

# WHAT IS MULTI-ABUSE TRAUMA?

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*Multi-abuse trauma* is a term used by some advocates for survivors of domestic violence and sexual assault when an individual is impacted by multiple co-occurring issues that negatively affect safety, health or well-being (Slater, 1994). Examples include unresolved childhood trauma, substance abuse or dependence, psychiatric issues, disabilities, untreated or chronic medical conditions, social oppression, intergenerational grief or historical trauma, poverty, homelessness, exploitation by the sex industry, and incarceration.

Multi-abuse trauma often involves both *active* forms of abuse and *coping* forms of abuse. *Active* forms of abuse include the kinds of harm one human being does to another, such as sexual assault, domestic violence, child abuse or neglect, and emotional or psychological abuse. *Coping* forms of abuse are the methods victims of active abuse may use to cope with their situation, such as substance abuse, compulsive eating, bingeing and purging, and self-mutilation (cutting).

An individual's situation may be complicated by co-occurring issues such as disabilities, medical conditions or psychiatric issues. These issues may or may not be a direct result of trauma, but often complicate efforts to address it.

An additional layer of trauma may further exacerbate the situation. Besides the stigma surrounding various kinds of trauma, an individual may face societal oppression due to misconceptions about race or ethnicity, age, social class, disabilities, sexual orientation or immigration status. This trauma can also be passed from one generation to the next in the form of intergenerational grief and historical trauma.

Some coping forms of abuse may lead to further traumatic experiences, such as homelessness or incarceration, and may include the development of long-term consequences for an individual's children as well (Felitti et al., 1998).

Finally, an individual may experience trauma from the very social services system that was designed to help people. Individuals with multiple issues often face considerable barriers when trying to get help, and the inability to access appropriate services creates its own stress. The system itself thus adds to, rather than alleviates, their problems.

Perhaps the best way to illustrate multi-abuse trauma is to give some examples.

*Sara\* grew up watching her father perpetrate domestic violence against her mother. He started raping Sara before she was three years old. The abuse continued throughout her childhood, and she was forced into prostitution at age 9. When she was a teenager, she was gang-raped by a brother's friends, and she continued to suffer sexual assaults into her young adulthood. Her parents' immigrant status contributed to her family's isolation. Her father did not speak English and had difficulty holding down a job, and the family*

*lived in poverty. Sara coped with the multiple childhood traumas by dissociating, and as an adult, she was diagnosed with dissociative identity disorder. She also suffers from fibromyalgia, which she believes is her body's long-term reaction to the ongoing, repeated abuse she endured as a child.*

*Edie\* grew up with ADHD and mild autism, which people often responded to by shunning her. Peers at school bullied her physically and psychologically, and beginning about age 10, sexually as well. Some adults accused her of being lazy and oppositional. Desperate to fit in with her peers, Edie began using alcohol and drugs when she was a teenager. This helped her feel more comfortable in a group of people for the first time in her life, and her alcohol and drug use increased until she became addicted. She married a man who turned out to be abusive. He used both her addiction and the “oddness” stemming from her developmental issues to convince her that no one else liked her and no other man would have her. Edie began to suffer from bouts of depression, and her addiction to alcohol and drugs became more severe. By the time she began seeking help from the social service system, she was coping with several issues: a developmental disability, substance use disorder, an abusive marriage, depression and anxiety, and complex trauma from the childhood abuse.*

*Mary\*, who is of Alaska Native ancestry, was removed from her family by government officials when she was 12 years old and placed in a boarding school with 6,000 students several hundred miles away from the small rural village where she grew up. The purpose of the boarding school was to force the assimilation of Alaska Native children, and replace ancestral traditions, customs and values with those of the dominant culture. Mary's parents were given no choice in the matter – they were told they would go to jail if they didn't allow the government to place her at the boarding school. As an adult, Mary endured several years of severe domestic violence. She coped with both the childhood boarding school trauma and the adult domestic violence by shutting down her emotions because she did not feel as if she could talk about her experiences with anyone. She began to suffer from a variety of physical illnesses and nearly died from pneumonia before she finally reached out for help.*

\* Names have been changed.

## References

Felitti, V.J., Anda, R.F., Nordenberg D., Williamson D.F., Spitz A.M., Edwards V., Koss M.P., et al. (1998). The relationship of adult health status to childhood abuse and household dysfunction. *American Journal of Preventive Medicine* 14(21): 245-258.

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