

Language Statement

At Autism Ontario, we recognize that language is powerful. We understand that the language we use can educate, frame ideas and perspectives, and empower, but that it can also harm and stigmatize[1]. The use of referential language as it relates to autism is a sensitive, important, ongoing conversation.

The clinical model defines autism, or Autism Spectrum Disorder, as a lifelong neurodevelopmental disorder that affects the way a person communicates and relates to people and the world around them. The Public Health Agency of Canada references the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in classifying autism as a disorder[2]. However, many autistic people prefer the terms neurological “difference” or “condition”, which remove the negative associations with the word “disorder”[3].

At Autism Ontario our goal is to support and advocate alongside all autistic individuals across the province, regardless of race, ethnicity, income, religion, or gender identity. We aim to actively and deliberately listen to and include all autistic community members to guide our choices relating to language.

We understand that many individuals in the autistic community prefer certain types of referential language[4], such as identity-first language (“*autistic person*” or “*autist*”) over person-first language (the terms “*person with autism*” or “*person on the autism spectrum*” are often used interchangeably).

Identity-first language reflects the belief that being autistic is an important part of a person’s identity. Person-first language, including phrases such as “living with autism”, reflects the idea that autism can be separated from a person. Results from a recent survey of over 7,000 autistic people suggest that approximately 90% of autistic people prefer identity-first language with a smaller proportion preferring person-first language[5]. According to the Canadian Autism Spectrum Disorder Alliance (CASDA), there is a growing body of scientific and community literature documenting the dislike, amongst autistic individuals, of person-first language and its potential for increasing stigma.[6] Disability scholars have also objected to the use of person-first language[7].

Although we acknowledge that there are varying beliefs within the autistic community about which language standards are ‘correct’, based on the existing literature on language preferences in the autistic community, Autism Ontario recommends using identity-first language (i.e., autistic person).

It is important to understand that each person may have a different preference for how they would like to be identified[8]. Autonomy and self-determination are the most important aspects to consider when talking about autism[9]. **It is often best to ask an individual directly if they are comfortable telling you how they would prefer to be identified.**

With the aim of being inclusive, respectful, and representative of the many people within our diverse community[10], we will use both identity-first and person-first referential language. We acknowledge that the use of language evolves rapidly and will continue to be an ongoing discussion within the autism community.

[1] <https://mulpress.mcmaster.ca/cjae/article/view/4982/3978>

[2] <https://psychiatry.org/psychiatrists/practice/dsm>

[3] <https://autisticnotweird.com/autismsurvey/#language>

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

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

[6] <https://www.casda.ca/wp-content/uploads/2020/12/CASDA-Language-Guide.pdf>

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

[8] https://link.springer.com/epdf/10.1007/s10803-020-04425-3?author_access_token=IADwTI83310FYeLy7e-IPe4RwlQNchNBiy7wbcMAY6biNKC5Pq68B0cjBHvRTEFCbAaM6NdTUp4ua_5j4bcDiLBvSuqOzT8u8RYRlcY2ets2zunfeikLzAiLeg2yKwiIbku0rDj3W63bDmaXtbVdg%3D%3D

[9] <https://awnnetwork.org/failings-person-first-language>

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