

Promoting Accurate and Respectful Language to Describe Individuals and Groups

Sexual Abuse
2018, Vol. 30(5) 480–483
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DOI: 10.1177/1079063218783799
journals.sagepub.com/home/sax



Across psychology and criminology research, persons who have engaged in offending behavior are often referred to collectively as "offenders," or categorized according to their criminal convictions (e.g., "sex offenders," "fire setters," "murderers"). However, it is well-known that individuals with similar criminal convictions do not represent homogenous groups. Recent articles in *Sexual Abuse* and elsewhere draw attention to problems with using the same terms to describe knowingly diverse populations (e.g., Harris & Socia, 2016; Willis, 2018). In this editorial, we summarize these problems and introduce a new journal submission guideline intended to promote accurate and respectful language to describe persons and groups in *Sexual Abuse*.

Validity of Offense-Based Labels

It is well-established that sexual recidivism base rates are low and decline substantially with time spent offense free in the community (Hanson, Harris, Helmus, & Thornton, 2014; Hanson, Harris, Letourneau, Helmus, & Thornton, 2018). Yet the use of labels such as "offender" or "sex offender" to describe a person or group can imply a trait-like tendency to engage in criminal behavior, inadvertently promoting the inaccurate view of high recidivism risk among all persons who have sexually offended. Such labels also imply homogeneity, yet offense-based categories include diverse individuals with different risk profiles, psychological characteristics and intervention needs. For example, some individuals referred to as "sex offenders" may have engaged in repeat offending against children who might receive high scores on both static and dynamic risk assessment tools, whereas others may have engaged in a single offense, never done so since, and receive scores indicative of low sexual recidivism risk. Indeed, the latter individual's relative risk of sexual reoffending might be indistinguishable from individuals convicted for nonsexual offenses (see Hanson et al., 2014). In academic publications and beyond, the continued use of normative labels like "sex offender" risks promoting misperceptions about sexual offending that can ultimately obstruct an individual's rehabilitation, reintegration, and desistance (see Willis, Levenson, & Ward, 2010). Moreover, such labels can erode the public's support for prevention and treatment efforts (see Harris & Socia, 2016). None of us are defined by a single attribute, no matter how salient or sensational. Person-first language helps move beyond simplistic and often inaccurate understandings of people who have offended sexually.

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Respectful Reporting of Individuals and Groups

Respecting the dignity and inherent worth of all persons is at the heart of codes of ethics across the helping professions (e.g., American Psychological Association [APA], 2010a; Code of Ethics Review Group, 2012; The Australian Psychological Society, 2007; The British Psychological Society, 2009), and addressed explicitly in the APA (2010b) Publication Manual. In their guidelines for reducing bias in written language, the APA Publication Manual advises authors to "respect people's preferences; call people what they prefer to be called." The APA guidelines further state that "A label should not be used in any form that is perceived as pejorative; if such a perception is possible you need to find more neutral terms" (p. 72).

Some labels commonly used to categorize persons or groups in the field of forensic/correctional psychology and criminology are based on clinically valid constructs, such as "psychopath" and "pedophile." Although these clinical terms may be useful, they are laden with negative connotations that stigmatize the individuals to whom they are assigned (Imhoff, 2015), affecting their well-being and perhaps even increasing their risk to offend (Jahnke, Schmidt, Geradt, & Hoyer, 2015). Moreover, these labels also risk homogenizing groups of individuals. For example, the label "pedophile" might apply equally to someone who has offended repeatedly against multiple prepubescent child victims, someone who has viewed images of child abuse, and to someone who has never acted on his or her attractions. However, the assumption is often that "pedophile" refers to people with convictions for repeat sexual offenses against children. Importantly, even professionals are susceptible to the stigma of these labels (Jahnke, Philipp, & Hoyer, 2015).

We recognize an inherent tension between our recommendation to utilize personfirst language when the people we are describing—the research participants or therapy clients—adopt labels such as "virtuous pedophile" or "minor-attracted person," as some have done (see also Malone, 2014). Using participants' preferred labels is a sign of respect for their autonomy. Demonstrating respect for persons is an ethical mandate among the clinical professions (Lo, 2009). A case report describing an adult who adopted the label "pedophile" might reasonably begin with a defense by the author for retaining that term. Alternatively, the author could retain the term within person-first language (e.g., describing the subject as "someone who self-identifies as pedophilic"). In addition to respect for others, we adhere to the ethical principles of beneficence (engaging in behavior with a net benefit to others) and justice (treating all fairly) (Lo, 2009). There are conditions within which these principles appear to be in conflict. For example, what is the proper course of action when a group of participants includes some who have adopted stigmatizing labels and others who avoid such labels, or if a person has inaccurately adopted a clinical label (e.g., a 12-year-old who describes himself as a pedophile)? We argue that in all cases, the use of person-first language aligns with the ethical principles of beneficence and justice and in most cases personfirst language also aligns with the principle of respect. Nevertheless, we acknowledge the existence of (rare) situations in which the use of a label—even one with potentially harmful effects—might be justified.

Person-First Language

Owing to the problems with commonly used labels outlined above, the *Sexual Abuse* Editorial Board has voted to encourage authors to use person-first language to describe persons or groups in their manuscript submissions. Person-first language separates the person from a behavior, condition, or disorder (e.g., "persons with sexual offence histories," "individual who has been adjudicated for . . .," "child/adolescent with sexual behavior problems," "man with pedophilic sexual interests)." Person-first language is more accurate and less pejorative than terms like "sex offender" and is consistent with APA style guidelines for reducing bias in written language.

Person-first language is commonplace in the broader educational and psychology literature. For example, we now use "person with schizophrenia" in place of "schizophrenic" and "person with an intellectual disability" in place of "mentally handicapped." Indeed, some once popular labels now seem almost unutterable (e.g., "mental retard"). We believe similar change is both achievable and overdue in correctional/forensic psychology and related fields. We acknowledge that, like all change, shifting to person-first language requires some time, effort, and thoughtfulness. We are confident that the professionals who contribute to *Sexual Abuse* and similar publications will move quickly and proficiently to implement this recommendation. Additional guidance on person-first language can be found in the sixth edition of the APA Publication Manual and in Willis (2018).

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References

American Psychological Association. (2010a). *Ethical principles of psychologists and code of conduct* (With the 2010 amendments). Retrieved from http://www.apa.org/ethics/code/principles.pdf

American Psychological Association. (2010b). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author.

The Australian Psychological Society. (2007). Code of ethics. Melbourne: Author.

The British Psychological Society. (2009). *Code of ethics and conduct*. Retrieved from https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/Code%20of%20Ethics%20 and%20Conduct%20(2009).pdf

Code of Ethics Review Group. (2012). Code of ethics for psychologists working in Aotearoa New Zealand. Retrieved from http://www.psychologistsboard.org.nz/cms_show_down-load.php?id=237

Hanson, R. K., Harris, A. J. R., Helmus, L., & Thornton, D. (2014). High-risk sex offenders may not be high risk forever. *Journal of Interpersonal Violence*, 29, 2792-2813. doi:10.1177/0886260514526062

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Hanson, R. K., Harris, A. J. R., Letourneau, E., Helmus, L. M., & Thornton, D. (2018). Reductions in risk based on time offense-free in the community: Once a sexual offender, not always a sexual offender. *Psychology, Public Policy, and Law*, 24, 48-63. doi:10.1037/law000013

- Harris, A. J., & Socia, K. M. (2016). What's in a name? Evaluating the effects of the "sex offender" label on public opinions and beliefs. *Sexual Abuse: A Journal of Research and Treatment*, 28, 660-678, doi:10.1177/1079063214564391
- Imhoff, R. (2015). Punitive attitudes against pedophiles or persons with sexual interest in children: Does the label matter? Archives of Sexual Behavior, 44, 35-44. doi:10.1007/s10508-014-0439-3
- Jahnke, S., Philipp, K., & Hoyer, J. (2015). Stigmatizing attitudes towards people with pedophilia and their malleability among psychotherapists in training. *Child Abuse and Neglect*, 40, 93-102. doi:10.1016/j.chiabu.2014.07.008
- Jahnke, S., Schmidt, A. F., Geradt, M., & Hoyer, J. (2015). Stigma-related stress and its correlates among men with pedophilic sexual interests. *Archives of Sexual Behavior*, 44, 2173-2187. doi:10.1007/s10508-015-0503-7
- Lo, B. (2009). *Resolving ethical dilemmas: A guide for clinicians* (4th ed.). Baltimore, MD: Lippincott Williams & Wilkins.
- Malone, L. (2014). You're 16. You're a Pedophile. You don't want to hurt anyone. What do you do now? Retrieved from https://medium.com/matter/youre-16-youre-a-pedophile-you-dont-want-to-hurt-anyone-what-do-you-do-now-e11ce4b88bdb#.uj2ff35j6
- Willis, G. M., Levenson, J. S., & Ward, T. (2010). Desistance and attitudes towards sex offenders: Facilitation or hindrance? *Journal of Family Violence*, 25, 545-556. doi:10.1007/s10896-010-9314-8
- Willis, G. M. (2018). Why call someone by what we don't want them to be? The ethics of labeling in forensic/correctional psychology. *Psychology, Crime & Law*, 1-17. doi:10.1080/10 68316X.2017.1421640