

Use of Inclusive Language

Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equity. Use inclusive and respectful language without bias against any person, with special attention to avoiding language that negatively portrays or describes any person based on factors such as age, gender, race, ethnicity, culture, sexual orientation, disability, neurodiversity, class, or health condition. Authors should ensure that writing is free from bias, stereotypes, slang, slurs, reference to dominant culture, and cultural assumptions. We recommend avoiding the use of descriptors that refer to personal attributes unless there is evidentiary-referenced scientific or clinical relevance. When appropriate, clarify how terms and definitions used in the referential evidence support the use of selected terms.

These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive. For more detailed information, please refer to any editing guidelines provided by your Elsevier contact.

Capitalization of Racial and Ethnic Terms

Racial and ethnic groups are designated by proper nouns and are capitalized. Therefore capitalize “Black,” “White,” and “Brown” to align with the capitalization preference applied to other racial and ethnic categories. Use the capitalized term as an adjective in a racial or ethnic sense: Black people are disproportionately affected by COVID-19; diabetes disproportionately affects the Black population.

Reporting Sex, Gender Identity, or Both in Research

The terms male and female should be used when describing the sex of human participants or other sex-related biological or physiological factors. Descriptions of differences between males and females should carefully refer to “sex differences” rather than “gender differences.” Gender comprises the social, environmental, cultural, and behavioral factors and choices that influence a person’s self-identity and health. Gender includes gender identity (how individuals and groups perceive and present themselves), gender norms (unspoken rules in the family, workplace, institutional, or global culture that influence individual attitudes and behaviors), and gender relations (the power relations between individuals of different gender identities). Seek gender neutrality by using plural nouns (“clinicians, patients/clients”) as default/wherever possible to avoid using “he, she,” or “he/she.” Authors should consider appropriate use of the words *sex* and *gender* to avoid confusing both terms.

LGBTQ+ Terminology

When referring to the lesbian, gay, bisexual, transgender, queer or questioning community, Elsevier’s suggested terminology is LGBTQ+. This guideline is meant as a point of reference to help identify appropriate terminology but is by no means exhaustive or definitive.

Language Around Disability

When referring to disability, do not use stereotypical descriptors and outdated terminology (e.g., “mentally retarded,” “crippled”). Be mindful of current usage in the disability community (e.g., “intellectual disability,” “person with disability,” “uses a wheelchair”). Individuals may use self-descriptive terminology; when these terms are used, they should have clear attribution, such as “Sara describes herself as “having hearing loss.” When referring to medical conditions, it is often preferable to use person-first language (e.g., “patient with sickle cell disease” rather than “sickle cell patient”) as well as the most scientifically accurate terms around mental illness (e.g., “substance use disorder” rather than “substance abuse”).

Religion and Politics

Religious and political beliefs, organizations, and practices must be described with due accuracy. Statements and claims about religion and politics should be factual and supported by an evidentiary reference.