2025

LANGUAGE GUIDE

A resource for professionals to support the use of person-first language

Hampshire County Council

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About the guide

Before navigating ahead to the relevant section, please take a few minutes to read about the development of the guide and key principles.

Language is a powerful tool that shapes perceptions, relationships and access to support. Using respectful and inclusive language is essential to fostering safety and trust.

This guide is a reflection of the ongoing work that the Public Health team is involved in alongside people and communities across Hampshire. It is based on and informed by a range of previously published guidance and is shaped by lived experience, partnership and practice. It has been developed alongside people with living experience and designed for use amongst leaders, managers, frontline professionals and volunteers, and aims to provide guidelines on how to use language to empower people and reinforce a person-first approach.

Language is important; the terminology and words we choose to use can be harmful as well as empowering. Often the words we use are based on habit, convenience or social expectations. Being mindful of the words we use and the impact they have can help to break stigma, open up conversations and support people to seek help if they need to. Stigmatising language reinforces negative stereotypes and attitudes amongst professionals and the public, and can influence people's perceptions and experience of services. Being conscious about the words we use is not about being politically correct. It is about acknowledging that language matters and is an important part of our practice.

Using person-first and identity-first language respectfully

Person-first language focuses on the person rather than their diagnosis, condition or traumatic experience. It aims to acknowledge and respect a person's dignity and worth. Person-first language (e.g. 'person with...') places the person before the condition, aiming to affirm their humanity and reduce stigma. It is not always appropriate for all aspects of identity, or at all times, but it is a useful guiding principle. The most respectful choice of language involves using the terms people choose to use to describe themselves.

Trauma-informed communication encourages us to ask, listen and mirror the language people use to describe themselves. This not only validates lived experience but also helps avoid assumptions and reinforces dignity. When in doubt, use neutral phrasing and document preferences clearly to ensure consistency. Ultimately, our goal is to use language that empowers, is inclusive and honours the diverse identities of the people we support.

You can follow links throughout this document to direct you to relevant services.

Starting conversations and gently challenging language use

Creating a culture of trauma-informed practice means being willing to reflect on our own language and support others to do the same. When we notice language that may unintentionally cause harm or exclude – such as outdated terms or assumptions – it's important to approach the conversation with curiosity, compassion and humility. Rather than correcting, we can ask open questions like,

> **Have you come across the recent guidance on inclusive language?** or **I've been learning more about how people prefer to describe themselves – would you be open to exploring that together?**

These gentle prompts invite reflection without judgment and help foster a shared commitment to respectful communication. By modelling inclusive language and creating space for dialogue, we can support colleagues and partners to grow in confidence and awareness, ultimately strengthening our collective impact.

What this guide is not

Language is constantly evolving and changing. As such, this guide is not intended to be an exhaustive list of terms or used to impose language on others. It is designed to embody the principles outlined above by setting out some examples of non-stigmatising, person-first language.

Key principles

The following principles can help us to be more considerate and inclusive in the language we use.

Do...	Don't...
Use language that conveys respect and acknowledges diversity.	Define a person by their condition, diagnosis or behaviour – emphasise the person first. Use 'person with/experiencing...' rather than using their condition/situation as their identity.
Choose terms that are strength-based and empowering.	Impose language on others. Where appropriate, ask the person what language they prefer and respect their wishes. Swap terms like 'non-compliant' for 'chooses not to' or 'decided against', which affirm a person's choice and preferences.
Use language that is accessible.	Make assumptions about a person's level of understanding. Use slang and jargon which can be misinterpreted or cause confusion when used incorrectly.
Consider the use of non-verbal cues, like eye contact, tone of voice and open body language to demonstrate respect, dignity and make people feel safe. Active listening without distraction reinforces emotional safety, signals respect and builds trust.	Use closed or tense body language – such as avoiding eye contact, using abrupt or dismissive gestures, or maintaining a rigid posture. Approaching people from behind, invading personal space or making sudden movements can increase feelings of threat or vulnerability.

LANGUAGE GUIDES

Alcohol and drugs

This section has been developed using the work of:

- **NHS Highland Alcohol and Drugs Partnership – Language Matters: communicating about people, alcohol and drugs**
- **National Institute of Drug Abuse**
- **Words Matter: Terms to Use and Avoid When Talking About Addiction**
- **Network of Alcohol and other Drugs Agencies (NADA) and NSW Users and AIDS Association (NUAA) Language Matters resource**
- **Anti-Stigma Network – Stigma and Language for Organisations resource**

All of these publications were developed alongside people with living experience.

What we use now...	What you may have heard before...	Why we do this...
Person's name	Patient, client, individual, service user	It is important for a person to feel more than 'just' a patient, client or service user. It may be one part of their lives, but they are not defined by this. When talking about people more generally, it is best to use 'people' or 'person'.
People who use drug/alcohol services	Patients, clients, service users	
Person with lived/living experience of drugs/alcohol	Service users, addicts, former addict, ex-addict, used to be a...	Talking about drug and alcohol use as 'experience of' demonstrates the value of that person's experience and journey and reinforces the importance of seeing the person first.

What we use now...	What you may have heard before...	Why we do this...
Lived experience representative, living experience representative	Service user representative	Demonstrates the value of a person's experience and puts equal value on experiences outside of services.
Drug and alcohol treatment services	Substance misuse services	Uses non-judgmental and neutral language. Labels such as 'misuse' and 'abuse' have negative connotations and impact self-esteem, stigma and accessibility of services.
Substance use, drug and/or alcohol use	Substance abuse, misuse, problem use	
Requesting/seeking treatment Accessing treatment Person progressing in their recovery	Referred to treatment, sending people to rehab, needing treatment In treatment	Avoids passive language and acknowledges a person's motivation and capability to make changes, empowering people in their recovery journey.
Treatment offer is not suitable for his/her/their/your needs His/her/their/your needs/preferences are not being met Treatment has not been effective	Hard to engage, hard to reach, lacks motivation, unsuitable for services, drug seeking, refusing to engage with treatment Non-engaged, non-compliant, manipulative	Uses neutral and non-judgmental language, removing blame or shame associated with access to treatment. Encourages people to seek support.
Dependence, problematic use	Addiction	Addiction is a specific term and not representative of all substance use.

What we use now...	What you may have heard before...	Why we do this...
Person with a dependence on... Person who uses drugs Person with problematic drug/alcohol/ substance use Person experiencing issues with drug/ alcohol use/substance use	Addict, drug addict, junkie, druggie, alcoholic, drunk, suffering from addiction, has a drug habit, victim of addiction, drug of choice is...	Uses neutral language and a person-first approach, encouraging self-respect and empowerment.
Facing challenges related to substance use	Chaotic, risky, complex needs	Acknowledges a person's complex life experience without judgment and blame, allowing a deeper understanding of needs and a proactive approach to meeting them. Examples of challenges could be physical health, mental health, neurodivergence or self-care.
Currently using drugs/alcohol Recurrence of substance use/drug use/ alcohol use	Using again, fallen off the wagon, had a setback, lapse/relapse, made a mistake again, had a blip	Neutral and non-judgmental language shows respect to the person and empowers them to make positive steps towards their recovery. 'Relapse' can imply a person may be at fault, portray a sense of helplessness and a longer-term state of using substances. This may make it harder to stop using substances again.

What we use now...	What you may have heard before...	Why we do this...
Person who has stopped using drugs and/or alcohol, person in recovery or long-term recovery No longer using drugs/alcohol Abstinent from drugs/alcohol	Clean, sober, drug-free, reformed addict	The terms ‘clean’ or ‘sober’ are ambiguous and open to interpretation. ‘Clean’ implies that someone who is using is ‘dirty’, which is judgmental and stigmatising. People who drink alcohol can also be sober at times. Using ‘abstinent’ is empowering to the person who has chosen and is following this route to recovery.
Baby born to mother who used drugs while pregnant Newborn exposed to substances during pregnancy	Addicted baby	Use of neutral and non-judgmental language reduces associations with shame and stigma and is more likely to encourage people to seek treatment.

Drug-specific language

What we use now...	What you may have heard before...	Why we do this...
Person who uses drugs, person who injects drugs, person in active use	Drug user, drug abuser, junkie, smack head, crack head	Using neutral language reduces associated stigma and makes it easier to access help.
Positive/negative drug screen	Dirty/clean urine	Using 'dirty' in any description is judgmental and stigmatising.
Used/unused syringe	Dirty/clean needle, dirties	
Non-prescribed use, used other than prescribed (for prescription medications), using prescribed medicines as a treatment; using several drugs (including alcohol) at the same time	Non-compliant use, illicit use of prescribed medication/drugs, replacing one drug with another	Avoids negative connotations and stigmatising treatment options. Uses positive language to empower people on their recovery journeys.
Engaged in opioid* agonist treatment/ therapy (OAT), engaged in opioid substitute treatment/therapy (OST) Medication for a substance use dependency	Medication assisted treatment, substitute prescribing Parked on methadone	'Substitute' and 'substitution' should only be used in the specific context of OST as this is a recognised clinical term. Using 'substitute' outside of this context is ambiguous and can imply the person is 'stuck' with some form of substance use, making it harder to see opportunities for recovery.

*Opiates relate to naturally occurring substances such as heroin, while opioids include synthetic drugs created in a laboratory.

Further information and support in Hampshire is available from:

Inclusion Recovery Hampshire (services to support those affected by drugs and alcohol)

Domestic abuse

This section has been informed by the Hampshire Domestic Abuse Partnership, victims/survivors of domestic abuse and developing evidence about trauma-informed approaches.

The **Hampshire Authentic Voice Panel** has identified **trauma-informed practice** as the top priority for improving domestic abuse responses in Hampshire. The way professionals communicate – both verbally and in writing – is the starting point for creating safety, trust and access to support.

A more in depth look at trauma-informed language to use when working with people affected by domestic abuse is available on the **Hampshire Domestic Abuse Partnership website**. This provides a framework for trauma-informed communication, helping professionals avoid collusion, reduce stigma and support recovery.

Anyone working directly with people affected by domestic abuse is advised to read the full guide to ensure safe, respectful and trauma-informed practice.

> The way I would describe language is the feeling it gives you, not necessarily the words. The kindness behind it, the person behind it. You don't always remember what you got for a birthday, but you always remember how it felt. You don't always remember exact terminology, but you will always remember the feeling it gave you. Trauma-informed language helps to create a kinder memory or feeling, it is the difference between someone wanting to come back to be safely supported or not. **We don't expect perfection, but we all deserve kindness.**

Hampshire Authentic Voice Panel member

> Please let me know if I get anything wrong – it will not be my intention, but I would appreciate you letting me know.

Hampshire Authentic Voice Panel recommendation to professionals

What we use now...	What you may have heard before...	Why we do this...
Domestic abuse	Domestic violence A domestic Domestic dispute	The term ‘domestic abuse’ more accurately reflects patterns of control, coercion, harm and abuse.
Victim/survivor	Victim	Empowering and affirming; often preferred in recovery contexts. Preferred language as identified by the Hampshire Authentic Voice Panel.
Person with lived or living experience		Recognises expertise and resilience.
Person affected by domestic abuse		Neutral and inclusive; avoids labelling.
Person experiencing harm		Acknowledges impact without implying blame.
Person using harmful or abusive behaviours	Perpetrator (outside of criminal justice system)	Focuses on the behaviour rather than the person. Avoids dehumanising and helps with engagement.
Coercive control	Controlling or toxic relationship Power struggle	Specific and legally recognised form of abuse. It describes a pattern of behaviour designed to isolate, intimidate and dominate, and it helps professionals identify risk and respond appropriately.

What we use now...	What you may have heard before...	Why we do this...
Reduced barriers to allow disclosure of domestic abuse Improved safety and trust in services that support disclosure of domestic abuse	Increased willingness to disclose domestic abuse	This focuses on creating the right conditions for disclosure, rather than implying that the responsibility lies with the person and their willingness to speak.
Trauma response	Mutual abuse	Normalises reactions to abuse and recognises power imbalance.
Declined support	Failed to engage	Neutral, non-judgmental alternative.
Experiencing harm	Acrimonious relationship They are 'just as bad as each other'	Acknowledges impact without implying blame.
They responded with abusive behaviour when challenged	She/he provoked them	Avoids victim-blaming, keeps the focus on the behaviour of the person using harm and acknowledges the complexity of the situation without implying justification or blame.
They are navigating a complex and often dangerous situation They may not feel safe or supported enough to leave They are in a situation where choices are limited by fear, control and risk	They keep going back	There are many reasons why leaving isn't always possible or safe. These terms recognise the complex, often dangerous realities of domestic abuse, avoiding blame, showing empathy, and respecting the survivor's autonomy and decision-making.

What we use now...	What you may have heard before...	Why we do this...
We're here to support you and ensure your safety	We will review it and see if we can help you	Reassuring and supportive; affirms availability of help.
Expressed distress	Manipulative Attention-seeking	Validates emotional experience without judgment.

Further information and support in Hampshire is available from:

- **The Hampshire Domestic Abuse Partnership**
- **Stop Domestic Abuse** (confidential advice and support for those affected by domestic abuse)

Mental health and wellbeing

This section has been inspired by Mind's **Mental Health Language Guide** and the Mental Health Foundation's **Talking About Mental Health**. It promotes the use of person-first language through suggestions of compassionate ways to describe people, the way they are behaving or the place they are receiving care, moving away from the use of informal words that could add to existing feelings of stigma.

What we use now...	What you may have heard before...	Why we do this...
A person who has experienced psychosis or a person who has schizophrenia	Psycho, schizo	It is important for a person to be recognised for more than their condition, which is only one part of their lives. These phrases are discriminatory, disrespectful and dehumanising. They reinforce stigma and create barriers to accessing support.
Someone who has a diagnosis of, is currently experiencing, is being treated for...	A schizophrenic, a depressive, a psychotic, a self-harmer	
A person experiencing a mental health problem	Unhinged, maniac, mad, insane, disturbed, not right in the head	
Someone with mental ill-health or someone who experiences mental health problems	Mentally ill	

What we use now...	What you may have heard before...	Why we do this...
Living with mental illness	Suffers from mental illness	'Suffer' suggests it is a wholly negative experience. People affected may still experience joy or happiness at times in their lives and may not want to be classed as 'suffering'.
People experiencing or living with mental health problems	The mentally ill, a person suffering from, a sufferer, a victim, the afflicted	
Patients, service users, clients	Prisoners, inmates (in a psychiatric hospital)	People receiving treatment for their mental health condition should be treated with care and compassion. These terms have similarities to terms used for the criminal justice system.
Discharged	Released (from a hospital)	
Antidepressants, medication or prescription drugs	Happy pills	Outdated and incorrect phrase.
They're living with bipolar disorder, they have a diagnosis of bipolar disorder	They're bipolar	Promotes person-first language, recognising the person and not only their condition. It is also important to understand how a person wishes to describe themselves.
Sense check	Sanity check	Implies that people with mental health issues are somehow deficient or flawed and links mental health to sanity which is incorrect and stigmatising.
Emotionally activating, challenging	Triggering	The word 'trigger' has connotations with firearms, which is inappropriate.
Sensitive association	Trigger	

Further information and support for mental wellbeing in Hampshire is available from:

Mental Wellbeing Hampshire

Similar to the language we use, imagery should be relatable and inclusive. Find free, positive mental health imagery on the **Mental Health Foundation's image library**. It is a collection of images from real people looking after their mental health.

Suicide prevention

Every death by suicide is a tragedy and for those closest to the person who has died, it is devastating. It is estimated that for every suicide, there are at least 135 people who are affected by the death.

It is important to use language and terminology that is compassionate, respectful to the person who has died and sensitive to those bereaved or affected by the death. This section has been developed by the **Voices Collective**, a group of people with living experience of suicide, to help guide appropriate suicide-related terminology and language. It draws on a number of existing sources of information including:

- **Best Practices and Recommendations for Reporting on Suicide**
- **Samaritans' Media Guidelines**
- **Language Matters: Safe Communication for Suicide Prevention**
- **Words Matter. Learning how to talk about suicide in a hopeful, respectful way has the power to save lives**

> I physically shudder when I hear people use the word 'committed' suicide. It stings with the implication of criminal, and my child was many things, but a criminal was not one of them.

Angela
Voices People with Living Experience of Suicide, and Sasha's Project

What we use now...	What you may have heard before...	Why we do this...
Died by/lost their life to suicide	Committed suicide, topped themselves, successful/completed suicide	Language around suicide should be used with compassion for those involved. Suicide is not a crime which the word committed can imply. Success/complete is outdated and clinical. The terms have positive connotations which is inappropriate.
Suicide death/fatal suicide attempt	Successful attempt	
Survived a suicide attempt	Failed suicide/attempted suicide/ unsuccessful attempt	Suicide can only be categorised as such after death, not before. It is inappropriate to use connotations of success in any form when talking about suicide.
Non-fatal suicide attempt	Near miss	
Indicating suicide, intimating suicide, considering suicide, signalling suicide	Threatening suicide	Threatening can imply wanting to harm others and detracts from the compassion for the person who is wanting to harm themselves.
High/higher/increased/rising rate of suicide	Suicide epidemic	These terms have historically been used by the media/press. They can be damaging, cause alarm or intrigue, and reinforce the stigma surrounding suicide.
Higher rate of suicide/increasing rate of suicide	Suicide wave	
High risk place/frequently used location	Suicide hot spot/site	

What we use now...	What you may have heard before...	Why we do this...
Taken their own life, ended their life, a suicide, lost to suicide, lost by suicide	Suicide victim	Suggested terms promote a person-centred approach and acknowledge people's lives. The term victim can have passive connotations and does not fully acknowledge the mental and emotional health of people who die by suicide.
They are facing suicide, they are thinking of suicide, they are experiencing suicidal thoughts	Describing someone as suicidal	Suicidal suggests it is someone's one and only state of mind. Suicidal thoughts can come and go, so 'suicidal' does not reflect this.
Approval seeking	Attention-seeking	Attention-seeking is not appropriate and detracts from the importance of supporting people who may be thinking of suicide. This includes supporting people to effectively communicate their needs.
Needing support, needing assurance	Time waster, manipulator	These terms are not person-centred and do not take a trauma-informed approach to consider the events or trauma that may have led a person to need support.
Person experiencing suicidal thoughts and actively searching for methods	Suicide tourist	Using the word 'tourist' in this way is disrespectful, insensitive and inappropriate.

What we use now...	What you may have heard before...	Why we do this...
Echo suicide	Copycat suicide	Using the word copycat in this way is disrespectful and insensitive to the circumstances that lead people to take their own life.
Disclose urge to self-harm, indicate self-harm, using coping strategy	Threatening self-harm	Threatening implies wanting to harm others and the compassion should be for the person who is wanting to harm themselves.
Responding to an incident involving suspected suicide(s)	Dealing with a suicide crisis	Acknowledges the complexity of the situation and the many factors involved where someone is considering taking their own life.

Further information and support in Hampshire is available from:

- **Cruse Support after Suicide** (suicide bereavement support)
- **Samaritans**
- **Mental Wellbeing Hampshire**

Sexual health

Stigma undermines good sexual health by creating barriers to care, support and safety, especially for people living with HIV and those engaged in sex work. It fuels discrimination, discourages openness and limits access to vital services, making it harder for people to protect their health and wellbeing. Language plays a powerful role in either reinforcing or challenging stigma. Words can perpetuate harmful stereotypes or promote dignity and inclusion. Shifting how we speak about sexual health is a key step toward safer, more equitable health outcomes.

This section has been developed using a number of existing sources of information including:

- **"Let's talk about sex work"** - a terminology statement and guide
- **HIV Language Guide**
- **Reporting on HIV: a quick reference guide**

People engaged in sex work

What we use now...	What you may have heard before...	Why we do this...
Sex worker	Prostitute	'Sex worker' is a neutral, respectful term that acknowledges a person's agency and choice of work, which are important for reducing stigma. 'Prostitute' is often used pejoratively and associated with criminality.
People engaged in sex work	Prostitutes	People engaged in sex work is inclusive of diverse identities and experiences.

What we use now...	What you may have heard before...	Why we do this...
Client, customer	John, punter, sex buyer	Client or customer are neutral terms for those who purchase services. 'John', 'punter' and 'sex buyer' reduce a complex, negotiated interaction to a one-sided power dynamic favouring the client.
Sex industry, commercial sex	Sex trade	Sex trade is often used to conflate sex work with trafficking. 'Sex industry' or 'commercial sex' better reflect the broader range of people involved.

Sexually transmitted infections

What we use now...	What you may have heard before...	Why we do this...
Sexually transmitted infection (STI)	Sexually transmitted disease (STD) The clap (gonorrhoea) The pox (syphilis)	STI is a broader, less stigmatising term for infections spread by sexual contact, while STD specifically refers to an STI that has developed into a disease with symptoms. Because many STIs have no symptoms, the term STI is now more widely used, to encourage testing and treatment. Slang terms are disrespectful.

Person living with HIV

What we use now...	What you may have heard before...	Why we do this...
Person living with HIV	HIV-infected person, AIDS victim, AIDS patient	Emphasises individual identity and avoids stigma or victimisation. Recognises that not all HIV-positive people have AIDS and avoids conflating the two.
Acquired HIV	Caught HIV or got HIV	Uses neutral medical language rather than blame or carelessness.
Living with HIV	Suffering from HIV or dying of AIDS	Reflects that most people live healthy lives with HIV thanks to treatment.
HIV treatment or antiretroviral therapy	HIV drug cocktail	Uses accurate, respectful medical terminology.
Person at risk of HIV	High-risk group or risky people	Focuses on circumstances rather than labelling people as inherently risky.
HIV prevention	Stopping the spread of HIV	Emphasises proactive health strategies rather than fear-based messaging.

Further information and support in Hampshire is available from:

- Let's Talk About It

Older adults

This section has been developed using the **Centre for Ageing Better 'Challenging ageism: A guide to talking about ageing and older age'** and through insights gained with Hampshire residents via the Hampshire Perspectives Forum. Research has been carried out on a range of topics which captured responses from older adults. We often see derogatory language used towards older adults and portrayal via the media of older people being a burden. It is important to challenge this culture and support older people to live life to the full.

What we use now...	What you may have heard before...	Why we do this...
Older adults, older people	Old people, the elderly, old age pensioner	The term older adult(s) or older person/ people is respectful and should be the standard if there is a clear need to reference the age of someone or a group. If possible, ask people what terms they prefer.
	Old dear, doddery	Avoid using terms and language that evokes undue pity and makes older people sound like another group that's separate from the rest of society.
Older adults If it's required to express a vulnerability, be explicit as to why e.g. older people who are at risk of falls or older people who are more vulnerable to the health impacts of COVID-19	Vulnerable people, the frail	Being older doesn't mean you are frail, vulnerable or dependent. Older people continue to be active, participate in and contribute to workplaces, communities and society in many different ways.

What we use now...	What you may have heard before...	Why we do this...
Phrases that reflect how people want to see themselves Positive options include: • Forever active • Live longer better • Stronger for longer • Being able to continue doing things I enjoy • Living life to the full	Phrases such as: • Forever Young • Nifty Fifties • Healthier ageing • Frailty	Claims like 'forever young' are not credible or realistic. Phrases like 'Nifty Fifties' are seen as trying too hard or as twee. Although 'healthier ageing' works well in a professional policy and strategy context, it does not resonate directly with older adults in communications and marketing.

The Centre for Ageing Better have developed a comprehensive guide to talking about ageing and older age in their pursuit of challenging ageism: **Challenging ageism: A guide to talking about ageing and older age**

Hampshire County Council's Public Health team has also developed a guide incorporating some of its own local insights relating to older people on topics such as mental wellbeing, continence and use of imagery: **Live Longer Better – language and imagery insights**