Fact Sheet: Understanding, Preventing and Healing Trauma

What is Trauma?

The American Psychiatric Association's *Diagnostic and Statistical Manual* (DSM-IV) defines a "traumatic event" as one in which a person experiences, witnesses, or is confronted with actual or threatened death or serious injury, or threat to the physical integrity of oneself or others.

Trauma is a costly public health problem which happens as a result of physical, sexual or emotional abuse, neglect, violence, war, loss, disaster, and other emotionally harmful experiences.[i] Like individuals, communities can be traumatized as well.

While many people who experience a traumatic event are able to move on with their lives without lasting negative effects, others may have more difficulty managing their responses to trauma. Trauma can have a devastating impact on physical, emotional, and mental well-being.

Trauma affects the developing brain and body and alters the body's stress response mechanisms. Emerging research documents the relationship among traumatic events, impaired brain function and immune system responses. Trauma induces powerlessness, fear, hopelessness and a constant state of alert, as well as feelings of shame, guilt, rage, isolation and disconnection. [ii]

Unresolved trauma can manifest in many ways, including anxiety disorders, panic attacks, intrusive memories (flashbacks), obsessive-compulsive behaviors, post-traumatic stress disorder, addictions, self-injury and a variety of physical symptoms.[iii] Trauma increases health-risk behaviors such as overeating, smoking, drinking and risky sex. Trauma survivors can become perpetrators themselves.

Unaddressed trauma can significantly increase the risk of mental and substance use disorders, suicide, chronic physical ailments, as well as premature death.

A New Understanding of Trauma

Until recently, trauma survivors were largely unrecognized by the formal treatment system. The costs of trauma and its aftermath to victims and society were not well documented. Inadvertently, treatment systems may have frequently re-traumatized individuals and failed to understand the impact of traumatic experiences on general and mental health. Today, the causes of trauma—sexual abuse, violence in families and neighborhoods, and the impact of war, for example—are matters of public concern. Trauma survivors have formed self-help groups to heal together. Researchers have learned how trauma changes the brain and alters behavior. A movement for trauma-informed care has emerged to ensure that trauma is recognized and treated and that survivors are not re-victimized when they seek care. Complementing these changes are programs to promote healthy development of children and healthy behaviors in families, schools and communities that reduce the likelihood of trauma.

Facts at a Glance

The Adverse Childhood Experiences (ACE) Study, an observational study of the relationship between trauma in early childhood and morbidity, disability, and mortality in the United States, demonstrated that trauma and other adverse experiences in are associated with lifelong problems in behavioral health and general health[iv].

More than 6 in 10 U.S. youth have been exposed to violence within the past year, including witnessing violence, assault with a weapon, sexual victimization, child maltreatment, and dating violence. Nearly 1 in 10 was injured.[v]

Predicted cost to the health care system from interpersonal violence and abuse ranges between $333 billion and $750 billion annually, or nearly 17% to 37.5% of total health care expenditures. [vi]

A lifetime history of sexual abuse among women in childhood and adulthood ranges from 15 to 25 percent.[vii] An estimated 5 percent of males under the age of 18 experienced sexual victimization in the past year.

In 2008 a RAND study found 18.5 percent of returning veterans reported symptoms consistent with PTSD or depression.[viii]

Racially motivated violence and discrimination can be traumatic and have been linked to PTSD symptoms among people of color.[ix]

LGBT people experience violence and PTSD at higher rates than the general population.[x]

For those who access the public mental health, substance abuse and social services, as well as people who are justice-involved or homeless, trauma is an almost universal theme.[xi]

Between 75 and 93 percent of youth in the juvenile justice system have experienced some degree of trauma.[xii]

Key Messages

The aftermath of trauma is costly to victims and to the whole community.

Healing from trauma is possible. Validating the trauma and establishing trust and safety are the first steps.

When dysfunctional behaviors are trauma-induced, treating symptoms without understanding their functional value does not fully address the problem.

Addressing trauma is a key to successfully treating self-harming and risky behaviors.

Coercive and disempowering practices in traditional behavioral health treatment of children and adults can re-victimize trauma survivors.

Trauma-informed care is an approach to engaging people with histories of trauma that acknowledges the role that trauma has played in their lives and treats symptoms as reflecting this experience.[xiii]

Trauma-informed services incorporates knowledge about trauma in all aspects of service delivery and facilitates recovery and empowerment.[xiv]

Mental health systems, correctional systems, and other local human service agencies are revamping practices to adopt trauma-informed care.

Ask "what happened to you?" not "what's wrong with you?"

Data supports the need for broad-based programs and policies that help to reduce child maltreatment as well as enhance positive family functioning.

According to the Substance Abuse and Mental Health Services Administration, addressing individual, family and community trauma requires a comprehensive approach that includes:
- increasing awareness of the harmful effect of trauma in children and adults,
- developing effective preventative, treatment and recovery support services reflecting the needs of diverse populations,
- providing training and tools that help systems identify trauma and intervene early, and
- informing public policy that supports these efforts.

Who should address trauma reduction and treatment?

Policymakers
1. Recognize the toll that unaddressed trauma takes on citizens and society.
2. Encourage the study and adoption of trauma-informed practices by state and local agencies.
3. Promote policies and programs that reduce child maltreatment and interpersonal violence.
4. Promote cost-effective prevention programs in schools and communities to promote healthy behaviors in order to reduce the incidence of trauma.

State Health and Mental Health Directors
1. Educate direct service staff about the signs and behaviors associated with trauma.
2. Eliminate services that re-traumatize individuals (e.g. seclusion and restraint)
3. Screen patients for trauma history.
4. Promote public messages that trauma victims should not suffer silently and healing is possible.
5. Educate state and local agencies on trauma-informed practices.
6. Support creation of trauma healing groups and peer-led survivor groups.
7. Promote cost-effective prevention programs in schools and communities to promote healthy behaviors in order to reduce the incidence of trauma.

Mental Health Administrators and Human Service Providers
1. Understand and recognize the signs and behaviors associated with trauma.
2. Screen for trauma history.
3. Introduce trauma-informed care to change practices and eliminate coercive and disempowering practices.
4. Eliminate re-traumatizing treatments such as seclusion and restraint
5. Establish trauma healing groups and promote peer-led survivor groups.
6. Establish shelters for battered women and other vulnerable groups.

Communities and Community-based Organizations
1. Identify sub-groups in your community who have experienced trauma, such as abused and neglected children, victims of violent crime and assault, refugees, veterans and minority groups.
2. Educate the community on reporting child abuse, domestic abuse and hate crimes.
3. Educate young women and other vulnerable groups on safety and self-defense.
4. Strengthen local policies and programs to protect and shelter trauma victims.
5. Recognize trauma experiences among first responders.
6. Learn about prevention programs in the community and schools to promote positive parenting and healthy behaviors in children and adolescents.

Selected Resources

Substance Abuse and Mental Health Services Administration
National Center for Trauma-informed Care http://www.samhsa.gov/nctic/default.asp
Trauma and Justice Initiatives http://www.samhsa.gov/traumaJustice/

The Anna Foundation
Models for Developing Trauma-Informed Behavioral Health Systems
http://www.theannainstitute.org/MDT.pdf

Responding to Childhood Trauma, the Promise and Practice of Trauma-informed Care
http://www.nasmhpd.org/general_files/publications/ntac_pubs/Responding%20to%20Childhood%20Trauma%20-%20Hodas.pdf

Community Connections http://www.communityconnectionsdc.org/

National Center for PTSD http://www.ptsd.va.gov/

National Clearinghouse on Child Abuse and Neglect Information http://nccanch.acf.hhs.gov

Child Trauma Academy www.childtrauma.org

National Partnership to End Interpersonal Violence Across the Lifespan
http://www.uncg.edu/psy/npeiv/index.html

Wisconsin Division of Mental Health and Substance Abuse Services, Trauma Services
Contact Elizabeth Hudson Elizabeth.hudson@wisconsin.gov

---

[i] SAMHSA, National Center for Trauma-Informed Care. www.samhsa.gove/nctic

[ii] Ibid.

[iii] TheBody.com http://www.thebody.com/content/art48754.html

iv Felitti, V.J., & Anda, R.F. (2010) The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders, and sexual behavior: Implications for healthcare. In R. Lanius & E. Vermetten (Eds.). *The hidden epidemic: The impact of early life trauma on health and disease.* Cambridge University Press.

v Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. National Survey of Children's Exposure to Violence, October 2009. https://www.ncjrs.gov/pdffiles1/ojjdp/227744.pdf

vi Dolezl, T., McCollum, D., and Callahan, M. (2009) Hidden costs in health care: The economic impact of violence and abuse. Eden Prairie, MN: Academy on Violence and Abuse.

vii Substance Abuse and Mental Health Services Administration. (2009). *Substance abuse treatment: Addressing the specific needs of women.* Retrieved March 25, 2011, from http://www.ncbi.nlm.nih.gov/bookshelf/picrender.fcgi?book=hssamhsatip&part=tip51&blobtype=pdf

viii RAND Corporation. Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery, April 2008. http://veterans.rand.org/

ix Bryant-Davis, T., & Ocampo, C. (2005). Racist-incident based trauma. *The Counseling Psychologist, 33*, 479–500.

x Harvard School of Public Health and Children's Hospital Boston. "Pervasive Trauma Exposure Among US Sexual Orientation Minority Adults and Risk of Posttraumatic Stress Disorder," Andrea L. Roberts, S. Bryn Austin, Heather L. Corliss, Ashley K. Vandermorris, Karestan C. Koenen, *American Journal of Public Health,* online April 15, 2010.

xi Jennings, A. (2004). The damaging consequences of violence and trauma: Facts, discussion points, and recommendations for the behavioral health system. Retrieved from http://www.theannainstitute.org/Damaging%20Consequences.pdf

xii Adams, E.J. (2010) Healing invisible wounds: Why investing in trauma-informed care for children makes sense. *Justice Policy Institute Policy Brief*.

xiii National Center on Trauma Informed Care, Substance Abuse and Mental Health Services Administration. http://www.samhsa.gov/nctic/trauma.asp

xiv Envisioning a Trauma-Informed Service System: A Vital Paradigm Shift, Maxine Harris, Roger D. Fallot in New Directions for Mental Health Services, Using Trauma Theory to Design Service Systems, No. 89 Spring 2001, Jossey-Bass