

Use of Humanizing and Respectful Language in Correctional Health Care

Position Statement

The National Commission on Correctional Health Care supports the use of humanizing and respectful language to describe individuals who are involved with the justice system. NCCHC recommends that people who work in correctional facilities and those interacting with or conveying information about individuals experiencing incarceration (e.g., researchers, policy makers, journalists) adopt person-first language in written and oral communication. To operationalize the use of humanizing language, NCCHC recommends the following:

1. See patients as “whole people” with multiple dimensions of their identity.
2. Reframe historically stigmatizing language by employing person-first language such as person/people/individuals experiencing incarceration, incarcerated person/people/individuals, justice-involved person, person living with HIV, person with substance use disorder.
3. Engage patients in discussing their preferences related to their identity. Respect individual preferences by inquiring about the language that best aligns with an individual’s identity.
4. Use accurate, stigma-free language to describe patients and their health conditions.
5. Avoid correctional labels such as inmate, offender, prisoner, felon, convict, criminal, addict, or terms based on crime (e.g., murderer, rapist, drug dealer, drunk driver).
6. For the youth population, avoid terms such as juvenile, juvenile offender, and minor. Preferred terms are youth, adolescent, child, and young adult, as appropriate.
7. Avoid health-defining labels such as addict, drug user, HIV patient, schizophrenic, borderline, and diabetic.
8. Engage in self-reflection and self-awareness practices to examine implicit and explicit biases in providing patient care.

Discussion

NCCHC is the nation’s long-standing leader in the development of standards and accreditation of health care for correctional facilities. NCCHC’s mission is to improve the quality of health care in jails, prisons, and juvenile confinement facilities.

NCCHC recognizes the powerful role of language in providing patient care to people who are incarcerated. Health professionals need to create a therapeutic relationship with their patients, beginning with treating each person with humanity and humility. This is vital in carceral settings, where individuals have higher rates of mistrust and trauma. Research has demonstrated that interactions with health staff may be a primary stressor for incarcerated individuals, and in fact can be more emotionally upsetting than negative interactions with other correctional staff or peers¹. Commitment to the use of humanizing, person-first language is a vital component of improving access to health care for people who are incarcerated.²

Labels that do not center personhood can be stigmatizing and can be internalized by people in damaging ways, to include negative health outcomes.³⁻⁵ Inclusive language emphasizes people over their disorders, disabilities, characteristics, or circumstances including justice involvement. Inclusive or humanizing language centers the voices, perspectives, and experiences of individuals who are often stereotyped, excluded, and underrepresented. People have many dimensions to their lives and should not be defined according to a medical or mental health condition they have or whether they are in custody. Language used to describe individuals who

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experience incarceration evolves, but the terms should invariably identify them as people first, rather than categorizing them solely according to their incarceration status or to a behavioral or medical condition or a single part of their identity or disability status.

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Resources

We are people. Resources for humanizing language. The Osborne Association.

<http://www.osborneny.org/resources-for-humanizing-language>

Words matter. The Fortune Society. <https://fortunesociety.org/wp-content/uploads/2017/07/Words-Matter-Humanizing-Language.pdf>

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4. Martin, K., Taylor, A., Howell, B., & Fox, A. (2020). Does criminal justice stigma affect health and health care utilization? A systematic review of public health and medical literature. *International Journal of Prison Health*, 16(3), 263–279. <https://doi.org/10.1108/IJPH-01-2020-0005>
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