

Trauma-Informed Care: Trauma Basics

Provided by the National Council for Behavioral Health

http://www.thenationalcouncil.org/cs/behavioral_health_overview

Trauma is pervasive.

In the United States, a woman is beaten every 15 seconds; a forcible rape occurs every 6 minutes. Trauma is now considered to be a near universal experience of individuals with behavioral health problems. According to the U.S. Department of Health and Human Services Office on Women's Health, from 55% to 99% of women in substance use treatment and from 85% to 95% of women in the public mental health system report a history of trauma, with the abuse most commonly having occurred in childhood. More than 92% of women who are homeless have experienced severe physical and/or sexual abuse during their lifetime. Significant numbers of women in the criminal justice system report physical and sexual abuse, and national surveys suggest that as many as one-third of women veterans have experienced rape during their military service.

Read more about the pervasiveness of trauma, trauma as a public health issue, or trauma statistics...

Trauma is disabling.

The [Adverse Childhood Experiences study](#), a general population study conducted by the Centers for Disease Control and Prevention and Kaiser Permanente, is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and wellbeing. Almost two-thirds of the study participants reported at least one adverse childhood experience of **physical or sexual abuse, neglect, or family dysfunction**, and more than one of five reported three or more such experiences.

Read more about the ACE study, childhood adverse experiences, negative outcomes, or other research into the disabling impact of trauma...

Health Domains	Conditions Associated with Trauma
Medical Conditions	Heart, lung, and liver diseases, cancers, sexually transmitted diseases, and skeletal fractures
Risk Factors for Common Disorders	Smoking, alcohol abuse, drug use, promiscuity, obesity, poor self-rated health, high perceived risk of AIDS
Behavioral Health	Depression and anxiety disorders (including PTSD), eating disorders, substance abuse, personality and dissociative disorders, hallucinations, suicide
Sexual & Reproductive	Early age at first intercourse, sexual dissatisfaction, teen pregnancy, unintended

Health	pregnancy, teen paternity, fetal death
General Health & Social Problems	High perceived stress, poor job performance, relationship problems, spouse with alcoholism

We must address trauma in order to achieve the goals of healthcare reform.

An individual’s experience of trauma impacts every area of human functioning- **physical, mental, behavioral, social, spiritual**. We can’t begin to address the totality of an individual’s healthcare, or focus on promoting health and preventing disease — both tenets of healthcare reform — unless we address the trauma that precipitates many chronic diseases. Nor can we begin to bring down the spiraling costs of healthcare. The ACE Study revealed that the economic costs of untreated trauma-related alcohol and drug abuse alone were estimated at \$161 billion in 2000. The human costs are incalculable.

Read more about the importance of trauma to healthcare reform, or the impact of trauma on human functioning...

Trauma treatment is effective.

Numerous clinical approaches to trauma treatment have been manualized and guidelines for implementation have been developed. Many of these models are evidence-based, and still others are considered promising practices. There are models designed for specific populations, types of trauma, and behavioral health manifestations. There are models for adults, children, and families who have been impacted by trauma. There are models specific to **women, men, veterans, homeless, individuals with substance user disorders, survivors of sexual assault, domestic violence, child abuse, poverty, war, and disaster**. Some models are designed for **communities, organizations, and clinicians**, while others are targeted more to **survivors and peers**.

Read more about specific models...

Silence and misunderstanding make things worse.

Trauma is shrouded in secrecy and denial and is often ignored. Nobody wants to talk about interpersonal violence. Both women and men who have been physically or sexually assaulted are afraid to talk about their experiences for fear that they will be mislabeled, mistreated, or simply not believed. In some cases, their fears are well founded.

We don’t talk about trauma because often we aren’t prepared to hear it or address it. But when we don’t ask, we do harm. We may mistake coping mechanisms for pathology. Or worse, we may unintentionally recreate abuse by the use of forced medication, seclusion, or restraints.

Read more about how to talk about trauma, the impact of silence, inadvertent clinical retraumatization, reducing seclusion and restraints, or what survivors say about trauma...