)

[NIH Style Guide’s Person-first and Destigmatizing Language](#)

[Oxfam Inclusive Language Guide \(openrepository.com\)](#)

[Preferred Terms for Select Population Groups and Communities \(CDC\)](#)

[Reporting and Indigenous Terminology, Preferred Native American Journalists Association](#)

[The Culturally Competent Gender-Related Communications \(C3\) Resource, NIH Sexual and Gender Minority Research Office](#)

[Trans-NIH Strategic Plan for Women’s Health Research - 2019-2023](#)

[The Power of Perceptions and Understanding: Changing How We Deliver Treatment and Recovery Services](#)

[Ways To Stop HIV Stigma and Discrimination \(CDC\)](#)

[Words Matter Language Guide \(Stop TB Partnership\)](#)

[Words Matter – Terms to Use and Avoid When Talking About Addiction \(NIDA\)](#)

[When It Comes to Reducing Alcohol-Related Stigma, Words Matter, NIAAA](#)

[Why Language Matters: Facing HIV Stigma in Our Own Words](#)

## Endnotes

- <sup>i</sup> While AIDS is not as widely used now due to the associated stigma, some people may use the term when referring to the early years of the epidemic when HIV was not yet identified or understood, and when the word itself conjures the social and cultural impact the disease had at the time and for years to come.
- <sup>ii</sup> <https://www.stigmaindex.org/>
- <sup>iii</sup> <https://theconversation.com/people-of-colour-theres-a-bias-in-how-pictures-are-used-to-depict-disease-in-global-health-publications-196056>
- <sup>iv</sup> <https://blogs.scientificamerican.com/voices/the-headless-legless-pregnancy-bump/>
- <sup>v</sup> Eunice Kennedy Shriver National Institute of Child Health and Human Development, Office of Communications
- <sup>vi</sup> AVAC Language for HIV Cure (AVAC), <https://avac.org/resource/language-for-hiv-cure/>
- <sup>vii</sup> Ibid
- <sup>viii</sup> Grimstad, F., Kremen, J., Streed, C. G. Jr., & Dalke, K. B. (2021). The health care of adults with differences in sex development or intersex traits is changing: Time to prepare clinicians and health systems. *LGBT Health*, 8(7), 439–443. <https://doi.org/10.1089/lgbt.2021.0018>
- <sup>ix</sup> Sex and Gender, Office of Research on Women’s Health, NIH. <https://orwh.od.nih.gov/sex-gender> and National Academies of Sciences, Engineering, and Medicine. (2022). Measuring sex, gender identity, and sexual orientation. [White paper]. The National Academies Press. <https://doi.org/10.17226/26424>
- <sup>x</sup> Ibid
- <sup>xi</sup> National Institute on Drug Abuse (NIDA) Communications Branch
- <sup>xii</sup> Ibid
- <sup>xiii</sup> When It Comes to Reducing Alcohol-Related Stigma, Words Matter, NIAAA, <https://www.niaaa.nih.gov/alcohols-effects-health/reducing-alcohol-related-stigma#:~:text=Use%20person%2Dfirst%20language%20to,person%20with%20alcohol%20use%20disorder>
- <sup>xiv</sup> <https://jamanetwork.com/journals/jama/fullarticle/2783090>
- <sup>xv</sup> [https://obamawhitehouse.archives.gov/omb/fedreg\\_1997standards](https://obamawhitehouse.archives.gov/omb/fedreg_1997standards)
- <sup>xvi</sup> <https://spd15revision.gov/>
- <sup>xvii</sup> Racial and Ethnic Categories and Definitions for NIH Diversity Programs and for Other Reporting Purposes, <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-089.html>
- <sup>xviii</sup> Native Knowledge 360°
- <sup>xix</sup> <https://www.ncai.org/news/ncai-response-to-usage-of-the-term-indian-country>
- <sup>xx</sup> <https://www.ncai.org/news/ncai-response-to-usage-of-the-term-indian-country>
- <sup>xxi</sup> Caregiver’s Handbook, NIA, <https://order.nia.nih.gov/publication/caregivers-handbook>.



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