

THE BEHAVIOUR INSTITUTE

Diploma in Trauma-Informed Psychotherapy

UNIT 2 • CORE READING 5 OF 6

05

Individual Differences

Why the same event affects different people so differently

What This Document Covers

Document 3 introduced the factors that shape whether a specific event leaves a lasting mark — control, duration, timing, support, and meaning. This document goes further, addressing a related but distinct question: what underlying differences between people make some individuals more, or less, vulnerable to lasting impact in the first place, largely independent of any single event.

Genetics and Temperament

Research consistently shows a genuine genetic contribution to how reactive a person's stress-response system is by nature. Some people are born with a more sensitive, easily activated threat-detection system than others — a difference in temperament that is measurable from very early in life, well before any significant life experience could account for it. This is not destiny, and it interacts heavily with environment, but it means two people can, in principle, face an identical environment and develop meaningfully different baseline reactivity, for reasons rooted partly in biology rather than experience alone.

Early Attachment History

The quality of a person's earliest relationships, particularly with primary caregivers, plays a substantial role in shaping how their nervous system learns to regulate itself. A child whose early distress was reliably met with soothing, attuned caregiving tends to develop stronger capacity for self-regulation later in life. A child whose early distress was met inconsistently, dismissively, or with caregiving that was itself frightening, tends to develop a less robust regulatory foundation — and, often, a narrower window of tolerance, as covered in Document 4, well before any single identifiable traumatic event occurs.

Cumulative Load: Allostatic Load

A useful concept here is allostatic load — the cumulative physiological cost of repeated or chronic stress over time, essentially the wear and tear the HPA axis, covered in Document 2, accumulates through repeated activation. Someone carrying a high allostatic load from years of chronic stress or earlier adversity has, in a genuine physiological sense, less capacity in reserve to absorb a new stressful event than someone starting from a lower baseline load. This connects directly to the ACE research from Unit 1: a higher ACE score plausibly reflects, among other things, a higher accumulated allostatic load, which may partly explain that research's findings on long-term health outcomes.

Pause and Consider

Thinking about your own life, or someone you know well, can you identify a period of unusually high cumulative stress — not one single dramatic event, but a sustained period of accumulated pressure? How did that period seem to affect resilience to smaller, everyday stressors during that same time?

Social and Systemic Factors

Individual differences in trauma response are not purely biological or developmental — they are also substantially shaped by ongoing social context. Chronic exposure to discrimination, poverty, community violence, or systemic marginalisation functions, physiologically, in ways that closely resemble other forms of chronic stress, contributing to allostatic load and narrowing the window of tolerance, independent of any single traumatic incident. A genuinely trauma-informed practitioner needs to hold this in view — a client's current vulnerability to a specific stressor cannot be fully understood by looking only at their individual trauma history, in isolation from their broader ongoing social and material circumstances.

Protective Factors

It is worth closing this document by naming the reverse side of this picture directly, since it is easy for a document like this one to read as purely deterministic. A range of protective factors can meaningfully buffer against vulnerability, even in the presence of significant risk factors: at least one stable, supportive relationship (a theme that recurs throughout this unit); a genuine sense of personal agency or self-efficacy; access to community and belonging; and effective, healthy coping strategies developed over time. This is precisely why two people with broadly similar risk profiles can still diverge considerably in outcome — protective factors are doing real, measurable work, not simply softening a story.

Why This Matters Clinically

Taken together, this document and Document 3 make a case worth holding onto throughout the rest of this course: trauma response is never simply about the event. It sits at the intersection of biology, developmental history, cumulative stress load, ongoing social context, and protective factors, all interacting simultaneously. Good clinical assessment resists the temptation to explain a client's presentation with reference to any single factor alone, however compelling that single explanation might initially seem.

What's Next

This unit closes with a document addressing some of the most common and persistent myths about the trauma response — several of which trace directly back to the oversimplified, single-factor thinking this document has argued against.

A Few Things to Take With You

- Genetics and temperament contribute a real, measurable difference in baseline nervous system reactivity
- Early attachment history shapes the development of self-regulation capacity, often well before any single traumatic event
- Allostatic load describes the cumulative physiological cost of chronic stress, connecting directly to the ACE research covered in Unit 1

- Ongoing social and systemic factors, like discrimination or poverty, function physiologically like other chronic stressors
- Protective factors — stable relationships, agency, belonging, healthy coping — can meaningfully buffer against vulnerability

Before You Move On

- Which of the factors covered in this document do you think is most commonly overlooked in general trauma awareness — genetics, attachment, allostatic load, or systemic context?
- Why do you think it's clinically important to resist explaining a client's presentation through any single factor alone?
- What protective factors do you think have mattered most in your own life, or in the life of someone you know well?