




# #LanguageMatters

## Reducing stigma by using preferred language




Hepatitis B

Hepatitis C




In your verbal or written communications relating to **viral hepatitis generally**:

Try this: 	Instead of this: 	Why? 
<ul style="list-style-type: none"> <li>✓ Person living with hepatitis B/C</li> <li>✓ Person who has hepatitis B/C</li> </ul>	<ul style="list-style-type: none"> <li>✗ Carrier, infected, diseased, contaminated</li> <li>✗ Victim, sufferer</li> </ul>	<p>These terms are considered offensive and encourage stigma.</p> <p>While viral hepatitis can have a significant impact on a person, these terms are disempowering and implies they have no control over their lives.</p>
<ul style="list-style-type: none"> <li>✓ Contract, acquire*...</li> <li>✓ Exposed to...</li> <li>✓ Diagnosed with... ...hepatitis B/C</li> </ul>	<ul style="list-style-type: none"> <li>✗ Catch it</li> <li>✗ Became infected with</li> </ul>	<p>These terms suggest something that is contagious and should be avoided or feared.</p> <p><i>*Avoid asking how a person acquired viral hepatitis as it can be stigmatising and irrelevant.</i></p>
<ul style="list-style-type: none"> <li>✓ Transmit/transmission</li> </ul>	<ul style="list-style-type: none"> <li>✗ Spread</li> <li>✗ Give/gave</li> </ul>	<p>Transmission is the correct term when referring to the virus passing from one person to another.</p>
<ul style="list-style-type: none"> <li>✓ Chooses to/chooses not to</li> </ul>	<ul style="list-style-type: none"> <li>✗ Compliant/non-compliant</li> <li>✗ Adherent/non-adherent</li> </ul>	<p>These terms characterise the individual as cooperative or uncooperative, and regard the person as a passive and submissive recipient of care.</p>
<ul style="list-style-type: none"> <li>✓ Positive/negative blood screen</li> <li>✓ Blood containing hepatitis B/C</li> </ul>	<ul style="list-style-type: none"> <li>✗ Dirty/clean blood</li> <li>✗ Tainted blood</li> </ul>	<p>Referring to someone who tests negative as clean suggests that people who test positive are dirty.</p>

In your verbal or written communications relating to **hepatitis B**:

Try this: 	Instead of this: 	Why? 
<ul style="list-style-type: none"> <li>✓ Perinatal transmission</li> <li>✓ Vertical transmission</li> <li>✓ Child/infant exposed to hepatitis B</li> </ul>	<ul style="list-style-type: none"> <li>✗ Mother-to-child transmission</li> </ul>	<p>Mother-to-child transmission can be perceived to have an accusatory tone that blames the mother for transmitting the virus to her child. This simple change in term turns the focus away from mothers being the 'vectors' of transmission.</p>
<ul style="list-style-type: none"> <li>✓ Bodily fluids responsible for transmission of hepatitis B (e.g blood, semen, or vaginal fluid)</li> </ul>	<ul style="list-style-type: none"> <li>✗ Bodily fluids</li> </ul>	<p>Be specific - hepatitis B cannot be spread through saliva, breast milk, or sweat.</p>
<ul style="list-style-type: none"> <li>✓ Sexual contact, Sexual transmission</li> </ul>	<ul style="list-style-type: none"> <li>✗ Spread</li> <li>✗ Give/gave</li> </ul>	<p>Sexual contact/transmission are the correct terms when referring to the virus passing from one person to another.</p>

In your verbal or written communications relating to **hepatitis C**:

Try this: 	Instead of this: 	Why? 
<ul style="list-style-type: none"> <li>✓ Contract, acquire ...</li> <li>✓ Exposed to...</li> <li>✓ Diagnosed with... ...hepatitis C</li> </ul>	<ul style="list-style-type: none"> <li>✗ Reinfected</li> </ul>	<p>When speaking to someone who has cured hepatitis C and acquires it again, using the term 'reinfected' may be incorrectly perceived by the person that their initial treatment was a failure and a waste.</p>
<ul style="list-style-type: none"> <li>✓ Sterile/contaminated...</li> <li>✓ Used/unused...</li> <li>✓ New/old... ...needle/injecting equipment</li> </ul>	<ul style="list-style-type: none"> <li>✗ Clean/dirty needle</li> <li>✗ Dirties</li> </ul>	<p>The comparison between 'clean' and 'dirty' separates into two groups: 'good' and 'bad'.</p>
<ul style="list-style-type: none"> <li>✓ Person who uses drugs/alcohol</li> <li>✓ Person who injects drugs</li> <li>✓ Person who is recovering from...</li> <li>✓ Person who is no longer using...</li> </ul>	<ul style="list-style-type: none"> <li>✗ Junkie, druggie, addict, alcoholic</li> <li>✗ Former addict, recovered, clean</li> </ul>	<p>Using clear and non-judgemental language towards substance use minimizes stigma and stereotypes.</p>

## About this guide



The way language is used - both written and verbally – has a powerful influence on shaping public perceptions and how we see ourselves.

Hepatitis B and hepatitis C are commonly misunderstood and stereotyped conditions. Stigmatising language towards viral hepatitis (consciously or unconsciously) can have a hurtful and marginalizing impact on a person. With higher levels of stigma, people who are living with viral hepatitis (or at risk of) are less likely to engage with prevention, testing, and treatment - out of concern for being treated differently or unfairly.<sup>1,2</sup>

Language can also have very positive effects. It is important that we are conscious of using preferred language so people feel respected, valued, and empowered. Making subtle but significant changes to the words, phrases, and tones we use every day can make a big difference for how people living with viral hepatitis think, feel, and act.

The purpose of this guide is to reduce the stigma and discrimination associated with viral hepatitis by improving the way we talk about it. Hepatitis Victoria welcomes feedback from the viral hepatitis sector and those with lived experience, and will continue to revise it as appropriate.

## What this guide is not

This guide is not a definitive list of do's and don'ts.

We recognise that everybody will have different ways in which they want to be spoken about or communicate about a subject. These suggestions reflect preferences within the viral hepatitis community.

## How can this guide be used?

This guide can be used by health professionals, researchers, advocates, the media, or anyone else involved in viral hepatitis. You may wish to refer to it:

- When designing communications materials, resources, or policies
- When preparing a presentation or event
- As an opportunity for personal reflection and professional development
- To educate others such as colleagues, friends, family, or partners
- When inducting a new staff member.

## What language can I use to be more respectful?

Person-First Language (PFL) is speaking about a person in a way that is unprejudiced and non-discriminatory. PFL describes what person has, not what they are.<sup>3</sup> For example, someone with a health condition can simply be referred to as: "a person living with..." or "a person who has..."

## Key things to remember



- Person-first Language is more than just the words we use – body language, tone of voice, and eye contact are all important in conveying respect and dignity to a person
- Use language that conveys optimism and positivity
- Use language that is accessible: free from jargon, technical words, and confusing data
- Call out stigma: if someone uses stigmatising language, address it by explaining why it's a problem and suggest a preferred term
- Be aware of the context of language:
  - Some terms may be appropriately used by people identifying within a certain group, but would be stigmatising when used by people outside the group
  - Sometimes using and enabling informal, inappropriate, or slang words in conversation is important in establishing rapport. However, it is also important to keep in mind that appropriate language used with one person may be offensive when used with others.

## References

Some suggested terms in this guide have been adapted from Language matters, a resource developed by the Network of Alcohol and other Drugs Agencies (NADA) and NSW Users and Aids Association (NUAA) (2018).

1. Treloar, C., Rance, J. & Backmund, M. (2013). *Understanding Barriers to Hepatitis C Virus Care and Stigmatization From a Social Perspective*, *Clinical Infectious Diseases*, 57(suppl\_2), S51–S55. <https://doi.org/10.1093/cid/cir125>
2. Ellard, J. & Wallace, J. (2013) *Stigma, discrimination and hepatitis B: A review of current research* (ARCSHS Monograph Series No. 93), Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.
3. Pascoe, E., & Smart Richman, L. (2009). *Perceived discrimination and health: A meta-analytic review*. *Psychological Bulletin*, 135(4), 531-554. doi: 10.1037/a0016059

For more information about viral hepatitis and stigma and discrimination, visit the Hepatitis Victoria [website](#) or call the Hepatitis Infoline on 1800 703 003.

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