



TRAUMA, NERVOUS SYSTEM & TRAUMA-INFORMED SUPPORT

Understanding Trauma-Informed Care

Clinical concepts explained clearly, with practical examples of safer, collaborative and person-centred support.

The key idea

Trauma-informed care is an approach to how support is designed and delivered. It recognises possible effects of trauma without assuming trauma explains every difficulty or requiring disclosure before respectful care is offered.

What trauma-informed care means

Trauma-informed care is an organisational and relational approach that recognises that trauma can influence safety, trust, control, relationships and engagement with services. It aims to reduce avoidable threat and disempowerment while increasing clarity, collaboration, accessibility and meaningful participation. It is not itself a diagnosis, therapy or treatment protocol.

Trauma-informed and trauma-specific are different

A trauma-informed service changes how ordinary support is delivered. Trauma-specific treatment directly targets trauma-related symptoms using an appropriate intervention. A therapist can work trauma-informatively while treating depression, pain or another problem without assuming trauma is the central cause.

Trauma responses and differential understanding

Trauma-related difficulties can involve intrusive memories, avoidance, heightened arousal, emotional numbing, dissociation, shame, changes in trust or difficulties with reminders. Similar presentations can occur with anxiety, neurodivergence, sleep loss, pain, medication effects, physical illness or current stress. Formulation should consider alternatives rather than turning trauma into a universal explanation.

Important clinical point

Similar presentations can have multiple causes. Trauma-informed practice supports curiosity and differential understanding rather than assuming that trauma explains every behaviour or symptom.

Safety

Safety includes physical, emotional, psychological and relational dimensions. Clear information, privacy, predictable processes, respectful boundaries, sensory consideration and honest explanations can reduce avoidable uncertainty. Safety does not mean promising that distress, disagreement or risk will never occur.

Trust and transparency

Trust should not be demanded. Services can demonstrate trustworthiness through reliable follow-through, role clarity, accurate information, transparency about confidentiality and honest communication when something is uncertain or changes.

Choice, voice and agency

Meaningful choice means options are real and understandable. Where choices are restricted, the restriction should be explained rather than disguised. Voice includes spoken communication, AAC, writing, interpreters and other accessible ways of participating.

Collaboration and power

Collaboration recognises professional expertise and lived expertise without pretending roles are identical. Power differences should be acknowledged. Shared goals, accessible information and clear responsibility can make involvement substantive rather than tokenistic.

Arousal, regulation and dissociation

Trauma-informed practice often uses concepts such as hyperarousal, hypoarousal and dissociation. These can help describe experience, but they should not be treated as direct measurements of a person's autonomic nervous system. Dissociation itself is varied and is not synonymous with low arousal.

Key distinction

Hyperarousal, hypoarousal and dissociation are useful descriptive concepts, but they are not direct measurements of autonomic activity. Dissociation is also not synonymous with low arousal.

Co-regulation and relationships

Supportive interaction can influence coping through tone, pacing, predictability, responsiveness and practical reassurance. Co-regulation is useful relational language, but claims that one person's nervous system literally regulates another through a simple mechanism overstate the evidence.

Retraumatisation

Retraumatisation refers to experiences that reactivate or recreate important elements of earlier trauma. Avoiding unnecessary coercion, surprise, humiliation, exposure and repeated disclosure can reduce risk. Not every uncomfortable experience is retraumatising, and evidence-based treatment can sometimes involve planned, supported engagement with distress. Space to Breathe Therapy - Trauma, Nervous System & Trauma-Informed Support Understanding Trauma Informed Care | 3

Important to remember

Not every upsetting or challenging experience is retraumatising. The term is most useful when it describes renewed trauma-related distress linked to significant elements of an earlier traumatic experience.

Culture, identity and context

Space to Breathe Therapy - Trauma, Nervous System & Trauma-Informed Support Understanding Trauma-Informed Care | 3 Experiences of trauma and safety are shaped by culture, racism, discrimination, disability, gender, sexuality, poverty, migration, family and community context. Trauma-informed practice should not use a single cultural idea of safety, communication or recovery.

Organisational responsibility

Trauma-informed practice is not achieved by teaching individual staff calming techniques while leaving inaccessible or coercive systems unchanged. Leadership, staffing, supervision, complaints processes, physical environments, appointment systems and policies all influence whether a service feels predictable and respectful.

What it does not mean

Trauma-informed care does not mean removing all boundaries, agreeing with every interpretation, avoiding every difficult topic, assuming everyone has trauma, abandoning safeguarding or replacing evidence-based assessment and treatment.

Practical application

Before an interaction, consider what the person needs to know, what is genuinely optional, what sensory or communication adjustments may help and whether sensitive questions are necessary. During support, explain changes, check understanding and notice escalating load. Afterwards, consider whether the process itself created avoidable difficulty and what could be changed.

Example

A person becomes quiet and stops answering during an assessment. A non-trauma-informed interpretation might label them uncooperative. A trauma-informed response describes the observable change, reduces unnecessary demands, checks communication needs and explores what would help — without assuming trauma is the cause.

Reflection questions

What does this service do that increases predictability? Where might people lose control unnecessarily? Are people required to repeat distressing histories? Are accessibility needs treated as standard practice? Can someone disagree or complain without fear of poorer treatment?

References & Further Resources

These resources are useful starting points for understanding trauma-informed practice and related clinical guidance. They serve different purposes: some provide service frameworks, while others provide evidence-based clinical recommendations.

NHS England

Provides national NHS resources on trauma-informed approaches, personalised care, patient experience and service improvement. Useful for understanding how trauma-informed principles can be applied across health and care systems in England.

Office for Health Improvement and Disparities (OHID)

Publishes public-health guidance and resources relevant to trauma-informed practice, adversity, inequalities and prevention. Particularly useful when considering trauma beyond individual therapy and within wider social and service contexts.

SAMHSA

The US Substance Abuse and Mental Health Services Administration developed a widely cited trauma-informed framework. Its material explains core concepts such as safety, trustworthiness, peer support, collaboration, empowerment and attention to cultural and historical factors.

NICE

The National Institute for Health and Care Excellence publishes evidence-based clinical guidance for England and Wales. Relevant guidance includes PTSD, shared decision-making and patient experience. NICE guidance is especially useful for distinguishing trauma-informed service principles from recommended assessment and treatment.

How to use these resources

Trauma-informed frameworks should be used alongside current professional standards, safeguarding procedures, consent and capacity requirements, and condition-specific clinical guidance. A trauma-informed approach changes how support is delivered; it does not replace appropriate diagnosis, risk assessment or evidence-based treatment.

Resource availability and guidance can change over time, so practitioners and readers should check the most recent version of any professional or statutory guidance before relying on it in practice.