In the early 1990s, the Substance Abuse and Mental Health Services Administration (SAMHSA) began a series of initiatives to raise awareness regarding the increasing numbers of women who had experienced violence and trauma, frequently beginning in childhood, who were seeking services from public mental health and substance abuse programs. Initially, attention focused on the pervasiveness of the problem, with more than 80-90 percent of women seeking services reporting histories of violence. Troubling manifestations of traumatic stress included physical health consequences and precipitous spiritual questioning as well as psychiatric and substance use disorders. For women survivors, addressing trauma issues often involved the entire spectrum of public health services, including supported “safe” housing, education and employment assistance, family welfare supports, criminal justice involvement and/or victim assistance programs, and programs for female combat veterans.

At the time, existing providers and service systems lacked the capacity to assist women with histories of abuse and trauma. Problems included a widespread lack of screening or assessment for trauma; lack of training in clinical and community-based trauma treatment; and misdiagnosis, under-diagnosis or failure to diagnose trauma as the issue underlying a wide range of problems. Even when correctly diagnosed, trauma was typically viewed as one episode in the lives of women, rather than an ongoing series of events woven throughout the life cycle. Little or no attention was paid to the inter-generational cycle of trauma that kept recurring within trauma-impacted families and communities, often spanning several generations.

To address these issues, SAMHSA sponsored a five-year “Women, Co-Occurring Disorders and Violence” Study (1998-2003) to develop and evaluate new trauma service paradigms. This study was the first large-scale federal research project to involve trauma survivors as partners in research design, implementation and analysis. The study demonstrated that trauma requires a central focus in treatment and needs to be integrated into the provision of related public health and social services. It showed that empowering women to tell their own stories was both healing and a powerful force for change. New gender-specific group psychosocial empowerment and education counseling models introduced in the study are now evidence-based interventions that have been widely applied with significant impact on the recovery of women trauma survivors.

The “Us and Them” thing started to fade as mutual respect and acceptance began to take over. We felt heard and were able to hear. Together we worked toward solutions and answers...

Susan, Trauma Survivor,
SAMHSA’s Women, Co-Occurring Disorders and Violence Study
The Women, Co-Occurring Disorders and Violence Study helped to spark national interest and action. Survivors, advocates, and providers across the country began to explore new ways of responding to trauma. It soon became clear that in addition to expanding access to trauma treatment modalities, existing services and systems would need to fundamentally re-think how they conceptualized and responded to a wide range of problems previously not seen as trauma-related. The distinction between “trauma-specific services” and “trauma-informed care,” first made by Maxine Harris and Roger Fallot, provided a new way of conceptualizing the response to trauma. Current interest in “trauma-informed” approaches grew from a variety of sources, including the stories and voices of survivors, research on trauma and violence, the emergence of evidence-based trauma treatment models, and social and political action to prevent and respond more effectively to violence. In 2004, SAMHSA’s National Center for Trauma-Informed Care (NCTIC) was funded to provide technical assistance to local and national public health programs interested in using a trauma-informed organizational paradigm to guide the development of program structure and service delivery. This SAMHSA support marked a major transition in the field from a focus on trauma and trauma-specific treatments to the recognition that knowledge about trauma and its impact could be translated into a set of principles applicable across a very wide range of services and settings.

The Federal Partners Committee on Women and Trauma was formed in 2009, in response to the President’s Executive Order 13263 (2002), which established the President’s New Freedom Initiative Commission on Mental Health: [http://www.gpo.gov/fdsys/pkg/FR-2002-05-03/pdf/02-11166.pdf](http://www.gpo.gov/fdsys/pkg/FR-2002-05-03/pdf/02-11166.pdf). The Federal Partners Committee, first established as a Work Group, has been instrumental in stimulating interest in trauma-informed approaches with its more than 30 federal member agencies and in the people and organizations they influence through grants and contracts, training and education, research, and regulatory and policymaking responsibilities. The trauma-informed approach has gained converts very rapidly, not only across the United States but in a number of different countries and international programs.

In June, 2011, the Federal Partners Committee published a monograph documenting the scope and impact of trauma on women and girls across all involved agencies, and issuing a call to action. This new report describes the substantial progress that has been made since that time. It also demonstrates the collective impact of cross-agency collaboration. We look forward to the continued work of the Committee in addressing this critically important topic.

**Susan Salasin**, *Founding Chair*, 2009-2012 (DHHS/SAMHSA)
**Carol Boyer**, *Chair*, 2012 - present (DOL/ODEP)
**Mary Blake**, *Co-Chair*, 2012 - present (DHHS/SAMHSA)