



# Background

The Canadian Autism Spectrum Disorder Alliance (CASDA) is striving to create a public platform that feels welcoming and safe for the Autistic community. To support this work, with the help of Autistic Canadians, we have created a guide on preferred language to members of the autism community, ie. policy makers, researchers, health care workers and caregivers.

We understand that Canadians on the Autism Spectrum have diverse opinions on language and how they wish to be referenced. Many prefer identify-first language ("Autistic"), while others would rather use person-first ("Person with Autism"). In consultation across the country it was clear that the use of language in the Autistic community continues to be an ongoing discussion.

As our understanding and acceptance of Autism advances, so does the use and understanding of phrases to describe or reference the condition. We want to be respectful of everyone's unique preferences, which is why we choose to use references to Autism interchangeably in our documents with the hope everyone can see themselves reflected in the way they desire.

# At a Glance: Guiding Language Principles

- 1.) Avoid using terms such as, 'living with autism'. Autism is not something that can be separated from an individual. As a number of our Autistic collaborators have pointed out, Autism is not a "roommate". It's an integral part of someone's being.
- 2.) When referring to challenges pertaining to Autism, be wary about positioning Autism as a burden. This can be deeply offensive to Autistic individuals, even if the person speaking also feels there are many assets to the neurology. We are also mindful that a vast number of challenges Autistic individuals face are caused by co-occurring conditions.
- 3.) We avoid high-functioning labels as they are ineffective in describing the strengths and challenges faced by Autistic individuals. The preferred alternative is 'Autistic with high support needs' and 'Autistic with low support needs' rather than 'high functioning' and 'low functioning'. This phrasing should only be used when the Autistic person being referred to has shared their preference with the speaker.
- 4.) The term 'Autistic person' uses identity first language, which reflects the belief that being Autistic is a core part of a person's identity. This is the preferred form of identification by a significant representation of Autistic Canadians, however we are also mindful that there are others who prefer 'person-first' references, and use those when so told.
- 5.) Autism is a neurodisability and should be referred to as such.
- 6.) Avoid using the phrases 'suffers from' or 'is a victim of autism'.

# Non- Preferred Language

1. Suffers from OR is a victim of autism. Consider using the following terms instead:

- is autistic
- is on the autism spectrum
- (Note: The term ASD is used by many people but some prefer the term autism spectrum condition' or 'on the autism spectrum' because it avoids the negative connotations of 'disorder'.)

2. Referring to autism as a disease / illness. The Autistic community prefers that Autism be referenced as a disability.

Consider using the following instead:

- autism is a disability
- autism is a disorder

3. Mentally handicapped is derogatory and offensive and should never be used. The terms 'intellectual disability' or 'neurological developmental disability' should be used.

4. Referring to someone's Asperger's syndrome as a rare / mild form of autism is an inaccurate portrayal. Just because someone appears to be verbally or cognitively able, does not mean they cannot be severely impacted by autism.

5. Low or High Functioning Autism:

Many autistic adults and family members felt that dividing autistic people into categories of low or high functioning did not fully represent the rich pattern of ability and challenges faced by individuals. We would encourage a more precise description of people's abilities (such as referring to their cognitive or verbal abilities).

6. When referring to comparison groups, we suggest the following points be taken into consideration: Avoiding the term 'normal' or 'normally developing' and 'healthy'.

Consider using the following terms instead:

- Neurotypical
- Typical adults or typically developing children

# RESOURCES PAGE

If you would like to learn more about first-person identification in the autistic community, please view the resources below for more information.

## [Why I Dislike "Person First" Language- Jim Sinclair](#)

<http://www.larry-arnold.net/Autonomy/index.php/autonomy/article/view/OP1>

## [Identity-first vs. person-first language is an important distinction- Association of Health Care Journalists.](#)

<https://healthjournalism.org/blog/2019/07/identity-first-vs-person-first-language-is-an-important-distinction/>

## [Identity First Autistic](#)

- <https://www.identityfirstautistic.org/>
- <https://www.identityfirstautistic.org/functioning-labels->
- <https://www.identityfirstautistic.org/about1-c1oqk>

## [Editorial Perspective: The use of person-first language in scholarly writing may accentuate stigma- J Child Psychol Psychiatry.](#)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5545113/>

## [Which terms should be used to describe autism? Perspectives from the UK autism community](#)

<https://journals.sagepub.com/doi/abs/10.1177/1362361315588200>

## ["It Defines Who I Am" or "It's Something I Have": What Language Do \[Autistic\] Australian Adults \[on the Autism Spectrum\] Prefer?](#)

[https://link.springer.com/epdf/10.1007/s10803-020-04425-3?](https://link.springer.com/epdf/10.1007/s10803-020-04425-3?author_access_token=IADwT183310FYeLy_7e-)

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