



Nürseline
Community Services




Living with Trauma: What It Really Feels Like

Trauma-Informed Guide



The lived-experience statements used in this guide are adapted from publicly available online forums and discussion communities. They represent common experiences shared by people living with trauma and have been anonymised for privacy.

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1.

Choosing Curiosity over Assumptions

“ Trauma is perhaps the most avoided, ignored, belittled, denied, misunderstood, and untreated cause of human suffering.”

Peter Levin, Ph. D.

the developer of Somatic Experiencing®, a naturalistic and neurobiological approach to healing

The purpose of this guide is to raise awareness of the impact of trauma and to help people recognise it in themselves and others. Trauma is not always visible in people, and what others may see as aggression, fear, and loss of control may be a serious emotional struggle and a person desperately calling for help.

Trauma may be present in:

- Home, the yard, and the neighbourhood
- School, college, or work
- Hospitals and care facilities
- Social environments



Trauma-informed care identifies and responds to the signs, risks and impact of trauma to better understand and support the individual needs of people who have experienced social, physical and emotional trauma.

Who might find this helpful?

- Children and young people with a lived experience of trauma
- Adults with a lived experience of trauma
- Families living with a person who has experienced trauma
- Parents trying to understand changes in their child's behaviour
- Foster carers and adoptive families

2.

The Power of Trauma & the Power of Recovery

For someone carrying trauma, being understood is care, being accepted brings safety, and being heard opens the door to healing.

Trauma can shape our lives, the way we act and interact with people and how we see the world. Yet trauma remains one of the most unrecognised and undervalued causes for mental health challenges, affecting people of all ages.

Trauma can change how the brain develops and how the body reacts to stress, making it harder to feel safe or calm, even long after the experience has passed.

It can make learning new things more difficult, affecting focus, memory, and confidence, even in familiar, comfortable places. Often, it becomes more challenging in places that feel overwhelming or demanding.

These effects may carry through to school and work, where trauma responses can impact confidence,

consistency, and performance, and are often misunderstood as a lack of ability or effort.

Trauma can also affect relationships, making trust harder, emotions more intense, and connections feel risky or exhausting.

As one person with a lived experience of trauma shared on online forums.

“ I don’t always feel safe, even when I know I should. My body reacts before my mind does, and I’m left trying to calm something I didn’t choose.”

Overall, trauma can touch every part of who we are. Yet recovery is possible when the right care and support are in place. And it all starts by recognising it.

“ All things are difficult before they’re easy.”

Thomas Fuller

2.1 What Is Trauma and How Can It Affect Us?

It can be me. It can be you. It can happen to anyone.

What matters is learning to recognise the signs of trauma and seeking support early.

And most importantly, trauma is not who we are - it does not have to define us, and it should never become our identity.



Trauma is the emotional shock that can follow a deeply distressing or frightening experience. It can arise after experiencing a frightening event, witnessing one, or learning that it happened to someone close.

The response becomes traumatic when it brings intense fear, helplessness, horror, or a sense of being overwhelmed beyond usual coping abilities. This can leave lasting effects on emotional regulation, psychological health, physical well-being, and social connections.

Whether a single event or a repeated traumatic experience, the severity of traumatic stress is defined by several factors, including:

- Types of events and circumstances, and the intensity of exposure
- Frequency of trauma exposure (once or repeatedly)
- Directly or indirectly experienced trauma
- Person's age and development phase (child or adult)
- Individual resilience (a person's way of reacting)
- Pre-existing mental health challenges
- Access to help and support

Once witnessed, the body remembers the effects and impact of trauma and tends to react every time a person is exposed to a similar or a different type of trauma-related event.



Many people living with mental health challenges share that their struggles did not begin in adulthood. Specifically, the roots go back to painful or frightening childhood experiences.

Research shows just how common this connection is across different groups:

- 85% of people diagnosed with schizophrenia report childhood trauma
- 82% of people with personality disorders report childhood trauma
- 77% of people with affective disorders, such as depression or bipolar disorder, report childhood trauma
- 70% of people diagnosed with PTSD report childhood trauma



In mental health services, trauma is often not asked about or is routinely minimised. As a result, trauma-informed assessments are frequently absent, and when trauma is disclosed, it is often dismissed. People’s experiences are invalidated, and diagnoses can become associated with stigma rather than understanding.”

Amy Butler

Therapy Team Lead/PBS Specialist Practitioner
and Coach at Nurseline Community Services

Potential Traumatic Events



Abuse

- Emotional abuse
- Sexual abuse
- Physical abuse
- Domestic violence
- Witnessing violence
- Bullying
- Cyberbullying
- Institutional



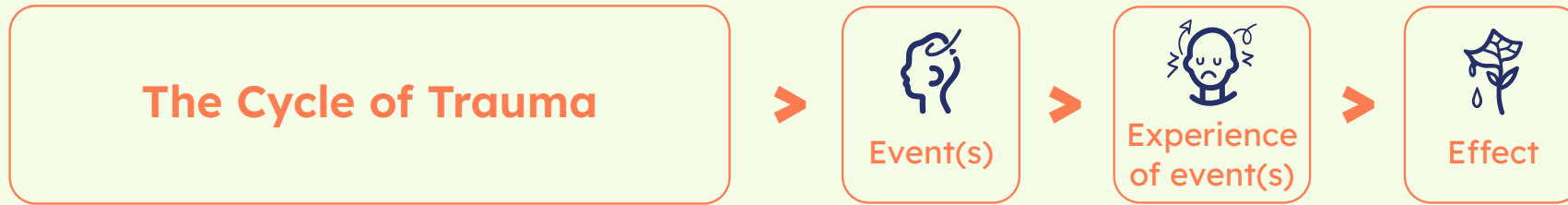
Loss

- Death
- Abandonment
- Neglect
- Separation
- Natural disaster
- Accidents
- Terrorism
- War



Chronic stress

- Poverty
- Racism
- Invasive medical procedure
- Community trauma
- Historical trauma
- Family member with substance use



Prevalence of Trauma in the UK

In the UK, one in three adults reports having experienced trauma at least once in their lifetime. Traumatic events involve experiences that have put the person or someone around them at risk of serious harm or death.

Category	UK Prevalence
Adults reporting at least one traumatic event	~1 in 3 adults (≈35%)
Adults with at least one ACE	~47-50%
Adults with 4+ ACEs	~9-10%
Adults screening positive for PTSD	~5-6%
Young people exposed to trauma (by age 18)	~31%
Young people with PTSD symptoms (by age 18)	~1 in 13 (≈7-8%)
Healthcare staff reporting trauma exposure (lifetime)	~30%+



Factors Impacting the Severity of Trauma



The impact of a potentially traumatic event depends on several factors, including:

- The person's/child's age and developmental stage
- The person's/child's perception of the danger faced
- Whether the person/child was the victim or a witness
- The child's relationship to the victim or perpetrator
- The person's/child's experience with trauma
- The adversities the child faces following the trauma
- The presence/availability of adults who can offer help and protection
- Type of event and intensity of exposure
- Frequency of trauma (one-time, ongoing)
- How it happens (witness, learned about it)
- When it happened (child, adult)
- Quality of the response – personal resilience
- Pre-existing Mental Health condition
- Access to support (social capital) and resources

2.2 The Impact of Trauma on the Brain

The human brain is extraordinarily complex. It is made up of billions of neurons - nerve cells - supported by even more helper cells. Together, they are organised into systems that continuously receive information from the external environment (what we see, hear, smell, and touch) and from within the body (e.g., hunger, hormones, and pain).

All of this activity serves one central purpose: **survival.**

Different areas of the brain have different roles. The brainstem regulates heart rate, blood pressure, and levels of alertness. The **limbic system** is involved in emotion, attachment, and the regulation of feelings. The **cortex** supports thinking, reasoning, and language. The frontal areas help with planning and abstract thought.

Although these systems have different jobs, they operate according to the same basic principle: **they are built to change in response to experience.** Neurons adapt when they receive signals from the environment. These molecular changes allow the brain to store information and learn from what happens.

It is this capacity to adapt - to be shaped by experience - that enables the brain to respond to both threat and safety, and ultimately to support survival.



Prefrontal Cortex

This part of the brain helps organise thinking, guide behaviour and regulate emotions, including responses to fear. When trauma occurs, communication in this area can weaken, making it harder for reasoning to stay in control when strong emotions arise.



Hippocampus

The hippocampus supports learning and memory and helps distinguish between past experiences and what is happening now. It also plays a role in calming the amygdala. Exposure to trauma can affect this area and may reduce its size over time.

Amygdala

The amygdala functions as the brain's alarm system, helping recognise danger and respond to stress. When it becomes highly active, clear thinking becomes more difficult. Trauma may cause this alarm system to remain on high alert, which can lead to ongoing feelings of anxiety, stress and threat.

1. The Brain's Alarm System (Amygdala)

The amygdala detects danger and activates survival responses. After trauma, it can remain overly sensitive, responding as if a threat is always close.

Common signs:

- Feeling constantly on edge
- Being easily startled
- Overreacting to tone of voice or facial expressions
- Irritability or sudden anger
- Persistent anxiety
- Difficulty relaxing, even in safe environments

Many people describe this as living in “high alert” mode.

2. Memory Processing (Hippocampus)

The hippocampus helps organise memories and recognise that an event is in the past. Trauma can disrupt this process.

Common signs:

- Flashbacks that feel immediate and intense
- Nightmares
- Intrusive thoughts or images

- Difficulty remembering parts of the traumatic event
- Confusion between past and present triggers
- Strong physical reactions to reminders (smells, sounds, places)

Memories may feel fragmented or stored as body sensations rather than clear narratives.

3. Thinking and Emotional Regulation (Prefrontal Cortex)

The prefrontal cortex supports reasoning, impulse control, and emotional regulation. During stress, this area can become less active.

Common signs:

- Difficulty concentrating
- Struggling to make decisions
- Acting impulsively
- Finding it hard to put feelings into words
- Becoming overwhelmed quickly
- Shutting down during conflict or pressure

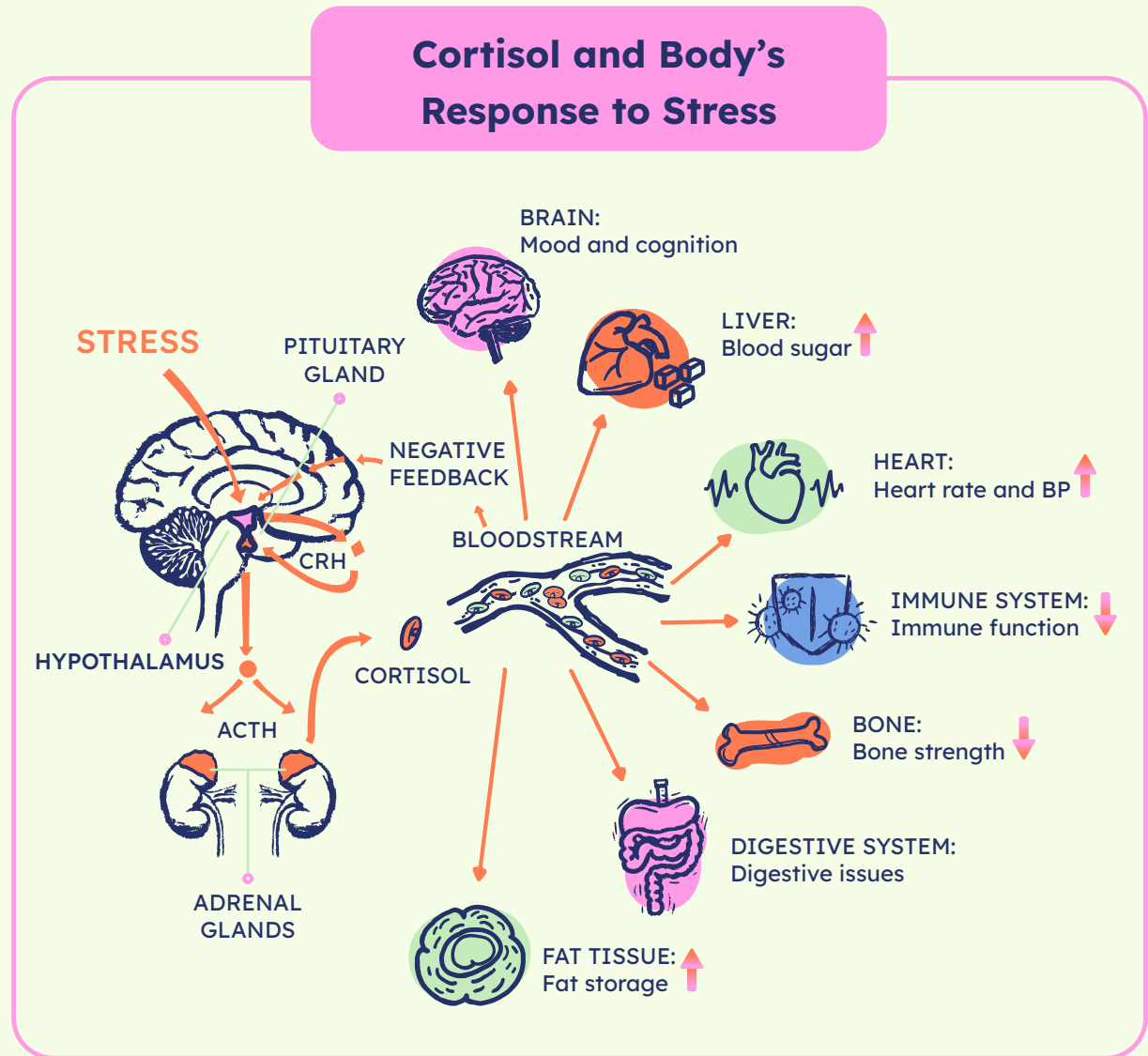
In moments of stress, survival responses can override reflective thinking.

4. Stress Hormones and the Nervous System

Trauma affects cortisol and adrenaline levels, which regulate the body's stress response.

- Sleep disturbances (insomnia or frequent waking)
- Chronic fatigue
- Muscle tension
- Headaches
- Digestive problems
- Rapid heartbeat or shortness of breath
- Periods of emotional numbness or detachment

Some people remain in a heightened state of arousal; others experience emotional shutdown.



5. Attachment and Relationships

Trauma, especially relational or early-life trauma, can affect how safe connections feel.

Common signs:

- Difficulty trusting others
- Fear of abandonment
- Avoiding closeness
- Becoming overly dependent in relationships
- Sensitivity to rejection
- Hyper-awareness of others' moods

Relationships can feel unpredictable or unsafe, even when there is no immediate threat.

Understanding these patterns helps reduce self-blame. The brain adapted to survive difficult experiences. With consistent safety, supportive relationships, and therapeutic work, these patterns can gradually shift. The brain retains the capacity to form new pathways and experience regulation and connection differently over time.



2.3 Understanding Different Types of Trauma

When was the last time you looked at a reaction - your own or someone else's - and asked yourself why?

What might be happening underneath? Rarely do we recognise that it might be a trigger for a recent unpleasant event or a difficult moment from the past. A reaction shaped by trauma. And trauma itself can take many different forms.

Acute Trauma

Acute trauma may happen after a single overwhelming and shocking event. It may have been brief, but in that moment, something felt frightening, life-threatening, or completely out of control.

How to recognise acute trauma?

Definition: A single, isolated incident of extreme danger, fear or stress.

Causes: Common examples include accidents, natural disasters, sexual assault, sudden loss of a loved one, or any form of violence.

Symptoms (Acute Stress Disorder): Within 3 days to 4 weeks of the event, people may experience shock, disbelief, intense anxiety, panic attacks, rapid heart rate, headaches, and nightmares.

Distinction: Unlike chronic trauma (ongoing abuse) or complex trauma (multiple, long-term events), acute trauma is a one-time event but can sometimes cause long-term effects.

Treatment: While many people recover, untreated acute trauma can develop into PTSD if symptoms persist beyond 30 days. Early intervention, such as trauma-focused cognitive behavioural therapy (TFCBT), is recommended.

The effects of acute trauma on a person's life depend on several factors:

- Severity and intensity of the traumatic event
- Age
- Emotional and mental health state
- Socio-economic background
- Biological and neurodevelopmental factors

“ Since that crash on the motorway, my heart races, my hands sweat, and I grip the seat every time traffic slows down.”

“ After my dad died suddenly, I couldn't sleep properly, and I woke up with this heavy panic in my chest.”

“ Since I was mugged while walking home, I avoid that area. I'm constantly scanning for danger, and loud footsteps make me jump.”

“ When my partner collapsed and needed CPR, I started having flashbacks of that moment, and I feel on edge all the time.”

Chronic Trauma

Chronic trauma develops when being exposed to distressing or threatening experiences again and again over time.

Its impact builds gradually. Each new incident adds to what is already there, and the weight becomes heavier. As exposure continues, reactions can intensify, and symptoms may become more severe, affecting emotional well-being, relationships, and overall functioning.

How to recognise chronic trauma?

Definition: Repeated or ongoing exposure to distressing, threatening, or harmful experiences over a period of time.

Causes: Common examples include ongoing domestic abuse, repeated childhood neglect, long-term bullying, living in a violent environment, chronic medical trauma, or prolonged instability such as homelessness or war exposure.

Symptoms: Because the exposure is continuous, symptoms often develop gradually and may include persistent anxiety, hypervigilance, emotional numbness, irritability, sleep problems, difficulty trusting others, low mood, physical tension, and problems with concentration.

Distinction: Unlike acute trauma (a single incident), chronic trauma happens repeatedly over time. Unlike complex trauma, it does not necessarily involve multiple different types of trauma, but rather prolonged exposure to ongoing stress or harm.

Treatment: Recovery often requires longer-term support. Trauma-focused therapies, stabilisation work, building safety, and consistent therapeutic relationships are important.

Without support, chronic trauma can contribute to depression, anxiety disorders, substance misuse, or PTSD.

“ It wasn’t one big incident - it was years of walking on eggshells at home.”

// When you grow up with shouting every day, your body forgets how to relax.

// The bullying at work didn't seem serious at first, but after months of it, I started doubting everything about myself."

// Being in a controlling relationship for years slowly changed me - I didn't even realise how anxious I'd become."

// The hospital visits just kept coming, and over time I felt permanently on edge."

Complex Trauma

Complex trauma is what can happen when harm or fear becomes part of everyday life, especially in relationships that were meant to feel safe. Over time, it can change how you see yourself, how you connect with others, and how safe the world feels around you.

How to recognise complex trauma?

Definition: Repeated and often interpersonal trauma that happens over time, frequently during childhood or within close relationships. It affects not only how someone feels, but how they see themselves and others.

Causes: Ongoing childhood abuse or neglect, growing up with unpredictable or unsafe caregivers, repeated placement moves in care, long-term domestic violence, trafficking, or sustained coercive control.

Symptoms: Emotional regulation difficulties, intense fear of abandonment, deep shame or self-blame, dissociation, unstable relationships, difficulty trusting, chronic feelings of emptiness, and a fragmented sense of identity.

Distinction: Unlike acute trauma (a single event) or chronic trauma (ongoing exposure to one type of harm), complex trauma usually involves multiple experiences of harm, often within relationships where safety and protection were expected.

Treatment: Recovery often involves long-term therapeutic support focused on safety, stabilisation, attachment repair, emotional regulation, and rebuilding a sense of identity. Consistent, trustworthy relationships are central to healing.

// I didn't just go through one thing - it was years of not feeling safe with the people who were meant to protect me."

// I struggle to trust love because the people who said they loved me were also the ones who hurt me."

// Sometimes I react strongly and I don't even know why - it feels like something old inside me gets activated."

// I learned to disconnect from my feelings very young, and now I'm trying to learn how to feel again."

Vicarious trauma

Vicarious trauma happens when someone is repeatedly exposed to other people's suffering and begins to carry parts of that pain within themselves. Over time, listening to traumatic stories, witnessing distress, or supporting people through crisis can quietly affect emotional well-being, worldview, sleep, relationships, and sense of safety. It is often linked with empathy fatigue, secondary traumatic stress, vicarious distress, and caregiver burnout.

How to recognise vicarious trauma?

Definition: Vicarious trauma happens when someone absorbs another person's pain so deeply that it begins to affect their own emotional and physical wellbeing. It builds over time through empathy, listening, and caring.

Causes: Repeated exposure to other people's traumatic experiences - through work, volunteering, supporting loved ones, or being the "strong one" others turn to during crisis.

Symptoms: Feeling emotionally heavy or drained, struggling to switch off, replaying conversations in your mind, disturbed sleep, becoming more anxious or irritable, feeling numb, or noticing that the world feels less safe than it used to.

Distinction: Burnout is often linked to workload or stress. Vicarious trauma is about the emotional weight of what has been heard, witnessed, or held for others. The pain is not directly yours, yet your body and mind respond as if it is.

Support and recovery: Naming it matters. Gentle boundaries, safe spaces to talk, supervision or therapy, peer support, and intentional rest can help

the nervous system settle. Caring deeply is a strength - it simply needs protection.

// After years of responding to emergencies, I've noticed I'm numb in situations that used to move me."

// I carry their pain home with me - even when I try not to."

// Sometimes I feel guilty for being exhausted, but holding space for so much distress has started to weigh on me."

// I didn't go through the trauma myself, but my body reacts like I did."

Sanctuary Trauma

Sanctuary trauma happens when someone turns to a place or person for safety, support, or relief during a difficult time - and instead experiences neglect, dismissal, betrayal, or further harm. The systems that were meant to protect or help end up deepening the distress. This can break trust in institutions such as hospitals, workplaces, or agencies, and may lead to intense emotional pain, including anxiety, depression, or symptoms associated with post-traumatic stress.

How to recognise sanctuary trauma?

Definition: Sanctuary trauma happens when a place that is supposed to feel safe ends up feeling frightening, shaming, or unsafe. When someone reaches out for help and leaves feeling smaller, silenced, or hurt, something inside can shift.

Causes: Not being believed. Being spoken over. Having choices taken away. Experiencing restraint or control without explanation. Telling a painful story and feeling dismissed. Moving through services without consistency or warmth.

Symptoms: : Feeling tense before appointments. Shutting down in meetings. Struggling to trust professionals. Avoiding support even when it's needed. Feeling anger, fear, or deep disappointment when thinking about past service experiences.

Distinction: This is different from the original trauma someone may have lived through. Sanctuary trauma happens in places that were meant to protect or help. The wound often comes from broken trust.

Support and recovery: Healing begins when someone is truly listened to, without judgment, rushing, or control. Clear communication, shared decisions, consistency, and respect can slowly rebuild trust. Safety is felt in tone of voice, in body language, in small moments where dignity is protected.

//

It wasn't the original trauma that broke me; it was not being believed when I finally spoke about it."

//

**I asked for help, and instead
I felt judged.”**

//

**Having to repeat my story over and
over made it feel like I was reliving it
every time.”**

//

**I trusted the system to protect me,
and when it didn't, something in
me shut down.”**

It's important to understand that we are all different. What feels traumatic to one person may not to another, and that's okay. What truly matters is recognising and understanding our own experiences, so we can begin to heal in ways that feel right for us.



2.4

Adverse Childhood Experiences ACEs

Trauma is something that is lived and felt. Yet how can a single experience reshape a child's world so completely - turning it into something frightening, confusing, and overwhelming, and altering the path they carry into adulthood?

The answer lies in the brain. It is the brain that takes in and stores every traumatic moment, just as it does every moment of care and healing. The brain shapes how a child feels, thinks, behaves, connects with others, and how their body responds to stress. From the brain, the mind emerges - and within that mind sits a child's sense of self, safety, and humanity.



Childhood trauma can affect far more than people often see. It can influence how a child feels inside, how they behave, how they learn, how they relate to others, and even how their body responds to everyday stress.

The early years are a time when the brain is fully developing. What a child experiences during this period helps form the foundations of how their brain will function later in life.

When a child is exposed to trauma, their brain and nervous system adjust in order to cope. Some children become highly alert, tense, watchful, and easily overwhelmed. Others respond by shutting down, seeming distant or disconnected. These reactions are protective responses from a developing system trying to manage something that feels too much.

The brain grows in response to repeated experience. If fear or emotional shutdown happens again and again, these patterns can become deeply embedded. What begins as a short-term survival response can gradually turn into longer-term emotional, behavioural, or mental health difficulties.

When we understand childhood trauma like this, we stop seeing just “bad behaviour” and start seeing a child who is struggling.

That completely changes our perspective on how we respond.

Adults often make sense of children’s behaviour through the lens of their own experiences, beliefs, and assumptions. What a child says, how they act, or the expressions on their face can easily be misunderstood when viewed through that adult filter. In many families, these misunderstandings may not cause lasting harm. Yet in some situations, they can have serious consequences.



One of the most concerning examples is when the effects of traumatic experiences on babies and young children are overlooked. There is a painful irony here: at the very stage of life when a person is most sensitive and vulnerable to trauma - infancy and early childhood - adults often assume they are the most resilient.

The Impact of Adverse Childhood Experiences- ACEs

ADVERSE CHILDHOOD EXPERIENCES CAN HAVE A SIGNIFICANT AND LASTING IMPACT ON GROWTH, DEVELOPMENT, EDUCATION, SOCIALISATION, AND OVERALL LIFE OUTCOMES.



- Changes in genes and DNK
- Stress regulatory system
- Physical and immune system
- Developing brain

Neurodevelopmental changes can become deeply ingrained in behaviors, sometimes leading to harmful patterns, and may increase the risk of long-term health challenges and mental health difficulties.

Timely and effective support is crucial in building resilience in children and adults with ACEs, supporting people’s resilience and recovery.

Early development

Potential risk of developmental delays

Education

School absence, low engagement, focus and attention

Health and behaviour

Increased risk of chronic conditions, mental health struggles, and harmful coping patterns

Socio-economic life

Limited opportunities for education, stable employment, and financial stability throughout life

Chronic Health Problems

Increase the risk of developing chronic health problems, heart disease, diabetes, and other long-term conditions

- Around 67% of people report at least one ACE
- 12.5% report four or more

What happens in childhood does not simply disappear. Painful experiences can stay with a person, affecting how they see themselves, how they trust others, and how they move through life.

The more Adverse Childhood Experiences a child faces, the more likely it is that they may experience:

- Differences in how their brain develops
- Challenges with learning and school
- Difficulties staying engaged in education
- Struggles with behaviour as a way of coping
- Ongoing health concerns
- Social or financial challenges later in life
- Greater vulnerability to long-term physical health issues

Learning, Memory and Sensitisation - The Brain Adapts to What It Practices Most

All experiences are filtered by our senses. All sensory signals (e.g., sound, sight, taste, touch) stimulate neurological processes in the brain that shape brain structure and function.

The brain builds an inner picture of the world based on what it repeatedly experiences. Every time something happens, patterns of activity fire in the brain. When those patterns happen often or intensely, they become stronger and more lasting.

Over time, repeated experiences create a kind of filter. New situations are understood through what the brain has already learned. The pathways that are used most become the ones that shape how a person reacts - especially when it comes to staying safe.

One of the simplest ways to understand this is through **memory** and **learning**. When we practise something again and again, the brain makes that pathway stronger. That's how we remember things.

The more something is repeated, the more automatic it becomes.

Sensitisation works in a similar way - but instead of strengthening a skill, it strengthens a reaction. If a certain response is triggered repeatedly, the brain becomes more sensitive to it. Over time, it takes less and less to set it off.

For a child who has experienced trauma, this can mean their fear response becomes finely tuned and easily activated. Their nervous system has practised being on alert. So later, something small - a tone of voice, a sudden noise, a look - can trigger a big reaction. The response might seem intense compared to the situation, but for that child's brain, it makes sense. It has learned to react quickly because, at some point, reacting quickly was necessary.



When fear is experienced repeatedly, the brain can store it almost like a **memory of a state**.

In adults, this might show up as PTSD, where the body and mind can return to a fear response even when the original danger is no longer present.

In a developing brain, though, it goes even deeper. Repeated states of fear don't just get stored - they help shape how the brain organises itself. What begins as a temporary state can gradually become a lasting trait.

In other words, repeated fear can influence how a child's nervous system is built to function.

The brain we have as adults is shaped by two things: **our genetic potential** and the **experiences we have lived through**. During development, experiences - including traumatic ones - do more than create memories. They influence how the brain's systems are wired and how well they function.

The very biological processes that allow the adult brain to learn and store information are the same processes that organise the brain during childhood. That means early experiences don't just leave impressions; they actively shape the structure and capacity of the developing brain.

The Child's Response to Threat (Trauma)

When a child feels threatened - whether the danger is real, remembered, or simply sensed - the body reacts before words or logic can catch up. The nervous system moves into survival mode. What we often see as “behaviour” is actually the child’s brain trying to protect them.

Some of the most common responses include:



**Hyperarousal
(Fight / Flight)**

Some children become constantly alert.

You might notice:

- Being jumpy or easily startled
- Overreacting to small changes
- Irritability or sudden anger
- Restlessness, difficulty sitting still
- Trouble sleeping
- Always scanning the room

Their body is acting as if danger could happen at any moment. Even when things are calm, their nervous system may not feel safe enough to relax.



**Dissociation
(Freeze / Shut Down)**

Other children cope by mentally or emotionally “switching off.”

This can look like:

- Zoning out or seeming distant
- Slow responses or appearing confused
- Emotional numbness
- Forgetfulness
- Avoiding eye contact
- Going quiet when stressed

It can feel as though the child disappears inside themselves. This is the brain’s way of reducing overwhelm when escape is not possible.



Re-enactment or Control-Seeking

Some children repeat aspects of their trauma through play or behaviour.

You might see:

- Aggressive play themes
- Trying to control situations or people
- Rigid routines
- Strong reactions to perceived unfairness

This is often an attempt to regain a sense of control in a world that once felt unpredictable.



Attachment Changes

Trauma can also affect relationships:

- Clinginess or fear of separation
- Difficulty trusting adults
- Pushing people away
- Testing boundaries repeatedly

When safety has been shaken, connection can feel both desperately needed and deeply frightening.



Cognitive and Learning Difficulties

Chronic stress affects attention and memory:

- Difficulty concentrating
- Forgetting instructions
- Struggling with problem-solving
- Falling behind academically

A brain that is constantly in a survival mode has less focus available for learning.

ACEs and PTSD

One of the most recognised mental health conditions that can develop after trauma is post-traumatic stress disorder (PTSD). For many years, most research focused on adults who had experienced combat. Over time, however, it became clear that children who have lived through trauma can also develop PTSD.

Children who have lived through traumatic experiences often carry the impact in many different ways. It can show up as fear that does not easily go away, sudden outbursts, deep anxiety, specific fears, low mood, or a constant sense of being on edge. These reactions are often seen in children who have witnessed violence, experienced abuse, or survived other terrifying events. What looks like “difficult behaviour” is often a child trying to cope with something that feels overwhelming.



Early traumatic experiences increase the risk of ongoing emotional and psychological difficulties later in adolescence and adulthood. Trauma in childhood does not always stay in childhood; its effects can continue to influence mental health and well-being over time.

PTSD Symptoms in Children



Re-experiencing Trauma

- Children may have upsetting nightmares.
- They might relive parts of the event in their thoughts or play.
- They might react strongly when something reminds them of what happened.
- These are not “just memories” - they can feel very real and distressing to the child.



Hyperarousal / Feeling “On Edge”

- Trouble sleeping or staying asleep.
- Being easily startled.
- Feeling very tense or anxious.



Avoidance and Changes in Behaviour

- Avoiding people, places, or things linked to the trauma.
- Not wanting to talk about what happened.
- Showing difficult or unpredictable behaviour.
- Loss of interest in activities they once enjoyed.
- This isn't intentional refusal - it's a child's way of trying to protect themselves from feelings that are too painful.



Physical and Emotional Signs

- Headaches or stomachaches without a medical cause.
- Irritability, tearfulness, or quick emotional shifts.
- Changes in appetite or mood that seem connected to stress.
- These symptoms show how deeply the body and emotions are linked to trauma.

Developmental Notes

- Younger children may express distress through play or behaviour instead of words.
- Changes in sleep, appetite, or attachment to adults can be especially noticeable.
- Some symptoms may lessen over time with safe support, but when they persist for weeks and interfere with daily life, it is more likely to be PTSD.

To truly understand a child who has experienced trauma, we have to understand how the brain develops, how it organises itself, and how it responds to threat. When we begin to see how deeply trauma can influence the developing brain, we start to see the child not as “difficult” or “damaged,” but as someone whose nervous system has been shaped by experiences that felt too big to carry alone.



Case Study no. 1

Lisa is a person who spent almost thirty years in a mental health unit. With a long history of multiple ACEs, they were institutionalised with Attachment Disorder, PTSD, and EUPD among other.

- Lisa was taken into care at the age of 4
- They experienced over 20 different foster home placements
- At 15, they were admitted to a secure mental health ward
- Lisa moved between various secure children's settings and Adolescent Mental Health units
- At 18, Lisa was admitted to a low-secure mental health ward, where they were withdrawn, non-speaking, and struggling with self-care
- When their behaviour escalated, they were placed in seclusion for two months
- Lisa remained in institutional care until the age of 38

See the full case study here.



Though ACEs can tremendously affect your daily, you can heal from these experiences and live a happy, fulfilling life.



2.5 Trauma in Neurodivergent People

Neurodivergent people - including autistic people, ADHD and learning disabilities - experience significantly higher rates of trauma compared to the general population. This is consistently reflected across research internationally.

Studies show:

- Autistic people are around **3–4 times more likely** to experience trauma and report high levels of PTSD symptoms in adulthood.
- Between **40–70% of autistic children** report repeated bullying.
- Children with ADHD are **2–3 times more likely** to experience adverse childhood experiences such as emotional abuse, household instability or parental mental ill health.

- Trauma and ADHD frequently overlap, with comorbidity estimates around **20–30%** in adults.
- People with learning disabilities face **up to three times higher risk** of abuse, neglect and violent victimisation compared to the wider population.

How Trauma May Develop in Neurodivergent People

Trauma in neurodivergent people often develops through repeated experiences of overwhelm, exclusion or loss of control.

For example:

- A child with sensory sensitivities placed daily in a loud, unpredictable classroom without adjustments.
- A young person restrained during distress without anyone exploring what triggered it.
- An adult repeatedly told their communication style is inappropriate or wrong.
- A person with a learning disability whose disclosure of abuse is dismissed or minimised.

- Someone masking autistic traits for years to avoid rejection, leading to exhaustion and burnout.

When experiences like these happen repeatedly, the nervous system adapts for protection. That adaptation can look like hypervigilance, shutdown, aggression, avoidance or emotional flooding. These responses are often interpreted purely as behavioural or diagnostic features, which means the trauma driving them remains unaddressed.

This is where diagnostic overshadowing occurs - trauma symptoms are attributed only to autism, ADHD or learning disability, rather than explored in context.

Systems Generated Trauma

System-generated trauma refers to the psychological harm that can occur when the structures, policies and administrative processes of systems people rely on - such as health care, education, social care and welfare services - unintentionally create stress, confusion and distress in the very act of seeking help.

In recent research work on this topic, including a major survey of over **1,200 families conducted across England**, people reported that navigating complex, bureaucratic systems and repeatedly advocating for support often caused more distress than other significant life challenges they had faced, affecting mental well-being, physical health, finances and relationships.

A large number of families and carers describe these system interactions as more psychologically damaging than other major life stressors. The findings suggest that people interacting with public services over extended periods are at risk of experiencing system-related trauma responses, particularly where support processes are lengthy, fragmented or adversarial.



What Changes When Trauma Is Properly Understood

Research consistently shows that trauma-informed approaches are associated with:

- Fewer behavioural crises
- Reduced use of restraint
- Improved emotional regulation
- Better engagement in education, services and community life
- Greater long-term stability

Understanding trauma within neurodivergence directly affects whether someone feels safe in their body, safe in their environment, and safe in relationships.

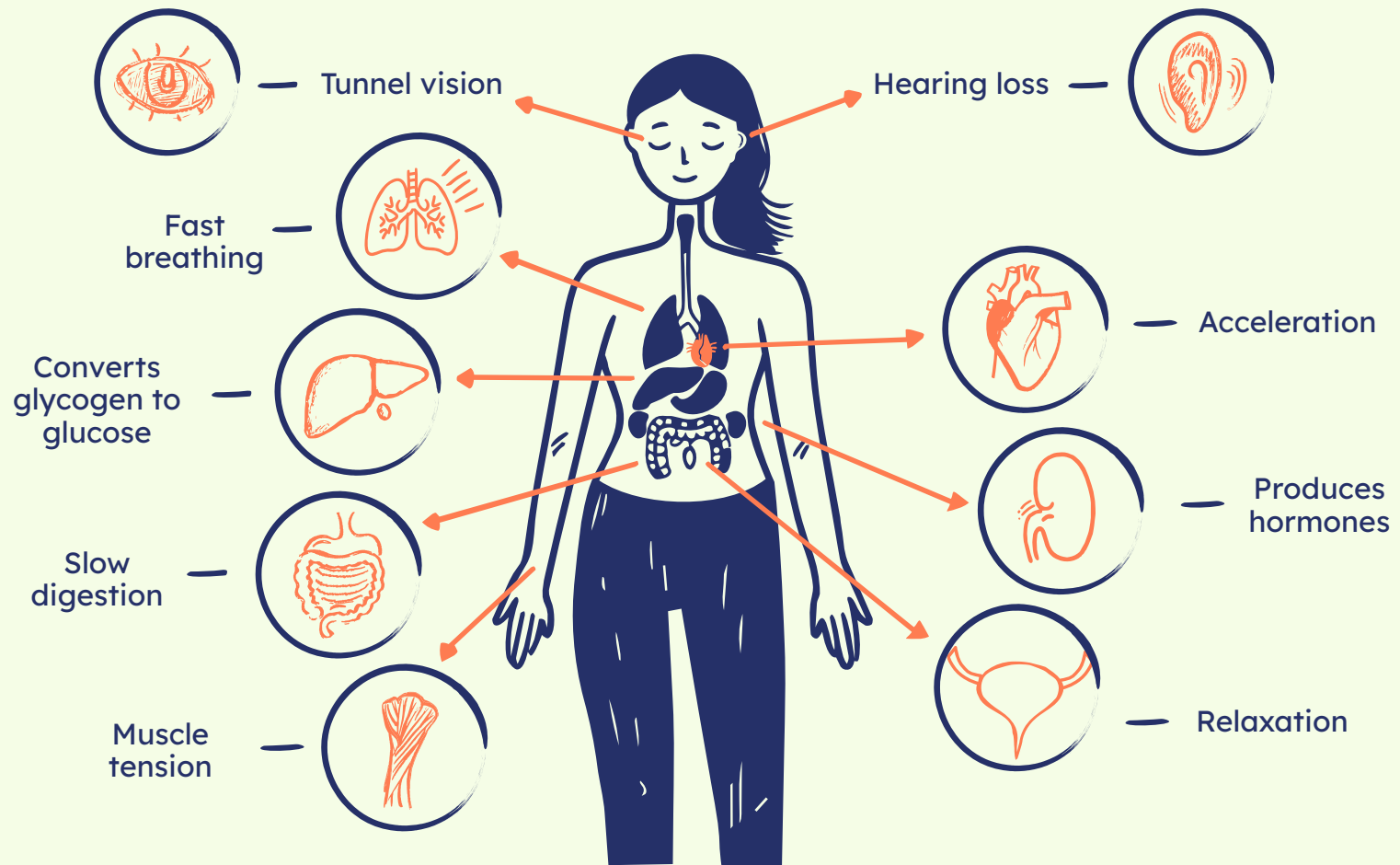
Neurodivergent people are not “more traumatised.” They are more frequently exposed to environments that fail to adapt to them. When environments change, outcomes change.

2.6 Responses to Trauma

Common Trauma Responses

Trauma Response	How It May Look	What Is Often Happening Inside
Fight	Anger, shouting, arguing, controlling behaviour, physical aggression, irritability	The nervous system feels under threat and moves into protective mode. The body prepares to defend itself. What looks like aggression is often fear, trying to protect.
Flight	Avoidance, restlessness, overworking, leaving situations suddenly, panic, constant busyness	The body is trying to escape danger. Even when no current danger is present, the system reacts as if it must run to survive.
Freeze	Shutting down, going quiet, feeling numb, dissociation, difficulty speaking or making decisions	The nervous system becomes overwhelmed. The body “pauses” to survive. It can look like withdrawal or lack of engagement, but it is often a protective response to overload.
Fawn (People Pleasing)	Over-apologising, difficulty saying no, prioritising others’ needs, seeking approval, fear of conflict	Safety is sought through compliance. The person learns that keeping others happy reduces risk. It is a survival strategy, not a weakness.

Fight-or-flight response



2.7 Trauma and Addictions

Recent UK data (2023–2025) continues to show a clear connection between trauma - especially Adverse Childhood Experiences (ACEs) - and addiction. In England, around **72% of adults beginning drug or alcohol treatment report a co-existing mental health need**. Behind the statistic are people living with anxiety, depression, unresolved trauma, or years of stress that have never been fully addressed.

Similarly, a study of people in treatment for both substance misuse disorder and PTSD found that 77% had experienced at least one traumatic event before the age of 16.

When someone grows up with abuse, neglect, domestic violence, parental substance misuse, or instability, the impact does not simply disappear with age. Many learn to survive by switching off their feelings, staying constantly alert, or pushing down their distress. For some, alcohol or drugs become a way to cope.

Substances may initially seem to help manage nightmares, flashbacks, poor sleep, or constant anxiety. Addictive behaviours can temporarily quiet intrusive memories or reduce the intensity of fear. In the short term, they can feel like relief. Over time, however, the body adapts. The addiction behaviours become less effective, and withdrawal can mirror PTSD symptoms - increasing restlessness, hypervigilance, and fear. What once felt like coping can begin to deepen distress.

If this sounds familiar, and you recognise yourself or a loved one following these patterns, you are not alone. This might help in understanding that behind the addictive behaviour, there is something much stronger and more powerful. The key is to identify the emptiness trying to cover with the addictive behaviour and replace it with a healthier coping mechanism.



Once the pain has been recognised, healing can begin.

2.8 Recognising Unacknowledged Trauma - ‘I didn’t realise it was trauma’

Often, it can take a long time for the pieces to begin connecting.

// Small things feel huge, and I don’t know why.”

// My body reacts before my brain understands.”

// I’m always waiting for something to go wrong.”

// I’m safe now, but my body doesn’t believe it.”

// I can’t rest, even when nothing’s happening.”

// This isn’t random. My body learned this.”

Many people do not wake up one day and say, “I’ve experienced trauma.” More often, the realisation comes years later.

It might happen during therapy, while reading someone else’s story, or when a bodily reaction doesn’t match the situation.

On many online forums, people describe this moment as both **shocking** and **relieving**. Shocking, because it reframes their history. Relieving, because it finally explains the patterns they have been living with.

How the Realisation Usually Happens

Anxiety. Irritability. Difficulty trusting. Feeling numb. Overreacting to small triggers. These experiences are often treated as isolated problems - something to fix, manage, or medicate.

The process is gradual, and often involves:

1. Normalising what was not normal

When something overwhelming happens repeatedly - especially in childhood - it often becomes the baseline.

Survival mode feels ordinary. Hyper-alertness feels like personality. Emotional shutdown feels like strength.

If no one around you calls it harmful, the nervous system adapts and carries on.

2. Coping first, understanding later

Many people describe spending years focused on coping:

Working hard. Avoiding certain topics. Staying busy. Keeping relationships at a distance. Being “the strong one.”

There isn’t space to reflect when survival feels urgent.

3. Symptoms without a story

Anxiety. Irritability. Difficulty trusting. Feeling numb. Overreacting to small triggers.

These experiences are often treated as isolated problems - something to fix, manage, or medicate.

4. The moment of recognition

Recognition often comes when someone hears language that fits.

And suddenly there is a shift:

“It wasn’t weakness or me being dramatic; my nervous system was protecting me.”

Why It Takes Years

It can look like constant stress, feeling emotionally unseen, living with instability, being controlled, experiencing loss, feeling humiliated, or never knowing what will happen next.

When something like this goes on for a long time, instead of being a single event, it can slowly become part of how a person sees themselves.

People often say:

//

- **I thought I was just anxious.”**
- **I thought I was just bad at relationships.”**
- **I thought I was too sensitive.”**
- **I thought this was normal.”**

Recognition requires safety. And safety often comes later in life - in a stable relationship, in therapy, in a quieter phase, or simply with maturity.

Reflection becomes possible only when the nervous system feels slightly less under threat.

When Your Body Reacts Before You Understand Why

For many people, a specific reaction becomes the turning point.

Something small happens - a tone of voice, a closed door, a delayed reply - and the body responds as if something dangerous is happening.

People often describe moments like:

- Heart racing during a minor disagreement
- Feeling frozen when someone raises their voice
- Sudden tears that feel “out of proportion”
- Shaking after being criticised
- Going completely numb in emotionally charged situations
- Struggling to breathe when feeling rejected
- Feeling sick before going somewhere that reminds you of the past
- Intense anger that feels bigger than the present moment
- Wanting to leave a room immediately without knowing why
- Zoning out mid-conversation
- Feeling small, childlike, or powerless during conflict

Many people say:

//

- **I knew I was safe, but my body didn't.”**
- **I reacted like it was happening again.”**
- **I felt six years old in that moment.”**
- **My body was in panic before my brain caught up.”**

This is often described as:

//

my body remembering before I did.”

The nervous system learns patterns:



• **LOUD VOICE** = danger



• **SILENCE** = rejection



• **UNPREDICTABILITY** = threat



• **CONFLICT** = loss of control

Years later, even when the situation changes, the body may still follow old patterns.

The Moment of Connection

Often the realisation sounds like:



- **Why does this feel so big?”**
- **Why do I react like this every time?”**
- **Why can't I just calm down?”**

And then slowly:



- **This isn't about now, or today”**

That shift - from self-blame to understanding - is where many people begin to recognise trauma. And for many people, that recognition changes everything.

2.9 Trauma & Stigma

Stigma is present because people don't always understand trauma, and because pain makes others uncomfortable. It's easier to judge than to listen. It's easier to label someone as “too sensitive,” “dramatic,” “angry,” or “difficult” than to ask what happened to them.

When someone has lived through trauma, their response to stigma often goes in two directions.

Some people need to talk about it. They look for someone to stand with them, to say, “I believe you.” Sharing feels like protection. Like if others understand, maybe the weight will be lighter.

Others shut down. They carry it alone. They feel ashamed, even when they did nothing wrong. They think people won’t understand. Or worse - that they’ll be blamed. So they say nothing.

Both reactions are survival.

Stigma most often comes from:

- Family members who don’t want to “open old wounds”
- Friends who say, “But that’s in the past”
- Workplaces that see trauma responses as poor performance
- Systems that focus on behaviour instead of history
- A society that still believes strength means silence

Trauma already makes people question themselves. Stigma adds another layer - it makes them question their right to feel the way they do.

2.10

“Trauma and Identity” (why people say “this is just me”)

Many people who have experienced trauma tend to describe certain traits as fixed parts of their personality.

//

- “I’ve always been independent.”
- “I’m just not emotional.”
- “I don’t trust easily.”
- “I prefer doing everything myself.”

Over time, these patterns can feel like identity. But often, they began as a form of protection.

When someone grows up in an unpredictable or unsafe environment, the nervous system adapts. It learns what keeps things stable.

For some, that means becoming hyper-independent. For others, it means keeping the peace at all costs. Some become highly responsible, always scanning for problems. Others learn to stay quiet and unnoticed.

These responses are intelligent survival strategies.

The challenge is that survival strategies can become

- The protector
- The peacemaker
- The invisible one
- The high achiever
- The one who never asks for help

With time, these roles can feel permanent. People may genuinely believe, “This is just who I am.” What is less visible is that fear or past experience may still be influencing those behaviours.

Restoring Identity after Trauma

Recovery does not remove personality. It does not turn someone into a different person.

What recovery often does is reduce the level of fear driving those patterns. When the nervous system feels safer, there is more choice. Someone who was hyper-independent may still value independence but may also feel able to ask for support. Someone who avoided conflict may still prefer harmony, but no longer feels unsafe when disagreeing.

Trauma can shape identity, especially when it happens early or repeatedly. Understanding this does not invalidate someone’s character. It simply adds context.

Sometimes, “this is just me” is true. Sometimes, it is also “this is how I learned to survive.”



What does your trauma tell you about your emotional and physical health? Listen not just to learn, but to understand your body.

Case Study no. 2

Kelly is a young autistic woman living with attachment difficulties and complex post-traumatic stress disorder (PTSD). Most of the time, she struggled to express her needs in a way she knew best. Often interpreted as ‘behaviours of concern’, this way of communicating affected every aspect of her daily life.

“ When we started working with her, she was not as confident coming out of the house; she was not feeling safe around others, but we’ve managed to help her build up her confidence again as a person, safe, trusting us.

Registered Mental Health Nurse at Nurseline
Community Services trauma

“ We allow her to be vulnerable when she needs to be vulnerable. No one will judge her, just constantly assuring her. We’re not here to judge. We’re just here to provide the best support possible and make her feel safe and secure.”

Support Worker at
Nurseline Community Services

Today, Kelly is thriving and continuing to make meaningful progress every day. Once requiring round-the-clock supervision, she now relishes moments of improved well-being, taking part in activities such as baking and horse riding at her own pace.

See the full case study here.



2.11 Common Myths and Misconceptions about Trauma

Myth	Reality	Why This Matters
Trauma only happens after extreme events like war or	Trauma can develop from ongoing experiences such as neglect, bullying, emotional invalidation, medical procedures, or growing up in an unpredictable home.	Many people minimise their experiences because they compare them to “worse” events. This delays recognition and support.
If someone is smiling and functioning, they are fine.	People can appear capable and successful while living in constant survival mode internally.	Trauma is often hidden. High achievement and hyper-independence can be coping strategies.
Children are too young to remember trauma.	The body and nervous system remember, even when the mind does not. Early trauma can shape development, attachment, and emotional regulation.	Adults may struggle without knowing why, because the origin happened before clear memory formed.
Talking about trauma makes it worse.	Safe, supported conversations can reduce shame and help the nervous system process what happened.	Avoidance can keep trauma “frozen.” Being heard often reduces intensity.

Myth	Reality	Why This Matters
Time heals all wounds.	Time helps when safety, understanding, and support are present. Without these, trauma can remain active for decades.	Many people blame themselves for “not being over it yet.” Healing depends on safety, not just time.
Strong people don’t get traumatised.	Trauma is about nervous system overwhelm, not personal weakness.	This myth increases shame and prevents people from seeking help.
Trauma always leads to PTSD.	Some people develop PTSD, others develop anxiety, depression, physical symptoms, relational difficulties, or subtle survival patterns.	Trauma can show up in many ways, not only in textbook form.
If someone can’t remember it clearly, it wasn’t that bad.	Trauma can fragment memory. Some people remember details vividly; others remember sensations, body reactions, or nothing specific at all.	Lack of memory does not mean lack of impact.
Once you’ve experienced trauma, you’re permanently damaged.	Recovery is possible. The nervous system can relearn safety. People can rebuild connection, meaning, and stability.	

3.

Trauma-Informed Care

For carers, parents and people with lived experience.

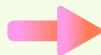
Healing begins when people are no longer managed, but met with clarity, compassion, and choice.

The aim of trauma-informed care is to shift from the 'wrongs' and focusing on what's right about people.

Where to Start From



What's wrong with you?



What happened to you?



What's right with you?

Living with trauma may feel like...

Very often, living with trauma is explained like living in dissociation from oneself.

Many people talk about waking up and not feeling present in their own bodies, as if they're participating in their lives but watching them from behind a veil. Others describe moments where everything suddenly feels muted - sights, sounds, sensations - almost like the world is happening far away, even when you're right there.

Then there are days when the memories just disappear in chunks, where someone asks you a question and you honestly don't remember the answer or what you were doing five minutes ago. Some people say they feel like they're on a strange autopilot - they can see themselves drive home, work, talk, but it doesn't feel like them doing it; it feels like someone else behind the wheel.

There are times when emotions are too loud - panic, fear, grief - and other times so numb that nothing seems real at all. Many describe this as a coping strategy the brain invented to protect them when life was unbearable, a split between body and inner experience that once helped them survive - and that now makes day-to-day life confusing, fragmented, and exhausting.

You Have to Be in Contact with Your Body as Much as You Are with Your Mind

Emotions are a valid part of every human being, and it's okay to express them.

If you have lived through trauma, it is very common to live “in your head” - thinking, analysing, preparing, staying alert. Gently begin to notice your body as well. Notice your breathing. Notice where you hold tension. Notice when your shoulders are tight, or your stomach feels heavy. You do not need to change anything straight away. Just paying attention is a powerful first step.

Create small daily moments of connection. Put your feet flat on the floor and feel the ground. Take one slow breath and follow it all the way in and out. Stretch your hands. Place a hand on your chest and simply pause. These simple acts remind the nervous system that you are here and, in this moment, safe.

Allow emotions to exist without immediately judging them. If sadness shows up, let it be sadness. If anger rises, recognise it as a signal rather than a flaw. Emotions are part of being human.

They are information, not weakness. Suppressing them may have helped you cope before, but expressing them in safe ways - through words, writing, movement, or trusted conversations - supports healing.

Staying connected to both body and feelings does not mean losing control. It means learning, slowly and safely, how to be present with yourself again.

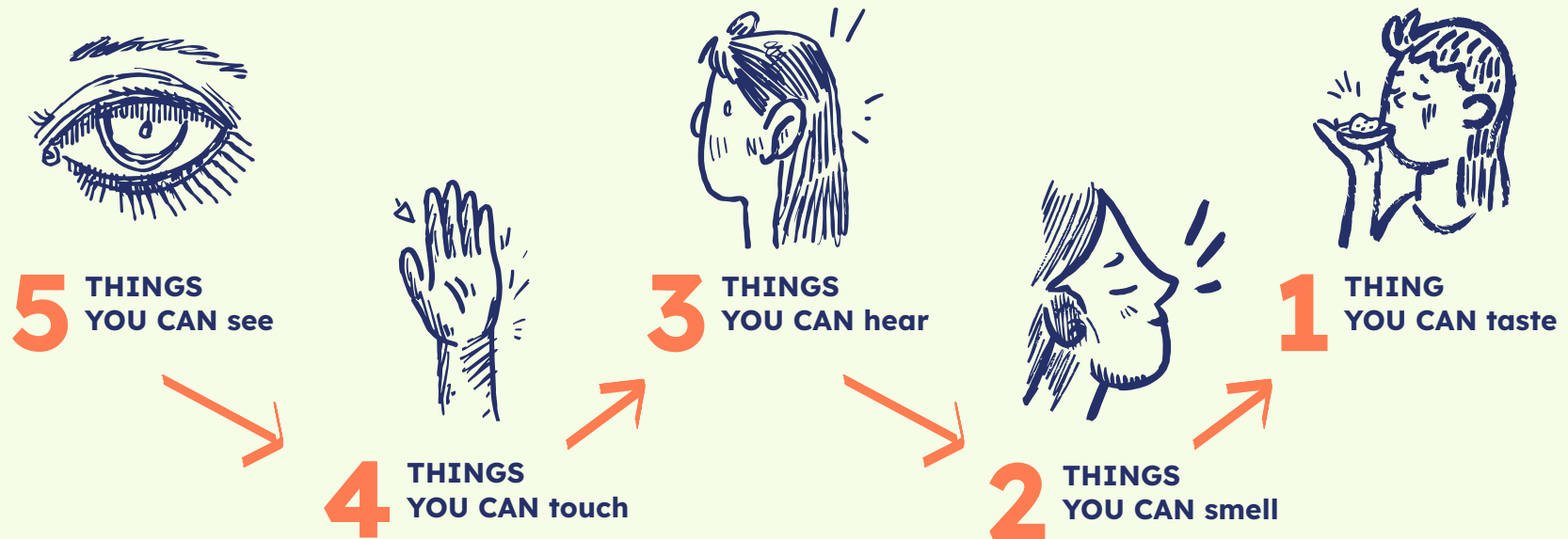
3.1 Trauma Toolbox

When trauma is severe or long-term, the body can remain in a constant state of alert for years. These tools can help shift the nervous system from survival mode toward regulation.

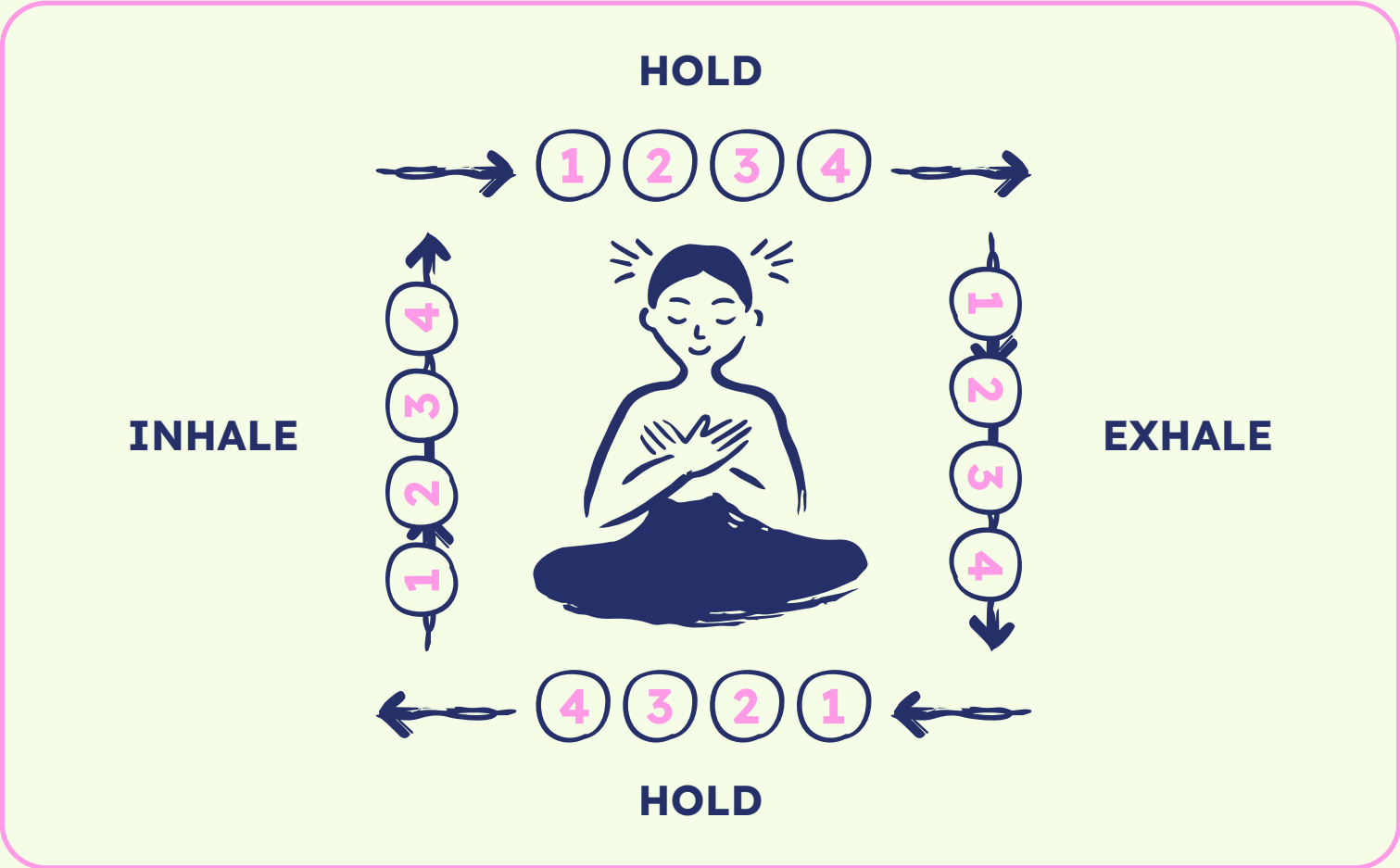
It is important to remember that every person is unique. While some practices may be highly effective for one person, they may have little or no impact on another. For this reason, seeking guidance from a qualified professional is always recommended, especially when symptoms feel overwhelming or persistent.

Nervous System Regulation Techniques

1. The Grounding Technique



2. Regulating Breath



3. Containment Imagery

Imagine placing distressing thoughts into a container that you can close. You can do this each night before bed, choosing when to reopen it. With time, you may begin to notice that worries which once felt overwhelming are starting to fade, bringing a sense of relief and hope.

4. The Butterfly Hug



1. Cross your arms over your chest.
2. Place your hands on your upper arms or shoulders.
3. Gently tap one side, then the other, slowly and rhythmically.
4. Continue for 30–60 seconds while breathing steadily.

The alternating movement can help the brain process distress more safely and bring the body out of high alert. Many people describe it as grounding and containing. For others, especially if touch feels activating, it may not feel comfortable — and that's okay. Always adapt to what feels safe.

3.2 Trauma-Informed Care in Practice with Nurseline Community Services

Trauma-informed care identifies and responds to the signs, risks and impact of trauma to better understand and support the individual needs of people who have experienced social, physical and emotional trauma.

At Nurseline Community Services, we understand that trauma can make the world feel unpredictable. Our work focuses on helping people feel safe again - listened to, respected, and supported without judgment.

- ✔ **Positive Behaviour Support (PBS)** - seeing behaviour as communication and reducing distress through understanding, not control.
 - ✔ **PROACT-SCIPr-UK®** - aiming to reduce the risk of retraumatisation by using the least restrictive approaches.
 - ✔ **PACE** - building trust through curiosity, empathy, acceptance and connection.
 - ✔ **PERMA**-informed approaches - supporting wellbeing and helping people rediscover meaning and strengths.
 - ✔ **Occupational Therapy** - rebuilding confidence, daily skills, and independence.
- Multimedia Support** - offering creative ways to express feelings when words feel difficult.

If trauma still feels close - in your reactions, in your sleep, in your relationships - you do not have to carry it alone. Reach out to Nurseline Community Services for professional support, guidance, and compassionate care. Support is available, especially in moments of crisis.

Visit our website



It is much more than care. Through mental health support, we create pathways for people to heal from trauma and rediscover meaning in life.

Believing in every person, nurturing every potential, as long as it takes!

