Community Understandings of Trauma and Trauma-Informed Care August 2025

Methodology

Participants were recruited to this study via posters placed at Darkside Training, social media posts within Darkside Training groups, and word of mouth from people who visit Darkside Training. Due to the nature of the Darkside Training community this research involved women only. Potential participants were provided with an information sheet. 21 participants completed written informed consent and engaged in a one-to-one interview with one of four members of the research team. Audio from interviews was recorded and transcribed using software. Transcription errors were checked and corrected as part of the analysis process.

Interviews were semi-structured, with the interviewer using an interview guide but providing the freedom to follow the track of the participants responses and ask curiosity driven questions.

Data were analysed by two members of the research team, one who had not undertaken any of the interviews. Discussions took place with a third member of the team (who had also not conducted any interviews) as part of the process of constructing themes.

This thematic analysis was conducted using Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2023) enabling an inductive and iterative engagement with the data. The themes below reflect shared meanings and tensions across participant accounts regarding how trauma is understood, experienced, and supported within services.

Findings

Theme One: Evolving understandings of trauma

Participants described how their understanding of trauma had developed over time, often shifting from a narrow view of trauma as extreme, single events to a broader recognition of cumulative and subjective experiences.

“If you'd have asked me 10 years ago, I'd have thought of trauma as a sign in a hospital - "Trauma Ward This Way", and it means, you know, immediate, very serious injury” Participant 1.

Reflecting on their own trauma, participant 2 stated that:
“It doesn't define me, it doesn't define people, but it shapes them. So, I'm shaped by it… my response and thoughts about it evolve as I evolve.”

The idea of a ‘spectrum’ or ‘scales’ of trauma emerged repeatedly, what might be minor for one person could be deeply traumatic for another.

“I've heard people refer to like big T trauma and little T trauma. And I'm very much of the opinion that the little Ts can matter as much as the big T” Participant 9.

“It's really easy to see trauma as a huge traumatic event, so where maybe somebody's had an accident or something really traumatic, and obviously traumatic for people, but I guess for me, the more important part of trauma, and I definitely feel this is my own lived experience of having had cancer and gone through treatment, is it's the less obvious things around trauma. I guess my understanding of trauma is that something that is too difficult to process. So that doesn't matter how big or little that experience is” Participant 18.

Some participants noted that the terms ‘trauma’ or ‘traumatic’ were overused particularly by younger people. While this highlighted concerns about dilution, others saw it as helping to validate everyday distress, the latter being highlighted by the quotations above from participants 9 and 18.

There was also discomfort with the word ‘trauma’ and phrase ‘trauma-informed care’ with feelings of it being "bandied about", “clunky” and a “buzzword”.

“It's a term that's bandied around a lot. People use the term PTSD [Post-Traumatic Stress Disorder] as well a lot, and I think a lot of people don't really understand what that is or how it really impacts” Participant 3.

“It's a buzzword init. At the minute, people have done a couple hours training, suddenly trauma informed” Participant 7.

Theme Two: Ambiguity and Contestation of Trauma-Informed Care (TIC)

There were very few participants who had encountered services labelled as trauma informed, but in some instances, people were able to see aspects of TIC in some of the services they had either accessed or worked within. Typically, these services or programmes were health or social care related, but people also talked about their experience of Darkside Training and Darkside Rising.

“I would say Darkside is trauma informed in as much as there is an acceptance of people, that women are who they are, they've had whatever experiences they've had, and that [they] will not be judged… I think judgement is a big thing for me” Participant 2.

Where services were identified as being trauma-informed participants expressed uncertainty about how well they felt this was being achieved, partly linked to the quote from participant 7 above and lack of understanding and training. Therefore, the phrase was frequently described as tokenistic or misunderstood by organisations. Linking back to the linguistic associations of trauma and TIC, participant 2 explained:

“It has become a catch all term for actually something that you should be doing anyway, which is not trauma informed it's actually being respectful, being kind, understanding everybody is in a unique set of situation[s]”.

Some felt TIC had become a tick-box exercise, with organisations using the label without transforming how care was delivered, as explained by participant 6.

“I think there's so much scope for smaller organisations, communities, just people in general to really understand what that is, rather than it just being a tick box exercise for people in larger organisations. When they don't really understand it, they're not really implementing it in a way that could be really, really done, in such an interesting way, in such a useful way, that could really help lots of people.”.

This gap between rhetoric and reality was seen as both frustrating and harmful, and led to calls for TIC to be better embodied in practice rather than policy alone. “If you can't implement trauma informed care at a systemic level, you know, a kind of system level, it doesn't work because… I feel like certain parts of my care was great, and I've got a lovely nurse who has probably got a really good understanding of trauma informed care, or, if nothing else, she definitely lives the principles without even knowing that she does, but she's such a small cog in the bigger system” Participant 18.

“That's why I think it needs to be embedded into people's training from the get go… To be vulnerable in front of a patient is much more difficult than people think it is because all the training, whether that's NHS training or the whatever, social training, whatever is predicated on” Participant 2.

“A lot of the therapy I've experienced has been very prescriptive, and it sort of it follows a pattern, and people impart it, and you're supposed to pick it up and take it but I've been learning a lot more about somatic healing as well, and saying, you know, after a certain point, this sort of Person Centred therapy, or putting these sort of strategies in places, all well and good, but actually, it doesn't really help, especially if you've experienced something like narcissistic abuse, where certain traumas can impact on your nervous system” Participant 3.

“Larger organisations are really talking about it, still in that context of how I used to believe trauma was, whereas I now very much believe that it's just, how can we make people feel safe, how can we make people feel accepted? How can we 5 make people feel that validated and validating whatever has happened to them? And that's what I think it needs to be. I think [it would be] really nice for people to understand that it can give you some sort of validity in whatever you've experienced in your life, and maybe we can bring it down to much simpler terms, so that it's more understood, so that people understand what it is, rather than it just being something that people are using in a much larger context” Participant 6.

“I think if you asked, particularly the doctors in cancer care, where they probably would really struggle with trauma informed care… they would probably perceive, well, there isn't a choice, because we need to save your life… there should always be a choice that if you don't want the treatment, you don't have to have the treatment... the informed choice is the bit that's lacking... people that I speak to that don't understand their treatment... I almost felt [the health professional] was annoyed with me, that I kind of challenged what he was saying” Participant18.

Theme Three: Making sense of the principles of Trauma-Informed Care

The principles of TIC were shared with participants prior to the interview and discussed as part of the interview. Whilst these principles broadly resonated with people, there was some thoughts about the meaning behind the language. “It does

feel like institutionalised language, so signs, symptoms and widespread impact of trauma again, I don't know how you would convert that into warmer, more embodied, sounding language" Participant 10.

Safety was a central and fundamental principle for participants, and this linked with other principles of TIC. For some, feeling safe meant being free from judgement, while for others it involved protection from specific individuals or groups (e.g., men, due to past experiences). Safety was not guaranteed by labels or policies, but created through relationships, listening, and consistency.

"Safety is just such an important thing, and it's just something that I would come back to anyway, and choices and trustworthiness, and I do think those kind of things and empowerment, particularly, because if you don't feel in a position where you feel in control of things, then I think that impacts massively on how you feel about the whole situation that you're in as well" Participant 6.

Safety was also linked to power dynamics between 'professional' and 'patient', as noted by participant 2 when talking about their experience: "[safety] that links with trustworthiness in terms of kind of, I think it's very difficult to build up a trusting relationship with a therapist, or with a with any kind of professional that you're talking to about trauma. I think, I think it's down to the person, the practitioner, to absolutely set this, set that up… and this is what power is about as well" Participant 2.

Cultural consideration was another principle of TIC that participants shared multiple views on, in terms of meaning and also how it could be applied to care and practice. "Cultural sensitivity, is also, I think, a wider picture in terms of class and backgrounds and expectations" Participant 5.

"We live in a very mixed culture, and quite rightly so, and I think we have to be respectful of culture and religion, and even if it isn't our practice, it doesn't take anything to just respect that that person. Is it kindness? Yeah, probably it comes into that as well. And if that's their belief, then we have a right to offer them the right things for their culture. It's important for them, even if we don't agree" Participant 13.

"Every space within our culture would be improved by people being more in their bodies and more in their feelings, which may or may not, link into trauma… start for a place of like facilitating embodied awareness and but also building spaces that recognise that workers have bodies" Participant 10.

Participant 5 reflected on her experience of Darkside: "What's been important is belonging and being accepted and sensitive, supportive communication and meeting a wide and diverse range of people, because that ability to come somewhere and be entirely yourself, no matter what your circumstances and adversities and previous experience of trauma, and I've had a plenty of those experiences. That's not relevant to me- my previous trauma. What's relevant to me is being met where I'm at with support, receptiveness, kindness and belonging. And I think when we ask those questions to people, we'll probably get the answers we need".

Several participants raised the political dimension of trauma, highlighting how government policies, media narratives, and public debates influence service users' sense of safety and belonging such as debates over women-only or trans-inclusive

spaces. One participant noted that “political structures” and “political attitudes” should be explicit considerations within TIC, particularly given the re-traumatising potential of policy environments that marginalise specific groups. This suggests that TIC cannot be apolitical, practitioners must be aware of how systemic inequities and sociopolitical contexts shape experiences of trauma and recovery.

Lastly, current TIC principles were seen as missing key elements, such as the role of the nervous system in trauma and the importance of power-sharing with people with lived experience. “There's an inherent power imbalance with a lot of social care and a lot of services, and it's actually, how do you readdress that you can't readdress that balance perfectly” Participant 9.

“I think trauma informed care at its heart is non-judgmental, sensitive, kind and has a profound understanding of power relationships. So, when you are a patient of the NHS, or when you're patients of anything, you are giving overpower to someone else” Participant 2.

Participant 8 described the effects of trauma and how understanding the person can help provide the support needed: “I think people's body, it's not just the psychology, but it's the physical effects on the body. You know, whether it's through trauma, has maybe resulted with some physical conditions as well, you know, chronic illnesses and the pain illnesses or things…. [for some people the] central nervous system is heightened… and then it's looking at putting things in place to calm that nervous system. Is there stuff organisations can put in place as part of their day to day [to support that]?”

Theme Four: Structural and Systemic barriers to TIC

Leading from the discussion about the principles and the relevance of politics, structural and systemic trauma can be linked to some of the quotes already discussed, such as the range of obstacles that seemed to be preventing services from being genuinely trauma-informed. A lack of training and compassion among staff was widely cited, along with experiences of being ‘done to’ rather than listened to or co-producing care.

Something participant 12 highlighted in how she would have liked to have been treated: “Listening, it's not necessarily something you have to have been through before, but just trying to understand, I think, is always important, rather than being told things. I think the NHS has a little bit of a habit of telling you.”

Furthermore, participant 2 talked about the relevance of power dynamics: “I mean, I think trauma informed care at its heart is non-judgmental, sensitive, kind and has a profound understanding of power relationships. So, when you are a patient of the NHS, or when you're patients of anything, you are giving overpower to someone else.”

The relevance of the system itself being traumatic was also recognised by participants with several describing not only personal or interpersonal experiences, but harm inflicted by institutions and broader social structures. Services can be re-traumatising when impersonal, rigid, or bureaucratic, as explained by participant 2 in her example of where services have not provided appropriate support: “I don't think

kids have any place of safety now. And I think that that for me, and that is so the constantly re-traumatising, constantly revisiting that trauma with no resolution, with no kind of and I just think that's horrific."

Participant 9 talked about how careful consideration of how services become trauma informed and apply trauma-informed principles was needed: "If you're dealing with any sort of trauma on any level, you don't want to risk retraumatising people to create a service for your own ends."

Summary

Whilst participants understanding of trauma had been on a journey, in some instances as part of their engagement with this study, many felt that broader definitions were needed to validate people's lived experience. In the same way, TIC needed to be authentic and not just a tick box exercise, however this did not necessarily mean it needed to be overt, rather part of training, supervision, and professional development, and embedded in everyday practice as well as in policy. It was felt this was especially challenging in large organisations, but pockets of good practice had been identified and there were lessons to learn from these individuals or teams and from smaller organisations where trauma-informed practice was becoming embedded as part of everyday practice.

Recommendations

1. Reframe TIC with accessible, relational language - Review TIC frameworks with input from people with lived experience to develop language that reflects relational and embodied practice.
2. Share good practice across sectors - Establish cross-sector learning networks where statutory and non-statutory providers share examples of trauma-aware practice foregrounding the value of peer-led, holistic, and non-judgmental practice.
3. Embed holistic and embodied approaches into all aspects of TIC - Policy, training, and professional development identifies healing as holistic with recognition of cognitive, emotional, physical, and embodied impacts of trauma.

References

Braun, V., & Clarke, V. (2023). Thematic analysis. In N. Denzin, Y. Lincoln, G. Cannella, & M. Giardina (Eds.), The SAGE Handbook of Qualitative Research (6th ed.). Sage.

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