

Inclusive Language and Content Description

ASIA and TSCIR stand firmly against all forms of racism and discrimination throughout our communities, among our membership, and within our staff. We are committed to addressing issues on diversity, equity, and inclusion and as such, developed an ASIA subcommittee on Diversity, Equality, and Inclusion and a TSCIR subcommittee consisting of Erin Kelly, PhD, Anne Bryden, PhD, OTR/L, Alicia January, PhD, and Beatrice Ugiliweneza, PhD, MSPH. We strive to ensure high-quality research and encourage authors to promote inclusivity and discuss research strategies that reflect diversity, equity, and inclusion.

Fostering Equity and Inclusion through Words and Content

Inclusive language fosters diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, gender, gender identity, race, ethnicity, national origin, culture, sexual orientation, ability, health condition, or career stage (early vs. late); and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, references to dominant culture, and/or cultural assumptions, unless representing for example verbatim quotes from participants. Authors should seek gender neutrality by using plural nouns ("clinicians, patients/clients, participants/volunteers, they") wherever possible to avoid using "he, she," or "he/she." Further, authors should only use personal descriptors that refer to personal attributes such as age, gender, gender identity, race, ethnicity, culture, sexual orientation, ability, health condition, or career stage when they are relevant and valid. While we understand that preference for person-first language may not be universally shared, TSCIR endorses person-first language, in that "person with SCI" should be used rather than "SCI individuals" or "paraplegics/ tetraplegics." Authors should be mindful of the use of the word "patient;" this term implies a power differential and should only be used when appropriate (for example, "patient" should not be used to describe a group of individuals with SCI in the community). In addition, race and ethnicity should be discussed as a social construct rather than as genetic or biological categories. The use of racial and/or ethnic categories in models and analyses, and the selection of comparison groups should be explicitly justified. In general, research questions and interpretation of results should consider the successes of members of marginalized groups, the effects of racism and other forms of oppression, and histories of exclusion, mistreatment, and exploitation. Further, research questions and interpretation of results should not focus on presumed deficits of individuals from marginalized and excluded groups, their individual behaviors, or perceived mistrust. These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.