

## APA Resource Document

### Resource Document on Person-Centered Language in Jails and Prisons

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#### Prepared by the Council on Psychiatry and Law

Authors: Danielle Kushner, Morgan Deal, Richard Bonnie, Raymond Patterson, Ashley MacLean, Grace Cho, Allison Rooney, Jinal Patel, Carl Fisher, Jeffrey L. Metzner, K. Maravet Baig-Ward, Michael Champion, Alexa Bell, Kate Morant

#### **Introduction**

Language has the ability to impact the way we think and the way we see the world. The words we speak or write have immense power, as “the pen is mightier than the sword.” Words are part of societal discourse that influences and is influenced by public policy, which takes on a deeper significance when reflecting on the power of words related to jails and prisons. Language reflects our personal views, understanding, and drives. Even words in casual conversation reveal subconscious fears, biases, and assumptions that can shape our own and others’ attitudes (Ellis E, 2013).

A history of criminal legal involvement continues to affect an individual years after release from incarceration. Individuals frequently encounter challenges, including securing and retaining employment and housing, obtaining further education, maintaining health, establishing relationships, and exercising civic liberties such as voting (Phillips LA & Spencer WM, 2013). The ability to engage in these important areas of community and family life affects how one is perceived and accepted in larger society. Such stigma and discrimination can affect how incarcerated individuals then perceive themselves (Schnittker J & John A, 2007). Rehabilitation is commonly cited as a goal of incarceration, yet obstacles continue to persist for formerly incarcerated individuals upon community reentry (Martin L, 2018).

The general cultural perspective regarding persons in custody or formerly incarcerated persons is exacerbated by the language commonly utilized to denote both incarcerated individuals and settings. Fear of the other and the unknown commonly leads to the use of negative and demeaning language that is underpinned by bias and judgment (Harney BL et al, 2022).

This APA Resource Document introduces the concept of person-centered language to be used in reference to jails and prisons, starting with the history of related language, development of changes, and

perspective of incarcerated individuals, and concluding with recommendations on how to implement language changes when referring to these populations and settings.

## **I. Language Related to People Who Are Incarcerated**

Correctional or carceral settings refer to environments where individuals who are convicted or awaiting adjudication for an alleged offense are housed or managed by the criminal legal system. These settings can encompass a range of facilities, including lockups, jails, prisons, immigration or juvenile detention, or Bureau of Indian Affairs (Sawyer W & Wagner P, 2025). Jails are typically utilized for individuals awaiting trial or sentencing or serving short sentences of less than one year. Prisons, in contrast, are frequently utilized for individuals sentenced for periods greater than one year and are typically run by state or federal institutions. Community-based corrections include individuals completing their sentences in the community through probation or parole (Ruhland EH, 2024).

### ***History:***

Prior to the 1700s and the establishment of formal prisons, the United States criminal legal system was mainly corporal or capital punishment, in which an individual faced physical disciplinary action such as whipping or branding, or was sentenced to death (Smith C, 2024). Cellars, underground dungeons, and cages were the first “jails” (Neal C, 2022). Human behavior was seen at the time as permanent and immutable. Detention was not directly used as punishment, but it was used for short-term holding prior to punishment if required, and individuals were usually shackled to prevent escape (Neal C, 2022). Such punitive measures were largely viewed as inhumane and ineffective in deterring crime, leading to calls for jail reform due to fighting, uprisings, and disease (Rubin AT, 2015).

Advocates for reform argued for longer periods of confinement for more serious crimes. They believed that imprisonment would deter others from criminal activities, while others believed that confinement should also be rehabilitative in nature. Identifying the first United States jail depends on definition, starting either with the local Maine Old York Gaol in 1791, or the first state prison at New-Gate in Connecticut in 1791, or the first United States penitentiary in the late 1790s at Walnut Street Prison in Philadelphia (Durham AM, 1983). These early reforms, including the “Penitentiary Movement” in Pennsylvania, believed that enforced silence and isolation would prompt moral repentance, spiritual reckoning, and social transformation, followed by the Auburn system that included daytime work (Rubin AT & Reiter K, 2018).

The ratification of the 13th Amendment constitutionally abolished slavery in the United States, while the second clause, “neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States,” became a justification for targeting Black individuals for incarceration (Muhammad KG, 2010 ). This first prison boom originated due to state governments enacting new “Black Codes” in reaction to public anxiety and fear of crime from newly freed slaves and economic depression due to war and the loss of a free supply of labor, ultimately making Black Americans approximately 95% of those incarcerated (Delaney R et al, 2018). Following the US Civil War, state penal authorities made incarcerated individuals help rebuild the South through prison farms, convict leasing programs, and chain gangs. These incarcerated persons were further stripped of citizenship rights upon completion of their sentences through other existing laws, helping to maintain the social inequality between races despite the US Constitution (Delaney R et al, 2018).

Following the Great Migration of Black individuals to the North starting in the 1920s, shifting beliefs about race and crime led to a similar increase in incarceration numbers in a comparable industrial model for various industries (Ingley GS, 1996). Following the rise of organized labor in the 1920s and 1930s and increased scrutiny regarding the sale of goods produced by this type of labor, federal legislation was passed restricting the interstate sale of such commerce and forcing prisons to adopt a new model, the *correctional institution model*. Prisons started to offer more recreation, visitation, communication, therapeutic programming, and educational and vocational training, under the principle that imprisonment is intended to be rehabilitative. Yet, these principles were usually reserved at the time for those deemed more capable of reform, mainly whites (Delaney R et al, 2018). Meanwhile, research-related abuse toward incarcerated populations, especially for minority and Black individuals (Miller J, 2018), extended into the 1970s, further exemplifying the abuse and moral indifference toward this population.

The US civil rights movement and perceived increases in violence and civil unrest led to the beginnings of a “law and order” political rhetoric in the 1960s. The War on Drugs followed in the 1970s and ’80s with punitive policing, harsher drug laws, and longer sentences, further cementing the development of US mass incarceration (Hinton EK, 2016). These tough-on-crime policies and legislation continued through the 1990s, flipping the racial makeup of prisons from a majority of whites in the 1950s to a majority of Blacks by the 1990s (Delaney R et al, 2018). Mass incarceration has further compounded divisions in society, perpetuating cycles of crime and poverty, worsening medical and mental health outcomes, and disproportionately impacting communities of color (Pettit B & Gutierrez C, 2018). The US incarceration rate started to decline by 2010, but despite this decline, the US continues to be the world’s leading jailer (Guervino P et al, 2011).

### ***Specific Language:***

The specific origins and history behind words reveal understanding of culture and societal beliefs by showing how words and meanings have been created, borrowed, or shifted over time through connections between languages, advancement of technology, and changes in societal viewpoints (Lundin LL, 2024). The word “jail” (or *gaol*) originates from an old French word for cage. “Prison” derives from the Latin *prensio*, meaning to lay hold of, and the French *prisoun*, meaning captivity. “Penitentiary,” currently used in some US states as a “prison for those who have committed major crimes,” has a religious connotation, stemming from *paenitens* in Latin, meaning regretting or repenting, implying a sad regret for one’s sins or wrongdoing (Tran NT et al, 2018).

Jails and prisons are commonly referred to as either correctional or carceral settings. However, each term stems from different roots and connotations that may drastically shift the interpretation of such settings. “Carceral” is defined as “suggesting a jail or prison,” stemming from the Latin term for “prison,” *carcer*. It is related to the verb “incarcerate,” meaning “to put in prison” or “subject to confinement.” “Correctional” relates to the “action or instance of correcting,” which may include amendment, punishment, or counteraction. This definition implies that some form of wrongdoing has occurred and requires corrective action, varying in severity from a typo in a document to a crime being committed. Specifically for jails and prisons, correctional care relates to the treatment and rehabilitation of incarcerated individuals through a penal custody program (Tran NT et al, 2018). This term has been extended to community corrections (such as parole and probation) and detention facilities, including immigration and customs enforcement, which also operates utilizing a correctional model. This term has been increasingly viewed as moralistic due to its historical association with the need to correct deviant behaviors through prison programming.

Colloquial terms have been applied historically in the United States to denote prison or jail settings. These informal or conversational words are created and used for incarcerated individuals in order to dehumanize, focus on their other status, and emphasize captivity over humanity. These terms include, but are not limited to, “pokey,” “hoosegow” (attempting to anglicize the Spanish *juzgado*, meaning “judged”), “calaboose” (deriving from Spanish *calabozo*, meaning “dungeon”), “bridewell” (an homage to a former London prison called St. Bride’s Well), “jug,” “lockup” (referring to detention prior to a court hearing), “can,” and “clink” (an homage to a prison in London called the Clink).

Similarly, words denoting individuals in the carceral setting have varied substantially through history. One of the most commonly used terms, “inmate,” was first utilized in the late 1500s to describe a person who was a “mate” to another person in a dwelling place (Cox, 2020). Upon establishment of prisons in the United States, the term was expanded to include prison settings. As US nomenclature moved from “prisons” to “correctional facilities,” there was a shift from using the term “prisoner” to “inmate” (Garland D, 2001). Advocates state that theoretically the word “inmate” is ambiguous and can refer even to individuals in a psychiatric hospital, thus it should not be used (Tran NT et al, 2018).

Other terms related to incarceration can also have negative connotations or associations. These terms include “convict” (denoting an individual who has been convicted or found guilty of an alleged offense), “criminal” (with roots meaning “wickedness” or “sin”), and “felon” (deriving from wicked, evil). These terms reinforce the power differential between those managing and those residing in the carceral facility. Referring to incarcerated individuals as “bodies” portrays individuals as without identity or personhood. Mealtimes referred to as “feedings” and holding areas referred to as “cages” or “pens” imply that these individuals are animals (Bidwell L & Polley L, 2023). Terms for punitive segregation, such as “dungeon,” “the hole,” or “box,” are derogatory and inaccurate, reflecting biases and judgment of individuals facing such particular situations while incarcerated.

In general, current language for incarcerated and formerly incarcerated individuals is largely derogatory, discriminative, stigmatizing, and dehumanizing. Labeling individuals with such words can affect engagement with general resources, societal reactions, and even one’s individual perceptions (Tran NT et al, 2018).

## **II. Person-Centered Language**

### *A. Definition of Person-Centered Language:*

Person-centered language emphasizes individuals as whole people first, instead of their disability, condition, or background. This type of language prevents associating causality or blame with the individual for the labeled characteristics and assuming these characteristics are central to the person’s identity. For example, an individual is recognized as a “person with Schizophrenia” rather than “Schizophrenic” (Granello DH & Gibbs TA, 2016).

Person-centered language attempts to emphasize the humanity and dignity of the individual, especially for groups who are historically marginalized and stigmatized, including racial and sexual minorities, those with serious mental illness and substance use disorders, those experiencing homelessness or physical disabilities, or those with past legal histories. Describing individuals based on their strengths and abilities, not just their challenges or perceived limitations, especially when describing individuals with disabilities, helps build self-esteem and rapport and prevents language that perpetuates stereotypes,

hoping for greater equality while also fighting the stereotype that everyone in a particular group is the same.

Person-centered language is always an important starting point, but it is not a perfect solution. Some individuals or communities may prefer “identity first” language, because they feel that certain characteristics are inseparable aspects of their identity. Those who choose this language find pride in identifying themselves as members of a community. For example, some people may prefer to be called “deaf” as opposed to “person who is deaf,” as they identify with a community with shared experiences, language, and culture (Dunn DS & Andrews EE, 2015).

#### *B. History of Person-Centered Language Movement:*

Imprisonment creates an unequal relationship of power between those incarcerated and those in power (i.e., in charge), with subsequent disregard of individuals’ rights and status, highlighted in the United States within a history of racial division. In the 1960s and ’70s, prison activists in the United States used the official language of the prison state to argue for the “convict class.” Some vocalized concern about using the terminology of the state when challenging systems, while others focused on de-pathologization instead of the use of the terminology of rehabilitation to argue for individuals’ rights in prison (Cox A, 2020).

The movement toward “person” or “person-first” language focused initially on patient rights with the disability rights movement in the United States starting in the 1970s, using language that recognizes the person first without stigmatizing them based on their diagnosis or condition (Jensen ME et al, 2013). In 1980, such language was articulated by AIDS advocates in the Denver Principles: “We condemn attempts to label us as ‘victims,’ a term that labels defeat, and we are only occasionally patients, a term which implies passivity, helplessness, and dependence on care of others. Instead, we are advocating to be called ‘People with AIDS’” (Anon, 1983). As the disability rights movement grew in the United States in the 1970s, the use of person-first language continued to expand and was adopted globally through the UN Convention on the Rights of Persons with Disabilities and the Americans with Disabilities Act of 1990 (Cox 2020).

The use of person-centered language became more visible in the criminal legal landscape starting in the early 2000s with the work of community leader Eddie Ellis. Subsequently many organizations and leaders have argued for the elimination of stigmatizing words for individuals currently and formerly involved in the criminal legal system; avoiding labeling individuals by their charges or conviction with such terms as “ex-offender” or “ex-con,” and instead using terms such as “formerly incarcerated,” “with lived experience,” and “returning citizens” (Ellis E, 2007). Similar advocacy has been directed toward immigration detention through use of the words “undocumented” and “unauthorized” instead of “illegal” or “immigrant.”

The World Health Organization (WHO) 2013 style guide recommended nondiscriminatory language based on age, impairment, ethnicity, gender, sex, or sexual orientation, yet did not address terminology with those related to the criminal legal system, and the WHO’s 2014 Prison and Health article and other articles continued to use traditional language such as “prisoner,” “inmate,” and “offender” to describe incarcerated individuals (Tran NT et al, 2018).

Following President Obama’s advocacy for criminal legal reform, the US Department of Justice stopped using the terminology of “felons” and “convicts” during his tenure. Additionally in 2016, the Pennsylvania Department of Corrections eliminated the use of “offender” and “felon” in official

discourse (Branham L, 2019). That same year, the Washington State Department of Corrections issued a policy requiring that individuals in state facilities be referred to as “individuals” and asked staff to refer to them by first names rather than as “offenders” (Jenkins A, 2016). In 2019, the city of New York ruled that correctional officers could no longer refer to incarcerated individuals as “bodies” or “packages” (Rex Brown & Annese, 2019), and in 2021, New York replaced all instances of the word “inmate” with “incarcerated individual” in state law (Senate Bill S3332, S2021). Amid such changes, the American Correctional Association has been in discussion to develop a glossary of terms to utilize when describing persons involved in the criminal legal system (NCCHC, 2021).

Advocates emphasize that mass incarceration has relied on “such dehumanizing language to sustain and legitimize its abuses” and reducing individuals to a single experience, ignoring the social, economic, and political drivers of mass incarceration, leading to widespread stigma and prejudice in larger society. Such stigmatization and labeling of individuals prevent full social integration into the community and deprive them of full personhood, positive self-identity, and further advocacy.

Empirical studies have documented the effects of punitive language affecting cognitive reactions toward particular groups, including the use of crime versus person-first language for individuals convicted of violent crimes, which negatively impact perceptions of recidivism and decisions to engage in job denial (Denver M et al, 2017). Defining individuals based on the crime in which they were charged or convicted, or by legal status, or using moralistic language toward one’s medical or mental health, does not promote respect.

The extent of health disparities and higher rate of morbidity and mortality of individuals involved with the criminal legal system causes concern about finding more ways to address barriers to care and engagement for this population in medical care (Bedell PS et al, 2018). Research has also found that poor rapport building, a lack of trust, and poor communication are causes of poor health outcomes among those previously incarcerated (Ferguson WJ et al, 2016). Person-centered language is important in fostering respect and engagement with seeking medical and mental health care, improving access to medication, using services, and minimizing discrimination (Pascoe EA & Smart Richman L, 2009).

Developing research has suggested that “inclusive” language regarding offending may have positive benefits for the “social, emotional, and physical well-being of individuals, families, and communities” (Bedell et al., 2018).

### *C. Language Related to Mental Health Care/Patients in Jails and Prisons*

Prisons and jails unfortunately have become the new de facto mental health institutions, with approximately one-half of persons in prison and two-thirds in jails having experienced psychological distress or having a history of mental health issues (Bronson J & Berzofsky M, 2017). Additionally, those with mental illness and substance use disorders have frequently become incarcerated due to actions or behaviors related to their illness, combined with limited outpatient or community programs for seriously mentally ill individuals and the closure of state hospitals (Lamb HR & Weinberger LE, 2005). In law enforcement and carceral systems, training of officers to recognize and identify mental health symptoms is often significantly limited and places such individuals at risk for violent interactions with the police and limited opportunities for diversion instead into mental health care (Lamb HR & Weinberger LE, 2005). Similar to race, politicians have also focused on mental health issues to inaccurately explain politically charged issues such as increased homelessness, violence, and mass shootings, further stigmatizing an already vulnerable population (Dhokakia N, 2023).

Terms related to mental health and substance use historically have negative biases and perceptions similar to incarcerated populations (Tremelin RC & Beazley P, 2022). Community opinions of incarcerated individuals with mental illness are often rooted in cinematic depictions of the “criminally insane,” which commonly stereotype characters with mental illness as demonic, mad, and violent (Swaminath G & Bhide A, 2009). Commonly used words implying judgment include “abuse” or “misuse,” related to substance use; “druggie,” “addict,” or “junkie,” related to those with substance use history, and “crazy,” “mental,” “insane,” “psycho,” “lunatic,” “mentally ill,” and “demented” referring to an individual living with a mental health history (Tran NT et al, 2019). Although abuse previously was a diagnostic category, this shows increasing progression toward identifying substance use as a treatable illness and not a behavioral issue. Using words such as “committed suicide” or “completed suicide” rather than “died by suicide” portrays the death as an immoral or criminal act (Nielsen E et al, 2016), and using clinical words such as “OCD” and “bipolar” for common actions minimizes clinical suffering. Overall, such words and terms reinforce the belief that those with mental health issues are weak, dangerous, or incompetent.

Lay individuals tend to overemphasize psychosocial stressors as the cause of mental health symptoms and illnesses over biological illness and genetic predispositions, over which they have less control. Such misattributions, especially for those in the criminal legal system, can help protect self-esteem (Solbakken LE et al, 2023). Thus, those with mental health symptoms or history may feel a unique pressure to expose, exaggerate, or even hide their mental illness while incarcerated, depending on their individual circumstances. Mental health conditions and symptoms, such as aggression and agitation, confusion or trouble understanding rules, are often misunderstood as disciplinary issues by officers rather than signs of distress, leading to increased punishment and length of stay (Human Rights Watch, 2015). Being identified with mental health issues or seeking help from mental health professionals may also lead to individuals being perceived as weak and in turn vulnerable to assault, sexual abuse, exploitation, and extortion by other incarcerated individuals. Some may refuse psychotropic medications as they feel medications may make them slow and less alert, which can become dangerous in a violent environment (Solbakken LE et al, 2023). Others may more readily identify with mental health to understand their increased stressors and symptoms, obtain more support while incarcerated, and/or perceive increased resources or options for their legal case.

The US Supreme Court case, *Estelle v. Gamble* (1976), established the constitutional right to medical care for those in jails and prisons, stating deliberate indifference to care is unconstitutional. Yet, remaining biases toward this population still affect the medical and mental health care delivered through the availability of services and medications, discharge services, and general biases of treatment providers that can impact care (Vandergrift LA & Christopher PP, 2021). Yet, given societal stigma toward mental health issues generally, those with mental illness and a criminal legal history may feel increasingly stigmatized both from the community and the mental health system in terms of obtaining assistance, programs, and housing, among others.

Over recent decades, the movement toward person-first language and patient-centered care (Berntsen GR et al, 2021) has been promoted in medical care, helping to affect how providers interact with and understand their patients and preventing mistrust in the medical establishment. For addictions, it reduced stigma, built self-esteem, and overall fostered discussion of addiction productively (Wogen J & Restrepo MT, 2020). Academic and medical organizations have issued person-centered language guidance for journals, making person-centered language commonplace for individuals with physical and intellectual disabilities, mental health, and substance use disorders, among others. Yet, there has been concern that medical providers and students have not fully embraced the new movement toward using

person-centered language for incarcerated individuals in particular (Crocker AF & Smith SN, 2019). Language can affect how providers react, understand, and care for an individual. Goals to increase opportunities for trainees to reflect and focus on person-first language for this population will hopefully further increase awareness of the disparities and needs of this population and in turn increase the future workforce in the field (Bedell PS et al, 2019).

### III. Perspectives of People Who Have Been or Are Incarcerated

#### A. *To Be Viewed as People First*

Many incarcerated individuals have spoken out about the importance of using person-centered language. Perhaps most galvanizing are the words of Eddie Ellis, a formerly incarcerated activist and founder of The Center for NuLeadership on Human Justice and Healing (Ellis E, 2003). Ellis asserts in his letter, *An Open Letter to Our Friends on the Question of Language*:

One of our first initiatives is to respond to the negative public perception about our population as expressed in the language and concepts used to describe us. When we are not called mad dogs, animals, predators, offenders and other derogatory terms, we are referred to as inmates, convicts, prisoners and felons—all terms devoid of humanness and which identify us as “things” rather than as people. These terms are accepted as the “official” language of the media, law enforcement, prison industrial complex and public policy agencies. However, they are no longer acceptable for us and we are asking people to stop using them.

Other formerly incarcerated people advocated for using person-centered language, including Tina Reynolds, who in 2010 published a glossary of terms “in opposition to the language that society has adopted to unidentify people who have been in conflict with the law;” emphasizing that “derogatory, dehumanizing, and oppressive, this language is passed down to innocent family members, including children, further complicating the acceptance of incarcerated and formerly incarcerated people into social circles and society.” In 2019, the Underground Scholars Initiative (USI) (Stephen AK, 2023), composed of formerly incarcerated University of California, Berkeley students, published a language guide on communication about people involved in the carceral system. The USI explained the motivations for creating the language guide, stating:

Language is not merely descriptive, it is creative. For too long we have borne the burden of having to recreate our humanity in the eyes of those who would have us permanently defined by a system that grew directly out of the institution of American slavery, an institution that depended on the dehumanization of the people it enslaved...This is not about euphemisms or glossing over people’s actions; rather it is about reclaiming our identity as **people** first... Thank you in advance for respecting us enough to treat us as humans.

#### B. *The Language Project*

A 2015 questionnaire by the Marshall Project about one’s preferred language when referring to incarcerated and formerly incarcerated people found there was no consensus on preferred terminology, including among formerly incarcerated people (Keller, 2015a). Of the readers, 38% chose “incarcerated person,” 23% chose “prisoner,” 10% chose “inmate,” and 30% chose “other,” which included terms like “person in prison,” “man or woman,” or an individual name (Solomon A, 2021).

Two formerly incarcerated men subsequently wrote letters to the Marshall Project editor further detailing their incarceration experiences. Khalil Cumberbatch explained that he felt violated when somebody called him an inmate for the first time. He described, “It was the first time in my life that someone used a term – to my face – to describe me in a way that dehumanized me on so many levels. I didn’t know how to react.” To Mr. Cumberbatch, being called an inmate devalued his humanness and reinforced negative and dehumanizing stereotypes (Keller 2015b). The second respondent, Ken Connor, discussed that incarcerated people referred to themselves and their peers as convicts, prisoners, and inmates. Mr. Connor highlighted that differences in terminology depended on whether a person “knew how to do time,” was new or never settled in, or was “doing their time” and “trying to make the most of it” (Keller 2015c).

In 2021, the Marshall Project published the Language Project, a series of essays by formerly and currently incarcerated people accompanied by a guide containing alternatives to stigmatizing labels (Solomon A, 2021). Lisette Bamenga, a formerly incarcerated woman, wrote that stigmatizing labels like “offender” and “inmate” can become extensions of slurs used against women, and “criminal” and “convict” may serve to justify poor confinement conditions and reinforce subjugation. Ms. Bamenga suggests using an incarcerated person’s name instead (Bamenga L, 2021). Lawrence Bartley explained how observing officers using “inmate” as an insult toward other staff members deepened his disgust of the word and helped him develop a belief in calling incarcerated people by their names. Mr. Bartley explained, “Everyone, whether they are imprisoned or not, is a person. Words like ‘inmate,’ ‘prisoner,’ ‘convict,’ ‘felon,’ and ‘offender’ are like brands. They reduce human beings to their crimes and cages.” Mr. Bartley also learned that incarcerated and formerly incarcerated people have differing views on what constitutes using acceptable terminology (Bartley L, 2021).

Rahsaan Thomas, an incarcerated journalist, argued in his essay that journalists using terms like “inmate” devalued incarcerated people by not acknowledging that incarcerated people had identities, histories, families, and communities. Mr. Thomas elaborated:

I don’t argue that other journalists should refer to me as a ‘person in prison’ because I’m an angel who deserves steak dinners delivered to my cell. I do it because labels invite people telling our stories to obscure the complexity of crime. Sometimes human beings do horrible things, particularly in response to violence, trauma, shame, poverty, racism and other forms of oppression. (Thomas R, 2021)

#### **IV. Criticisms of Person-Centered Language Efforts**

The evolution of the term “convict” was reviewed and dissected by the Division of Convict Criminology (DCC) in 2022 after criminology scholars publicly demanded that the organization change its name (Ortiz JM et al, 2022), stating that the term “convict” caused further stigmatization. Previously, there was a decades-long discussion about language and appropriate terminology when DCC was an informal group known as Convict Criminology. The terms “inmate” and “offender” were viewed as degrading and dehumanizing, but members were divided on the usage of “convict.” Those in favor of using “convict” as a self-descriptor considered the term a part of their identity and a way of reclaiming representation of their lived experience. Other members felt it was offensive and dehumanizing and not inclusive of criminal legal experiences outside of those who are currently or formerly incarcerated. Ortiz et al. did not take a formal stance and declared a call to action to criminology scholars: “While we recognize the

concerns and legitimate oppression suffered by those who have voiced questions about the use of the term convict, we believe that academic energy should focus on policy changes at the institutional level rather than telling us, the convicts, what words we can use to describe ourselves.”

A 2024 study assessed whether New York State mandates requesting carceral staff and official policies to use the phrase “incarcerated individual” effectively changed carceral staff language use in two New York State Prisons (Kusmerick-McCune B et al, 2024). Interviews indicated that many incarcerated people expressed ambivalence toward the requested language change because they believed carceral staff did not change their mentality, and they were not treated any differently. They believed there was less staff buy-in because the administration mandated the language changes. Carceral staff continued to primarily use stigmatizing language like “inmate” and profanity, and eventually abbreviated “incarcerated individual” to “II.” Carceral staff’s reasons for using stigmatizing language included familiarity with older terminology and beliefs that using new language would cause unrest. There were mixed feelings among incarcerated people about proper terminology. Some felt that “incarcerated individual” seemed “corny and cheesy,” while others preferred “prisoner.” One incarcerated person explained: “An inmate is a person who won’t stand up to COs and just complies. A convict is still in the crime mentality and doesn’t care about anything else. A prisoner fights for their rights and freedom.” Many incarcerated people in the study preferred to be called “a person” or be referred to by their name.

## **V. Suggestions About Language Changes**

To provide a more humanistic approach to individuals in jails and prisons, we must first consider our own opinions, biases, and societal reflections we may impose on those under our care. We are psychiatrists first. We work in a field that relies on spoken words to formulate our medical opinions. Thus, we must carefully evaluate our words not only related to mental health and substance use disorders but also toward carceral settings. Our words carry far more power than we realize. Unconscious biases toward individuals with mental illness and criminal legal involvement impacting our word choices affect our relationships with patients and their overall health, but they also influence other professionals, patient and community health, and community stereotypes.

This APA Resource Document emphasizes the importance of widespread use of person-centered language, expanding focus beyond general psychiatry and medicine toward incarcerated settings and patient care related to jails and prisons. This humanistic mindset needs to be incorporated by psychiatrists directly working in jails and prisons but also by general psychiatrists working with patients with past or future criminal legal involvement in community systems. Psychiatrists are particularly attuned to the biases and stigma involved with mental health care, and thus should also keenly recognize and help support change in the general discourse related to incarceration. With more widespread recognition of the effect of socioeconomic issues in mental health, the ongoing challenge of mass incarceration and racism and the importance of trauma-based and humanistic care for incarcerated individuals are finally being more generally recognized.

## **VI. Recommendations for Implementation**

Words used to describe an incarcerated person and imprisonment should always reflect the individual and their humanity. Not all clinicians may initially be aware of negative associations with specific words and potential alternatives, especially when starting work in a carceral setting. In order to provide a supportive clinical environment for patients and staff, this APA Resource Document recommends that organizations and managers provide foundational knowledge and examples of person-centered

language for the carceral clinical workplace. We recommend sharing material through in-person or virtual trainings and readings in an institution’s required initial orientation and yearly training requirements, if not more often. Wording in all organizational memos, presentations, and discourse should also follow humanistic guidelines both within and outside the organization. Clinical leadership should always provide an example of humanity for supervisees and trainees to emulate.

The use of the term “carceral psychiatry” as the field of clinical work in jails and prisons is a newer adage with less general awareness or usage than the term “correctional psychiatry.” Under the premise of humanistic language, jail and prison psychiatrists do not want to portray the field as trying to “correct” or “change” an individual, but as providing “healing,” “guidance,” or “therapy.” Yet, one of the major collaborators in jail and prison work, security institutions, continue to use the word “corrections” to describe the mission of their departments, academic groups, and fields of study. Despite the growth of psychiatry in the areas of jails and prisons in recent decades, there remains a large group of general psychiatrists and related clinicians who may not recognize or associate the word “carceral” with the field.

In order to support further growth of the field and collaboration with other organizations and fields, this APA Resource Document focuses on the mission of educating psychiatrists on the importance of person-centered language rather than officially advocating for the APA to change their references to the field to carceral psychiatry at this time. We recommend that psychiatrists familiarize themselves with the word “carceral” and use it in regular discourse, along with other person-centered language, to help support the ongoing evolution of language in the field to support patient care.

**Table**

Word	Replacement
<b><i>Substance Use</i></b>	
Addict/Druggie/Junkie/Alcoholic	Person with substance use disorder
Abuse	Misuse or use
Clean or Dirty	Negative or positive (tests), sober or relapsed (individual)
<b><i>Mental Health</i></b>	
Mentally Ill	Person with a mental health disorder
Insane/Psycho/Mental/Crazy	
Schizophrenic/Bipolar	Person with “x” disorder
Committed Suicide	Died by suicide
Successful or Failed Suicide Attempt	Survived a suicide attempt
Handicapped	Person living with a disability or specify the disability: hearing impaired, uses a wheelchair
<b><i>Incarceration</i></b>	
<b>Person</b>	
Inmate	

Felon	Incarcerated person or PIC
Convict	
Offender	
Criminal	
Body/Package	
Ex-Con, Felon, Offender, etc.	Formerly incarcerated
Parolee	Person under parole supervision
Illegal Immigrant or Alien	Person with undocumented/unauthorized status
Detainee	Person in immigration detention
<b>Jail/Prison Culture</b>	
Feedings	Mealtime
Pens/Cages	Holding area
Hole/Box	Punitive segregation
<b>System</b>	
Criminal Justice System	Criminal legal system
Slammer/Lockup/Clink	Prison or jail

## References

Anon. (1983). The Denver Principles [Online]. Available at:

[http://data.unaids.org/pub/externaldocument/2007/gipa1983denverprinciples\\_en.pdf](http://data.unaids.org/pub/externaldocument/2007/gipa1983denverprinciples_en.pdf)

Bamenga L. (2021). *Good Intentions Don't Blunt the Impact of Dehumanizing Words*. The Marshall Project. <https://www.themarshallproject.org/2021/04/12/good-intentions-don-t-blunt-the-impact-of-dehumanizing-words>

Bartley L. (2021). *I Am Not Your 'Inmate.'* The Marshall Project.

<https://www.themarshallproject.org/2021/04/12/i-am-not-your-inmate>

Bedell PS, So M, Morse DS, Kinner SA, Ferguson WJ, & Spaulding AC (2019). Corrections for Academic Medicine: The Importance of Using Person-First Language for Individuals Who Have Experienced Incarceration. *Academic Medicine: Journal of the Association of American Medical Colleges*, 94(2), 172–175. <https://doi.org/10.1097/ACM.0000000000002501>

Berntsen GR, Yaron S, Chetty M, Canfield C, Ako-Egbe L, Phan P, Curran C, & Castro I (2021). Person-centered care (PCC): the people's perspective. *International Journal for Quality in Health Care: Journal of the International Society for Quality in Health Care*, 33(Supplement\_2), ii23–ii26.

<https://doi.org/10.1093/intqhc/mzab052>

Bidwell L & Polley L. 'Mind your language': What people in prison think about the language used to describe them. *The Howard Journal of Crime and Justice*. 62(3). Jan 2023. 313–324.

<https://doi.org/10.1111/hojo.12515>

Branham L. (2019). Eradicating the label 'offender' from the lexicon of restorative practices and criminal justice. *Wake Forest Law Review Online* 9.

Bronson J, Berzofsky M. Indicators of mental health problems reported by prisoners and jail inmates, 2011–2012. <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=5946>. Published June 22, 2017.

Cerda-Jara M, Czifra S, Galindo, A, Mason, J, Ricks, C, Zohrabi, A. (2019). Language Guide for Communicating About Those Involved in The Carceral System. Berkeley, CA: *Underground Scholars Initiative*, UC Berkeley.

Cox A. (2020). The language of incarceration. *Incarceration*, 1(1). <https://doi.org/10.1177/2632666320940859>

Crocker, AF, & Smith, SN. (2019). Person-first language: are we practicing what we preach? *Journal of multidisciplinary healthcare*, 12, 125–129. <https://doi.org/10.2147/JMDH.S140067>

Denver M, Pickett Justin T, Bushway Shawn D. (2017). The language of stigmatization and the mark of violence: experimental evidence on the social construction and use of criminal record stigma. *Criminology* 55: 664–690.

Dholakia, Nazish. "New York City's New Mental Health Plan is Dangerous." Vera Institute of Justice, January 24, 2023. <https://www.vera.org/news/new-york-citys-new-mental-health-plan-is-dangerous#:~:text=Late%20last%20year%2C%20New%20York,transport%20them%20to%20the%20hospital.>

Delaney R, Subramanian R, Shames A, & Turner, N. American history, race, and prison. In: Reimagining Prisons Project. Vera Institute of Justice. September 2018. <https://www.vera.org/reimagining-prison-web-report/american-history-race-and-prison>

Delaney R, Subramanian R, Shames A, Turner N. *Reimagining Prison*. New York: Vera Institute of Justice, 2018.

Dunn DS, Andrews EE. Person-first and identity-first language: developing psychologists' cultural competence using disability language. *Am Psychol*. 2015;70(3):255–264. doi: 10.1037/a0038636

Durham AM. Newgate of Connecticut: Origins and Early Days of an Early American Prison. *Justice Quarterly*, 6, (March 1989), 89.

Ellis E. (2003). An open letter to our friends on the question of language. In *nuleadership.org*. Center for Nuleadership on Human Justice and Healing. <https://static1.squarespace.com/static/624def0f36d3686eb5ecc0f6/t/664981090c43a60377f756ef/1716093193147/Language+Letter+and+Overview+Center+Nuleadership+March+2023.pdf>

Ellis E. Words Matter: Another Look at the Question of Language. Brooklyn: Center for New Leadership on Urban Solution; 2013. [https://ezwaters.wordpress.com/2017/12/17/words-matter-another-look-at-the-question-of-language-by-eddie-ellis-president-center-for-nuleadership-on-urban-solutions/.](https://ezwaters.wordpress.com/2017/12/17/words-matter-another-look-at-the-question-of-language-by-eddie-ellis-president-center-for-nuleadership-on-urban-solutions/)

*Estelle v. Gamble*, 429 US 97 (1976).

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Ferguson WJ, Cloud D, Spaulding AC, Shelton D, Trestman RL, Altice FL, Champion-Lippmann C, Thomas D, Taxman FS. A Call to Action: A Blueprint for Academic Health Sciences in the Era of Mass Incarceration. *J Health Care Poor Underserved*. 2016; 27(2A):5–17. PMID: [27133508](https://pubmed.ncbi.nlm.nih.gov/27133508/).

Garland D. (2001). *The Culture of Control*. Oxford: Oxford University Press. Available at: <https://commons.comondreams.org/t/how-dehumanizing-language-fuels-mass-incarceration/68446>.

Granello DH, Gibbs TA. The power of language and labels: “The Mentally Ill” versus “People with Mental Illnesses.” *J Couns Dev*. 2016;94(1):31–40

Guervino P, Harrison PM, & Sabol WJ. (2011). *Prisoners in 2010*. Bureau of Justice Statistics.

Ingle GS, “Inmate Labor,” *Corrections Today*. 58(1): 28,30,77. February 1996.

Jenkins A. Washington Prisons Cease Calling Inmates “Offenders.” November 3, 2016. *NW News*.

Jensen ME, Pease EA, Lambert K, et al. (2013) Championing person-first language: a call to psychiatric mental health nurses. *Journal of the American Psychiatric Nurses Association* 19: 146–151.

Keller B. (2015a). *Inmate. Parolee. Felon. Discuss*. The Marshall Project. <https://www.themarshallproject.org/2015/04/01/inmate-parolee-felon-discuss>

Keller B. (2015b). *Letter to the Editor from Khalil Cumberbatch*. The Marshall Project. <https://www.themarshallproject.org/letters/387-khalil-cumberbatch-letter-i-remember-when-i-first-heard-the-term>

Keller B. (2015c). *Letter to the Editor from Ken Connor*. The Marshall Project. <https://www.themarshallproject.org/letters/406-ken-connor-letter-when-i-was-inside-discharged-2001-convicts>

Kushmerick-McCune B, Ingel SN, Rudes DS, & Brown W. (2024). Statewide Prison Language Mandates: Where Intention and Implementation Diverge. *The Prison Journal (Philadelphia, Pa.)*, 104(6), 740–760. <https://doi.org/10.1177/00328855241286512>

Lamb HR, Weinberger LE. The shift of psychiatric inpatient care from hospitals to jails and prisons. *J Am Acad Psychiatry Law*. 2005;33(4):529–34.

Lundin LL. 2024. Etymology. EBSCO Knowledge Advantage. <https://www.ebsco.com/research-starters/language-and-linguistics/etymology#research-starter-title>

Martin L. (2018). “Free but still walking the yard”: Prisonization and the problems of reentry. *Journal of Contemporary Ethnography*, 47(5), 671–694. [10.1177/0891241617737814](https://doi.org/10.1177/0891241617737814)

Miller J. Medical apartheid: The dark history of medical experimentation on black Americans from colonial times to the present. *Psychiatr Serv*. 2007;58(10):1380–1381.

Muhammad KG. *The Condemnation of Blackness: Race, Crime, and the Making of Modern Urban America*. Cambridge, MA: Harvard University Press; 2010.

Neal Charles. Were Early American Prisons Similar to Today's? *Jstor Daily*. January 19, 2022. <https://daily.jstor.org/were-early-american-prisons-similar-to-todays/>

Nielsen E, Padmanathan P, Knipe D. Commit\* to change? A call to end the publication of the phrase "commit\* suicide." *Wellcome Open Res*. 2016;1: 21 10.12688/wellcomeopenres.10333.1

New York State Senate. (2021). *Senate bill S3332*. The New York State Senate. <https://www.nysenate.gov/legislation/bills/2021/S3332>.

National Commission on Correctional Health Care. (2021, February). Use of humanizing language in correctional health care. <https://www.ncchc.org/position-statements/use-of-humanizing-language-in-correctional-health-care-2021/#:~:text=NCCHC%20recommends%20that%20people%20who,in%20written%20and%20oral%20communication>.

Tran NT, Baggio S, Dawson A, O'Moore E, Williams B, Bedell P, Simon O, Scholten W, Gétaz L, Wolff, H. (2018). Words matter: a call for humanizing and respectful language to describe people who experience incarceration. *BMC International Health and Human Rights*. 18. 10.1186/s12914-018-0180-4.

Ortiz JM, Cox A, Kavish DR, & Tietjen G. (2022). Let the convicts speak: A critical conversation of the ongoing language debate in convict criminology. *Criminal Justice Studies*, 35(3), 255–273. <https://doi.org/10.1080/1478601X.2022.2066661>

Pascoe EA, Smart Richman L. Perceived discrimination and health: a metaanalytic review. *Psychol Bull*. 2009;135:531.

Pettit B, & Gutierrez C. (2018). Mass Incarceration and Racial Inequality. *American journal of economics and sociology*, 77(3–4), 1153–1182. <https://doi.org/10.1111/ajes.12241>

Phillips LA, & Spencer WM. (2013). The Challenges of Reentry from Prison to Society. *Journal of Current Issues in Crime, Law & Law Enforcement*, 6(2).

Rex Brown S, & Annese J (2019, October 10). Prisoners are people, NYC says — correction officers ordered to stop calling them “packages” and “bodies.” *New York Daily News*. [www.nydailynews.com/new-york/nyc-crime/ny-city-correction-officers-can-no-longer-refer-to-inmates-as-bodies-20191011-yc6rx37rwbcgjf4mo3aitrayle-story.html](http://www.nydailynews.com/new-york/nyc-crime/ny-city-correction-officers-can-no-longer-refer-to-inmates-as-bodies-20191011-yc6rx37rwbcgjf4mo3aitrayle-story.html)

Reynolds T. (2010). *Interrupted Life: Experiences of Incarcerated Women in the United States* (R Solinger, Ed.; pp. 26–27). University of California Press.

Rubin AT. (2015). A Neo-Institutional Account of Prison Diffusion. *Law & Society Review*, 49(2), 365–399. <http://www.jstor.org/stable/43670480>

Rubin ST, Reiter K. (2018). Continuity in the face of penal innovation: Revisiting the history of American solitary confinement. *Law & Social Inquiry*, 43, pp. 1604–1632.

Ruhland EL. (2024). Alternatives to Incarceration: Strategies for Reducing Violations and Revocations. *Corrections*, 9(5), 553–555. <https://doi.org/10.1080/23774657.2024.2404738>

Sawyer W & Wagner P. Vera Institute. Mass Incarceration. The Whole Pie. March 11, 2025.

Schnittker J, John A. Enduring stigma: the long-term effects of incarceration on health. *J Health Soc Behav*. 2007;48:115–130. doi: 10.1177/002214650704800202

Smith C. (2024). Corporal Punishment. EBSCO Knowledge Advantage.

Solbakken LE, Bergvik S, & Wynn R. (2023). Beliefs about mental health in incarcerated males: a qualitative interview study. *Frontiers in psychiatry*, 14, 1242756. <https://doi.org/10.3389/fpsy.2023.1242756>

Solomon A. (2021). *What Words We Use — and Avoid — When Covering People and Incarceration*. The Marshall Project. <https://www.themarshallproject.org/2021/04/12/what-words-we-use-and-avoid-when-covering-people-and-incarceration>

Stephen AK. (2023) The Underground Scholars Initiative Language Guide, Wash. St. B. News at 22.

Swaminath G, & Bhide A. (2009). ‘Cinemadness’: In search of sanity in films. *Indian journal of psychiatry*, 51(4), 244–246. <https://doi.org/10.4103/0019-5545.58287>

The Marshall Project. (2021). *The Language Project*. The Marshall Project. <https://www.themarshallproject.org/2021/04/12/the-language-project>

Thomas R. (2021). *How I Convinced My Incarcerated Peers to Make Language a Priority*. The Marshall Project. <https://www.themarshallproject.org/2021/04/13/how-i-convinced-my-incarcerated-peers-to-make-language-a-priority>

Tremlin RC, & Beazley P. (2022). A systematic review of offender mental health stigma: commonality, psychometric measures and differential diagnosis. *Psychology, Crime & Law*, 30(2), 125–149. <https://doi.org/10.1080/1068316X.2022.2072842>

Vandergrift LA, & Christopher PP. (2021). Do prisoners trust the healthcare system? *Health & justice*, 9(1), 15. <https://doi.org/10.1186/s40352-021-00141-x>

Wogen J, & Restrepo MT (2020). Human Rights, Stigma, and Substance Use. *Health and human rights*, 22(1), 51–60.