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Fact Sheet on Reducing the Behavioral Health Impact of Trauma: The SBHA Role¹

Individuals with histories of violence, abuse, and neglect from childhood onward make up the majority of clients served by public behavioral health systems.

- Over 90 percent of public behavioral health clients have been exposed to trauma, and most have actually experienced multiple experiences of trauma.
- Three-quarters (75%) of women and men in substance abuse treatment report abuse and trauma histories.
- Nearly 100 percent of homeless women with mental illness experienced severe physical and/or sexual abuse, 87% experienced this abuse both as children and as adults.

Trauma can occur from a variety of causes, including maltreatment, separation, abuse, criminal victimization, physical and sexual abuse, natural and manmade disasters, war, and sickness. Although some individuals who experience trauma move on with few symptoms, many, especially those who experience repeated or multiple traumas, suffer a variety of negative physical and psychological effects. Trauma exposure has been linked to later substance abuse, mental illness, increased risk of suicide, obesity, heart disease, and early death.

SBHAs address the behavioral health impact of trauma by developing public health approaches to trauma that strengthens surveillance, prevention, screening, and treatment and supports trauma-informed systems that better respond to people who have experienced trauma and are less likely to cause trauma through their interventions. SBHAs focus on the behavioral health needs of people involved in or at risk of involvement in the criminal and juvenile justice systems.

SBHAs play an active role in information dissemination about trauma by developing targeted educational materials, including: resources developed by consumer/survivors, information designed for families, information about the role of spirituality in trauma recovery, information for communities about normal responses to trauma, and about how to respond in a trauma-sensitive manner in times of disaster.

¹ SBHAs are state substance abuse and mental health authorities, and the term *behavioral health* refers to substance abuse and mental health.

SBHAs have developed performance indicators on trauma, and coordinate with disaster response groups to share data and encourage cooperation in the field.

SBHAs also have developed strategies for working with judges and mental health courts to educate them about trauma and to reduce the use of all forms of coercion. They also emphasize workforce and training issues to articulate a new skill set for behavioral health staff based on the lessons learned from 9/11, and implement human resource development strategies, including partnerships with higher education.

SBHAs know that addressing trauma must be central and pivotal to public health and human service policy making including fiscal and regulatory decisions, service systems design and implementation, workforce development, and professional practice. Unless trauma is addressed, the damage to individuals and to society will continue.