



# Being Trauma-informed: Language, Meaning, and Culture in Wales



## Summary

**Trauma-informed frameworks rely on language, but language is not neutral, universal, or evenly distributed. People engage with meaning before they engage with terminology. If we want trauma-informed approaches to land, we must focus less on enforcing a prescriptive language and more on supporting understanding, translation, and meaning-making.**

Over the past two decades, trauma-informed approaches have become increasingly embedded within policy and practice across a wide range of sectors in Wales. Central to these approaches is language. The terms used to describe trauma, safety, trust, and recovery shape how professionals understand experiences of adversity and how systems respond to them. However, it is important to remember that language is neither neutral nor universally understood, and as trauma-informed concepts have moved from specialist research into mainstream policy, the terminology associated with them has often travelled faster than a shared understanding.

This paper explores the role of language within trauma-informed work. Rather than attempting to define the 'correct' terminology, it examines how trauma-informed language is understood, interpreted, and experienced across different contexts. In doing so, it considers the risks of prescriptive or poorly understood language and argues that meaningful engagement with trauma-informed principles depends on supporting shared understanding across Wales.

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## Trauma-Informed Policy Variations

Originally rooted in clinical and therapeutic contexts, the concept of trauma has expanded into many sectors, including education, housing, healthcare, criminal justice, development science, and social care (Champine et al., 2019). Policy frameworks have played a central role in this expansion. Since the early 2000s, several trauma-informed models and frameworks have emerged internationally (Harris & Fallot, 2001; Substance Abuse and Mental Health Services Association [SAMHSA], 2014; National Trauma Transformation Programme, 2023). While all using slightly different terminology, these models and frameworks share common principles and consistently emphasise that trauma-informed practice is not a rigid protocol, but high-level guidance to be adapted to local organisational and cultural contexts.

In Wales, the Trauma-Informed Wales Framework (ACE Hub Wales and Traumatic Stress Wales, 2022) provides a national definition of the trauma-informed approach, and a set of five underlying principles that can be applied across all sectors. This framework represents a key step in creating systemic, cross-sector change and promoting consistency in language and practice across services. Further commentary describes it as a social movement, rather than just an operating model (Hopkins et al., 2024), one that calls for inclusive and culturally aware understandings of adversity, including migration, sanctuary seeking, and racism (Hopkins, 2024). This national commitment is reinforced by broader Welsh legislation and policy, including the Welsh Government's Well-being of Future Generations (Wales) Act (2015) and *A Healthier Wales* (Welsh Government, 2018), both of which emphasise prevention, equity, and systemic change.

This growth has been accompanied by the rapid expansion of trauma-informed language, with evidence suggesting that when trauma is not sensitively discussed, care interactions can significantly impact trust, traumatisation, and health-related concerns (Hart et al., 2025).

Despite this, significant challenges persist. Firstly, despite definitions being provided within frameworks, the literature exposes a general lack of consensus in how sectors interpret and apply this language (Addis et al., 2022; Bailey et al., 2019; Bloomfield et al., 2020; Lee et al., 2021; Bendall et al., 2021). For instance, terms such as trauma-informed care, trauma-informed practice, trauma-informed systems, and trauma-informed approaches are often used interchangeably, but not always clearly operationalised (Walker et al., 2021; Casingcasing et al., 2025; Hanson et al., 2018). This has been identified as a primary barrier to implementing trauma-informed care (Branson et al., 2017; Hart et al., 2025; Hanson & Lang, 2016; Hopper et al., 2010; Wall et al., 2016).

This raises an important question: what happens when language intended to create shared understanding begins to fragment, dilute or alienate? When language becomes simplified, mandatory, or institutionalised without sufficient depth, it may lose its power to challenge systems and instead function as performative compliance.

This document emerges from this tension, seeking to explore how trauma-informed language is understood, experienced, and enacted across contexts. If trauma-informed approaches are to function as a genuine social movement, we must examine how language evolves in different sectors, how it is interpreted, where it meets resistance, and how meaning can be preserved when terminology shifts.

Trauma-informed work depends on language, but language is not neutral, universal, or evenly distributed. If we are to support meaningful, cross-sector implementation in Wales, we must not focus only on the words we use, but to how those words are heard.

## Language as a Barrier

**As trauma-informed approaches have expanded across policy and practice, so too has the language that accompanies them. Yet, this rapid spread is not always matched by shared understanding.**

### The 'buzzwordification' of trauma-informed principles

One challenge lies in conceptual ambiguity. For instance, Hanson and Lang (2016) describe trauma-informed care as an 'amorphous concept' – so broadly defined that it risks encompassing almost any form of ethical or compassionate practice. This is also supported by Sweeney and Taggart (2018), who noted that some practitioners interpret trauma-informed care as little more than an instruction to 'be nicer', rather than a call for systemic change. When language becomes shorthand for goodwill, it loses its structural and relational depth.

This ambiguity contributes to what could be described as the 'buzzwordification' of trauma-informed work. This is because as terminology becomes mainstream, it risks dilution. Concepts that originate from critical insight and lived experiences may, once institutionalised, become simplified into training modules, policy statements, or accreditation criteria (Cherry, 2026a). For example, Casingcasing et al. (2025) highlight inconsistencies in how trauma-informed care is conceptualised into protocols, service models, and organisational standards in UK mental health settings, with similar findings also discussed in some US settings (Goodman, et al., 2016). Without conceptual clarity, organisations may claim alignment while operationalising very different practices.

This is also supported by the work by Ahmed (2012), who describes how institutional declarations can function as non-performatives: statements that name transformation without bringing it into effect. For example, when organisations label themselves as trauma-informed, publish commitments, or embed terminology into strategies, these acts can generate the appearance of progress. Yet, if structures and norms within that organisation remain unchanged, the language shields institutions from critique rather than driving reform. In this context, trauma-informed language travels faster than meaning, and the focus shifts from transforming systems to demonstrating compliance.

Poor implementation further complicates the picture. For instance, Cull et al. (2025), examined trauma discussions in maternity care in the UK, demonstrating that even well-intentioned use of trauma-informed language can generate ethical and emotional risks. Conversations about trauma require time, skill, cultural sensitivity, and adequate referral pathways. Without these, naming trauma may cause distress, stigma, or unintended consequences. Demonstrating that even when language exists, it does not work if it is implemented poorly.

### Cross-sector confusion and rejection

Additionally, the danger of assumed shared meaning across sectors also persists. Language, and language discourse, do not exist independently of context (Canning and Walker, 2024). This means that the same terminology may function differently across sectors due to professional norms, institutional pressures, or local cultures. For instance, a teacher, police officer, housing officer, and policy lead may all use the term trauma-informed while holding fundamentally different understandings of what it requires.

This fragmentation was observed by Menschner and Maul (2016), who observed that trauma-informed terminology was inconsistent across health, education, and social care settings which created barriers to partnership working. In Wales, a review of ACE policy (Welsh Government, 2021) found that professionals interpreted terms such as ACE aware in various ways – from basic awareness to expectations of service redesign. Similarly, the ACE Hub Wales report (Walker et al., 2021) identified variation in how organisations described themselves (trauma-aware, trauma-enhanced, trauma-informed, trauma-specialist), without universal definitions guiding use, demonstrating the risk of language drift and conceptual overlap.

Furthermore, on a relational level, trauma-informed language may also be experienced as moralising or imposed. For example, in certain professional cultures such as policing or youth justice, this language may feel too academic, emotionally exposing, or misaligned with established norms of strength or authority. A rejection of this language by a professional may be perceived as a rejection of the principles from the outside, yet individuals may still be holding many underlying trauma-informed care principles whilst using alternative language. Therefore, when language becomes a marker of virtue rather than a tool for shared reflection, it risks generating ‘us and them’ dynamics.

The cumulative impact of these issues is significant. Trauma-informed language may become diluted, performative, inconsistent, or alienating, creating confusion across sectors and issues within them. By attempting to unify practice through terminology, we may inadvertently prioritise linguistic conformity over conceptual clarity. When this occurs, the language intended to support trauma-informed practice can instead obscure its meaning, weaken its implementation, and create barriers to engagement.

## Language, Culture, and Meaning-Making

These challenges raise a fundamental question for trauma-informed practice: what exactly needs to be shared for trauma-informed approaches to function effectively? While frameworks often emphasise the importance of common terminology, it may be more accurate to suggest that trauma-informed practice requires shared conceptual understanding rather than shared language. In other words, what matters most is not whether individuals use identical terms, but whether they understand and enact the underlying principles those terms are intended to represent.

For instance, it is important to remember that language is not neutral and is instead embedded within social and cultural contexts that shape how words are interpreted and used. Luckhurst (2008) describes the relationship between trauma and language as 'a complex knot' that binds together multiple strands of knowledge across disciplines. Similarly, Painter (2025) highlights that language operates within cultural constraints and norms, functioning as a mechanism through which members of a community communicate and form social bonds. Professional communities (e.g., education, policing, healthcare, and social care) each possess their own linguistic traditions and norms, and terminology that resonates with one sector may feel unfamiliar, charged, or externally imposed in another. Therefore, insisting upon uniform terminology across diverse professional sectors may not produce the shared understanding policymakers intend. Recognising this cultural dimension helps to explain why trauma-informed language can sometimes provoke resistance among practitioners who broadly support its underlying values. This is because resistance in these contexts may not represent rejection of trauma-informed principles themselves but discomfort with terminology that appears disconnected from local professional identities or practices.

Another key issue discussed in the previous section is that trauma-informed language is often introduced into a professional environment before the underlying conceptual foundations are fully understood. In many systems, professionals are encouraged to adopt terms or frameworks without first engaging deeply with the theoretical rationale that underpins them. This can result in the adoption of language without a shift in understanding or practice. As Lisa Cherry cautions, when we prioritise a shared language without protecting shared meaning, the concept itself becomes diluted (Cherry, 2026a). The language may be present, but the ethos is not.

This is supported by empirical work examining trauma-informed implementation, with Branson et al. (2017) finding that consensus across definitions of trauma-informed juvenile justice frameworks was not primarily achieved through shared terminology but through agreement on underlying principles such as safety, trust, collaboration, and empowerment. This therefore demonstrates that whilst professionals may not be using a shared vocabulary, the goals of trauma-informed care can be achieved if the understanding is present.

A further consideration relates to the role language plays in shaping whether individuals feel included within professional or institutional spaces, with a growing body of research highlighting the importance of 'belonging' as a fundamental human need (Baumeister & Leary, 1995), influencing engagement, well-being, and participation across social contexts. Within institutional environments, belonging is not automatic but must be cultivated through inclusive cultures, supportive relationships, and recognition of diverse experiences (Allen, 2025). When individuals feel that their perspectives and ways of communicating are valued, they are more likely to engage meaningfully with the systems in which they operate.

Conversely, belonging can be undermined when certain forms of language become more dominant. For example, in Cherry's (2025) discussions with a postgraduate student studying the experiences of newly qualified teachers from working-class backgrounds, it was found that professional environments often create a 'threshold' between insider and outsider status in relation to their discourse. Similar insights are reflected in wider work on belonging and mattering, which emphasises that individuals disengage when they feel invisible or misunderstood within institutional environments (Gilani & Thomas, 2025).

These insights have direct relevance for trauma-informed practice. If trauma-informed systems seek to promote safety, trust, and connection, they must also consider whether the language used within those systems supports or undermines a sense of belonging for those engaging with it. Language that feels inaccessible, overly technical, or disconnected from lived experience may inadvertently create distance between practitioners, policymakers, and service users. On the other hand, language that feels authentic and relational may strengthen engagement and shared understanding. This therefore strengthens the argument that rather than requiring adherence to prescriptive terminology, it may be more productive to focus on establishing shared understanding of core principles while allowing professionals to articulate these in ways that resonate with their existing cultures and practices. To do this may itself be a fundamentally trauma-informed act.

However, this does not mean that language should be abandoned or that conceptual clarity is unimportant. Rather, it highlights the need to distinguish between meaning and wording. If trauma-informed practice is understood merely through rigid terminology, there is a risk that professionals may focus on this rather than engaging with the principles.

Taken together, these perspectives suggest that the primary goal of trauma-informed implementation should not be the standardisation of terminology but the cultivation of shared understanding. It is unrealistic to control how professionals across diverse sectors speak about trauma-informed practice. However, what can be supported is dialogue that allows practitioners to collectively explore what core principles such as safety, empowerment, and trust mean within their specific contexts.

In this sense, the central question shifts from whether people are using the 'correct' language to whether they understand the meaning behind the concepts being discussed. Shared understanding can exist even when vocabulary differs. By prioritising meaning-making over linguistic conformity, trauma-informed systems may be better positioned to foster genuine engagement, relational trust, and sustainable change.

## Implications for Policy & Practice

**The discussion throughout this paper suggests that the challenge for trauma-informed systems is not simply the adoption of shared terminology, but the cultivation of shared understanding. Therefore, ensuring that national frameworks in Wales translate meaningfully into local contexts requires deliberate strategies that prioritise interpretation, dialogue, and ongoing learning rather than strict linguistic conformity.**

One implication concerns the relationship between national frameworks and local practice. National guidance, such as the Trauma-Informed Wales Framework (2022), provides a valuable foundation for establishing shared principles across sectors in Wales. However, these frameworks must be interpreted within diverse professional cultures and environments. Rather than expecting uniform language, policy should support processes through which practitioners can translate principles into language and practices that resonate within their own contexts. In doing so, frameworks function less as prescriptive scripts and more as interpretive guides that enable local ownership while maintaining core values.

A second implication relates to the risk of language becoming detached from practice. As discussed, trauma-informed terminology can be adopted symbolically without corresponding changes to organisational culture or behaviour. To address this, Cherry argues that practitioners must engage critically with the origins and intentions of trauma-informed concepts, encouraging professionals to read foundational work, reflect on its implications, and question how these principles translate into their own practice (Cherry, 2026b). Developing this depth of understanding is essential if trauma-informed language is to remain connected to its original purpose rather than becoming a superficial descriptor.

At the organisational level, implementation requires more than introductory training. Research consistently indicates that a single training session is insufficient to transform professional cultures or service delivery (Bluestone et al., 2013), with Fallot and Harris (2015) emphasising that trauma-informed practice depends on organisational structures that support reflection, relational practice, and staff wellbeing. Without these structural supports, organisations may adopt the language of trauma-informed care while maintaining systems that contradict its principles.

Additionally, Checkland (1981) also argues that to enable systems change we must understand how different elements interact and influence one another within a broader environment. Similarly, Brennen et al. (2024) and Scarff et al. (2023) highlight that policy commitments must be accompanied by investments in training quality, workforce development, and supervisory structures. Applied to trauma-informed practice, this suggests that language, policy, workforces, and organisational culture must evolve together. Without these mechanisms, there is a risk that the language of trauma-informed care becomes decoupled from everyday practice.

It is also important that policy recognises the importance of inclusion and cultural interpretation when implementing trauma-informed frameworks. The ACE Hub Wales Report *Do You See My Trauma?* (Bahadur & Khan, 2025) highlights that the principle of 'Inclusion' in the Trauma-Informed Wales Framework (2022) cannot simply exist as a written commitment. Instead, it must be actively interpreted and applied in ways that recognise the lived experience of diverse communities, including the impacts of racism, migration, and historical trauma. The report therefore recommends co-production with individuals who hold lived experience in order to translate

principles into meaningful guidance for practitioners. This reinforces the broader argument that shared language cannot be assumed, rather, shared meaning must be collaboratively constructed.

Finally, this analysis highlights the importance of supporting individuals who may not yet have the language to articulate trauma-informed concepts. Professionals may already demonstrate many trauma-informed values in their work, even if they do not use the associated terminology. Creating opportunities for learning, reflection, and dialogue can help bridge the gap, enabling practitioners to connect existing practices with emerging conceptual frameworks. Encouraging curiosity, critical engagement, and further research into trauma-informed principles across a professional environment allows meaning to develop organically, rather than being imposed through prescriptive vocabulary.

These implications point toward a broader programme of work that moves beyond defining trauma-informed language and instead explores how trauma-informed principles are understood, translated, and embedded across sectors. Such work could inform the development of further guidance and frameworks in Wales designed to strengthen shared understanding while respecting the diversity of professional and cultural contexts in which trauma-informed practice unfolds.

## Conclusion

**To summarise, as trauma-informed approaches continue to expand across policy and practice, attention must now shift from simply promoting the language to ensuring that its meaning is genuinely understood and embedded. Whilst national frameworks play an important role in articulating shared principles, their success ultimately depends on how those principles are interpreted, translated, and enacted.**

**Moving forward, efforts should focus on strengthening shared understanding rather than enforcing uniform terminology. This includes encouraging practitioners to engage more deeply with the underlying theory and evidence base, supporting organisations to move beyond one-off training, and ensuring that frameworks acknowledge the existence of multiple 'dialects' of trauma-informed practice, shaped by cultures, identities, and professional norms of different settings.**

**By prioritising meaning, learning, and contextual translation, trauma-informed frameworks can avoid becoming static sets of terminology and instead function as evolving guides for practice. This paper therefore serves as a starting point for further work exploring how trauma-informed principles can be understood, adapted, and embedded across sectors in ways that remain faithful to their original intent while remaining accessible and meaningful to those responsible for implementing them.**

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