

Inclusive Language Guidelines





Acknowledgement of Country

Charles Darwin University acknowledges that its campuses are built on the traditional lands of the Larrakia people of the Darwin region, the Yolgnu people of the Nhulunbuy region, the Jawoyn, Dagomon, and Wardaman people of the Katherine region, the Arrernte people of the Alice Springs region, the Turrbul and Jagera people of the Brisbane region, and the Gadigal people of the Sydney region. We pay our respects to Elders past and present and extend that respect to all First Nations people. We honour their continuing connection to land, waters, and culture. We acknowledge the many First Nations languages spoken across these regions, each carrying deep cultural knowledge and identity. We appreciate their help with our work in their lands.

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Introduction



At Charles Darwin University, we take pride in the diversity of our staff and students. We believe that inclusion strengthens our community and helps everyone thrive. We're committed to fostering a culture where every person feels valued, accepted, supported, and able to participate in everyday life.

This guide was codesigned by Access and Inclusion, CDU students and staff with lived experience, as well as disability and mental health community stakeholders and advocates. This guide is built on everyday interactions and designed to support inclusive practice across CDU and everyday life. While the focus is on disability, medical, and mental health, we recognise that identity is complex and constantly evolving, just like language. We're committed to growing alongside our communities and using language that reflects current, respectful practice. Inclusive language means seeing the whole person, not just one aspect of who they are.

The Access & Inclusion team is dedicated to supporting students with disabilities, medical and mental health conditions, injuries, and primary carer impacts by identifying reasonable adjustments and providing broader support to enable an equitable and inclusive university experience. With data from the Australian Institute of Health and Welfare identifying that one in five Australians lives with a disability, it's estimated that over 5000 members of the CDU community may be living with a disability. This highlights the importance of embedding accessibility in everything we do, to ensure that everyone can participate fully in work and study.

What is Inclusive Language and Why Does It Matter?



Inclusive language means choosing words that acknowledge and respect individual identities and experiences. It's about making sure everyone feels seen and welcomed, especially people who are often excluded or misunderstood.

Speaking inclusively builds a safe, respectful, and connected culture. It's a simple but powerful way to ensure no one feels like they must hide their identity, explain, or justify who they are. It's not just about being politically correct; it's about fostering equity, dignity, and belonging.

CDU encourages all staff and students to use respectful and inclusive language in all settings, from lectures to meetings, placements to emails, presentations, and everyday conversations. When we lead with respect, we help create a more accessible and equitable world for everyone.

Staff Feedback – "Inclusive language doesn't belittle or label and uses a first-person approach".



Key Principles for Using Accessibility and Disability-Inclusive Language at CDU



Inclusive language begins with openness. It means being willing to rethink what we've known and what we've always considered 'normal' or respectful. As language evolves, so should we.

When meeting someone living with a disability, it's important to acknowledge the person first, not their disability. The language we use should be guided by context, whether it's clinical, everyday, or shaped by the individual's preference or community. You should only mention personal characteristics like disability, health, age, or background when they are relevant to the context. It is also important to remember that language changes over time, and everyone has their preferences.

Everyone's journey is different, and preferences vary, so when in doubt, ask respectfully or simply use the same terms they use.

Student feedback – “Person with... (disability) feels less condescending and looked down upon”

Student feedback – “A person lives with a disability - put the person first before the condition & their lived experience gives them a valuable perspective that enriches our community”

A survey facilitated by the Access & Inclusion team gathered feedback from students and staff who live with a disability, health, or medical condition, some of whom reported encountering or observing discriminatory language in their day-to-day experiences. These insights highlight the importance of building our collective awareness and committing to the consistent use of inclusive language to ensure a respectful and welcoming environment for all.

If you're unsure about what language to use, it's okay to ask respectfully and with genuine curiosity. And if you make a mistake? That's part of learning. Pause, listen, acknowledge, and move forward. Inclusive communication is a journey. Every small step helps make CDU a more respectful, accessible, and welcoming place for everyone.

Student feedback – “Language and terminology is individualised, and it comes down to preference. In regard to the terms used, ask students/peers of their preference”.



How to apply this guide?



This guide offers clear, practical guidance for using language when referring to disability, medical, and mental health conditions. Whether you're writing a policy, giving a presentation, attending meetings, classes, or events, chatting with friends, or students, you'll find helpful examples and tips to guide your language choices.

Foundations of Inclusive Language



Language is a powerful tool that shapes our culture, influences attitudes, and either opens or closes doors to participation. Inclusive language is not just about words, it reflects the principles of respect, equity, and accessibility that underpin an inclusive university. The terms below provide a shared understanding to guide how we talk about inclusion and support, to ensure everyone, including people with disabilities, medical, and mental health conditions, can fully participate and thrive.

Inclusive Practice

- ▶ Using language and approaches that create accessible and equitable environments where everyone can fully participate.
- ▶ Actively including people with disabilities, medical and mental health conditions in the design of supports and services.

Inclusive Education / Inclusive Learning

- ▶ Refers to teaching practices and language that recognise diversity and support students' learning, regardless of ability.

Accessibility

- ▶ Designing services and environments that are inclusive by default, so that everyone, regardless of abilities and needs, has equal access.

Reasonable Adjustment / Modification

- ▶ Using clear, respectful language to describe the tailored supports that ensure students with disabilities, medical and mental health conditions can access education and university life equitably.



Inclusive Language Approaches



These are strategies for communicating respectfully and inclusively about disability, medical, and mental health conditions. Preferences vary, so it's always best to ask individuals how they identify.

▶ Person-First Language

Places the individual before the condition, for example, referring to someone as "a person with a Mental Health condition" instead of "Mentally ill". This approach recognises that the condition is just one part of a person's identity and is often preferred as it promotes dignity and respect.

Example

Instead of saying, *"Mentally ill students may need extra support,"* say, *"Students with Mental Health conditions may benefit from reasonable adjustments."*

▶ Identity-First Language

Some people prefer terms like "Autistic person" or "Deaf person" to express pride in their identity.

Example

If a student says, *"I'm an Autistic person,"* mirror that language in conversations, assignments, or reports. You might write, *"An Autistic student has visual scheduling tools to support focus,"* if this reflects their preferred identity.

▶ Strengths-Based Language

Highlights a person's skills, values, and potential rather than focusing on limitations, promoting empowerment, dignity, and respect.

Example

Instead of saying, *"This student suffers from Rheumatoid Arthritis and struggles to attend class,"* try *"This student manages Rheumatoid Arthritis and uses pain management strategies to support their attendance"*.

A to Inclusion



A

▶ **Autism / Autistic / Person with Autism**

Autism is a form of neurodivergence that may involve differences in thinking, behaviour, social interaction, or communication. Support needs vary between individuals.

▶ **ADHD / Person with ADHD**

Attention Deficit Hyperactivity Disorder (ADHD) is a form of neurodivergence that may affect attention, focus, impulse control, or activity levels. Support needs vary between individuals.

▶ **Anxiety / Person with Anxiety**

Anxiety can involve ongoing or intense feelings of worry, fear, or panic that may affect daily life, relationships, or decision-making.

B

▶ **Blind / Person with Low Vision**

“Blind” refers to a complete or near-complete loss of vision. “Low vision” describes significant visual impairment that cannot be fully corrected with glasses, contact lenses, or surgery. Examples include:

▶ **Total blindness** – No light perception at all

▶ **Legal blindness** – Visual acuity of 6/60 or worse in the better eye, or a visual field of 20 degrees or less

▶ **Low vision** – Impairment that affects daily tasks such as reading, recognizing faces, or navigating spaces.

C

▶ **Cerebral Palsy/CP/Person with CP**

A condition that affects movement, muscle control, and posture, and may also impact coordination or speech. CP exists on a spectrum; some individuals may need significant support, while others live independently with minimal adjustments. CP does not affect a person's intelligence, mental capacity, or ability to think clearly.

▶ **Cognitive Disability/ Person with a Cognitive disability**

A Cognitive disability refers to differences in how a person understands, processes, remembers, or communicates information. This can be:

Developmental – present from birth or early childhood.

Acquired – resulting from an event or condition later in life.

Temporary – short-term cognitive changes (e.g., stress, illness, or medication)

▶ **Carer**

A family member, friend, or support person who provides regular, unpaid care to someone with a disability, chronic illness, mental health condition, or age-related condition.

D

▶ **Disability/ Disabled**

Refers to conditions that affects a person's body, mind, or behaviour, whether visible or invisible, temporary or permanent. A person with a disability may experience barriers to participation in daily life. Some individuals proudly identify as disabled, recognising it as an important part of their identity.

▶ **Dwarf/ Person of Short Stature/ Person with a form of Dwarfism**

A medical or genetic condition that results in short stature, typically defined as under 147 cm (4'10"). Dwarfism may affect limb proportions or physical growth. It does not affect a person's thinking or intelligence, or ability to think clearly.

▶ **Developmental Disability**

An umbrella term for long-term conditions that affect physical, cognitive, or behavioural development. These conditions are usually diagnosed at birth or during early childhood, often before the age of 18.

▶ **Deaf /Hard of Hearing**

"Deaf" with a capital D often reflects cultural identity, pride, and connection to the Deaf and Auslan community. The terms "Deaf" and "Hard of Hearing" can describe a range of hearing loss, from partial to complete.

▶ **Depression / Person with Depression**

A mental health condition involving persistent feelings of sadness, low energy, and loss of interest or pleasure in daily activities. It can affect a person's ability to function at work, or in relationships, or in everyday life.

▶ **Dyslexia / Person with Dyslexia**

A learning difference that affects reading, spelling, and writing. It is a form of Neurodiversity, and whilst it may affect learning, it doesn't mean someone is less capable or unable to succeed.

I

▶ **Intellectual Disability**

Often diagnosed in childhood, and for some in adulthood, this affects learning, problem-solving, and everyday reasoning. It is a type of cognitive and developmental disability, though support needs vary between individuals.

L

▶ **Lived Experience**

Direct, personal experience of disability, illness, or mental health conditions, or of caring for someone who does. This experience often brings valuable empathy, insight, and advocacy.

▶ **Learning Disability**

A neurological condition that affects how a person reads, writes, processes, or understands information. A learning disability may affect learning, but it doesn't mean someone is less capable or unable to succeed.

M

▶ **Mental Health Condition**

An umbrella term for conditions that affect a person's thoughts, feelings, or behaviours, such as Anxiety, Depression, Bipolar disorder, or Schizophrenia. It is a state of well-being in which every individual copes with the normal stresses of life. The impact on functional capacity can range from mild to severe and may fluctuate over time. Experiences vary, as do language preferences.

N

▶ **Neurodivergent / Neurodiversity/ Person who is Neurodivergent**

Neurodiversity refers to natural variations in how people think, learn, and process information. Autism, ADHD, and Dyslexia are some examples of neurodivergence differences, not deficits. The term challenges the idea of a single "normal" brain and promotes understanding, inclusion, and respect for all ways of thinking.

▶ **Non-Verbal / non-speaking**

Describes individuals who do not use spoken language to communicate. They may use Auslan, assistive technology, gestures, or other non-verbal methods to communicate. This condition does not reflect the individual's intellect.

▶ **Neurological Condition**

Neurological is an umbrella term for conditions that may affect the brain, spinal cord, or nervous system. These conditions may influence how a person moves, communicates, or processes information, but they do not reflect a person's ability to learn, achieve, or succeed.

O

▶ **Obsessive-Compulsive Disorder/ OCD / Person with OCD**

OCD is a mental health condition involving persistent, intrusive thoughts (obsessions) and repetitive behaviours (compulsions) used to manage Anxiety or distress. It is often misunderstood and should not be confused with personal preferences for cleanliness or order.

P

▶ **Post Traumatic Stress Disorder/PTSD/ Person with PTSD**

A mental health condition often occurs from experiencing a traumatic event, involving ongoing psychological effects such as flashbacks, heightened anxiety, or avoidance. Each person's experience is unique and varies.

▶ **Psychosocial Disability/ Person with a Psychosocial disability**

A term used to describe the significant impact of a mental health condition on a person's ability to take part in daily life. When these impacts create significant challenges in areas like work, relationships, or self-care, the condition may be considered a disability. Not everyone with a mental health condition experiences these impacts.

▶ **Physical Disability**

An umbrella term for conditions that affect a person's mobility, physical capacity, stamina, or dexterity. A physical disability may be present from birth or acquired later in life due to injury, illness, or a degenerative condition. Physical disabilities can be temporary or permanent and may be visible or invisible. Each person's experience is unique and varies.

S

▶ **Support Worker**

A paid professional who assists individuals with daily tasks, personal care, community access, or social support. Support workers are different from carers, who are usually unpaid family members or friends.

T

▶ **Tourette's Syndrome**

An individual who experiences involuntary movements or vocalisations known as tics, which vary in frequency and intensity. Tourette's Syndrome does not affect a person's intelligence, mental capacity, or ability to think clearly.

W

▶ **Wheelchair User/ Person who uses a wheelchair**

Describes someone who uses a wheelchair for mobility, whether temporarily or long-term. The term focuses on the person, not their condition, and avoids defining them by their mobility aid.

Talk the talk

Use the following respectful, person-first, and identity-affirming language when referring to people with disabilities, medical, and mental health conditions. Everyone's journey is different, and preferences vary, so when in doubt and where appropriate, ask or mirror the terms they use.

INCLUSIVE LANGUAGE	EXAMPLE	WHY TO USE
People with disability	Australia has 5.5 million people with disabilities.	A person-first language acknowledges the individual, not just their disability.
Person with a disability	Jack is a person with a disability.	Centres the person and avoids defining them by their disability.
Blind/Low vision	Thomas uses a guide dog as he is a person with low vision.	Respect individual identity while avoiding terms that imply limitation or helplessness.
Deaf/Hard of hearing	Tina is Deaf and uses Auslan to communicate.	"Deaf" with a capital D is often used by those who identify within the Deaf Community.
A person who uses a wheelchair	Jess uses a wheelchair for her mobility.	Focuses on the person and their use of assistive technology, not restriction
A person with a mental health condition	Liam uses strategies at work to support his mental health.	A person-first language that helps reduce stigma and promotes respectful communication.
A person with an Intellectual Disability	Steve is a person with an Intellectual disability who enjoys creative art.	Recognises the person first and avoids outdated or offensive terms.
A person with Down syndrome	Ram is a person with Down syndrome.	A person-first language that respects the individual.
Dwarfism/A Person with Dwarfism	Steve is short in stature. Steve is a person with a form of Dwarfism.	More respectful than outdated or offensive terms like "midget."
A person with paraplegia	Travis is a Paraplegic who enjoys sports.	Describes the condition without defining the person by it.
A person who is non-verbal	Rayan uses assistive technology to communicate.	Describes communication style without judgment or assumption.
A person on the Autism Spectrum	Tom identifies himself as an Autistic person. OR Tom is a Neurodiverse person.	Allows for personal preference; many Autistic or Neurodiverse individuals prefer identity-first language.
A person with ADHD	Sam is a person with ADHD and enjoys spending time with his friends.	Respectful and current that acknowledges the condition.
A person with a Learning disability	Cooper is a person with a Learning disability who plays competitive sports.	Avoids deficit-based framing and supports inclusion.
Accessible toilet	Accessible toilets are available on each floor.	"Accessible" focuses on usability for all, avoiding outdated terms like "disabled toilet/Handicap toilet."

Quick recap!

- ▶ When in doubt, ask or mirror the language they use.
- ▶ Always ask individuals about their language preferences when appropriate.
- ▶ Avoid outdated or negative terms like "suffers from", "handicapped," or "confined to a wheelchair."
- ▶ Use inclusive language across written, spoken, and visual communications.

Mind your Language

The words we use shape how people feel included or excluded. This table outlines terms to avoid, why they can be harmful, and suggests more inclusive alternatives. If you make a mistake, simply pause, acknowledge it, and try again. When unsure, it's okay to ask.

TERMS TO AVOID	EXAMPLE	WHY TO AVOID	WHAT TO SAY INSTEAD
The disabled	The disabled should be consulted in policy decisions.	Reduces people to their disability. Use a person-first language instead.	People with a disability should be consulted on policy decisions.
Disabled person	The house is suitable for a disabled person.	Defines someone solely by their disability, not always the preferred form.	The house is suitable for a person with a disability.
Suffering/Suffers from/Victim of	Tai suffers from Motor Neurone Disease.	Implies suffering or helplessness	Tai has Motor Neurone Disease.
Confined to/Wheelchair-bound	Iram is wheelchair-bound.	Suggests restrictions.	Iram uses a wheelchair.
Special needs/Special requirements	He is a special needs child.	Vague, outdated, and can be viewed as patronising.	He is a child with a disability.
Mentally ill/Mentally unstable	Sabrina is mentally ill.	Stigmatising and disrespectful.	Sabrina has a mental health condition.
Slow/Mentally handicapped	Jim is a bit slow.	Offensive and demeaning.	Jim has a disability.
Midget	Yasmin is a midget	Offensive and demeaning.	Yasmin is a person with Dwarfism
Crazy/Psycho/Mental / Schizo	He's acting like a Schizo.	Reinforces harmful mental health stereotypes.	He is experiencing a mental health condition.
Asperger's	He has Asperger's.	Outdated term.	He is a person with Autism.
Sight-challenged	The sight challenged will benefit from this.	Not person-first and may frame vision loss as limiting.	People who are Blind or have a Loss of Vision will benefit from this.
Handicap/Handicapped	Ali needs a handicapped toilet.	Outdated and offensive.	Ali needs an accessible toilet.

Quick recap!

- ▶ Avoid language that implies pity or helplessness (e.g., "victim of" or "suffers from").
- ▶ Avoid outdated, casual, or offensive metaphors like "crazy" and "tone-deaf".
- ▶ If unsure, mirror the language the person uses or ask respectfully.
- ▶ Inclusive language evolves! Stay open to learning and updating your approach.

Reminder!

- ▶ Always speak directly to the person with a disability, not to someone accompanying them. This shows respect and acknowledges their autonomy.
- ▶ Avoid touching a person's wheelchair or mobility aid without their permission. These are part of their personal space and should be treated with respect.

Towards Inclusive Communication at CDU



This guide is designed to support ongoing learning, reflection, and growth across the Charles Darwin University community. To keep this guide relevant, it will be updated regularly with feedback from students and staff with lived experience and co-designed in partnership with disability and mental health community stakeholders and advocates.

We encourage everyone at CDU to stay curious, ask respectfully, listen openly, and continue learning. As communication technologies grow and change, we embed inclusive practices across all formats, digital, print, and in-person.

Acknowledgements



We gratefully acknowledge Md Wahidul Islam, CDU AWESome Placement Student in Master of Public Health, for his thoughtful research and contributions to the early development of this guide. We also extend our sincere thanks to Robyne BurrIDGE, Disability Advocate, for her generous feedback and valuable insights, which have been instrumental in shaping the tone, content, and direction of this resource. Additionally, we sincerely appreciate everyone who participated in our online survey and questionnaire. Your responses provided meaningful insights and perspectives that helped form the development of this guide.



Do you have any suggestions or feedback?

We'd love to hear from you.

You can share your thoughts by completing our short feedback form using the QR code below, or get in touch directly:

E: inclusion@cdu.edu.au



Resources



Disability Discrimination Act 1992

[Definitions of disability and the NCCD categories - Nationally Consistent Collection of Data](#)

Diversity Council of Australia – Words at Work

https://www.dca.org.au/sites/default/files/dca_wordsatwork_overall_guide.pdf

Australian Government Style Manual – Inclusive Language

<https://www.stylemanual.gov.au/accessible-and-inclusive-content/inclusive-language>

PWDA Language Guide: A guide to language about disability

<https://pwd.org.au/wp-content/uploads/2021/12/PWDA-Language-Guide-v2-2021.pdf>

Australian Federation of Disability Organisations: Language Guide

<https://www.afdo.org.au/news/language-guide>

Diversity Council Australia: Words at Work – Building Inclusion through the Power of Language

<https://www.dca.org.au/research/project/wordsatwork-building-inclusion-through-power-language>

Australian Disability Clearinghouse on Education and Training (ADCET)

[Inclusive Language - ADCET](#)

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