A Word About Language

Because *Real Tools: Responding to Multi-Abuse Trauma* is intended for use as an interdisciplinary cross-training tool, the authors have used language designed to make the information accessible to providers across disciplines. With this in mind:

- We have attempted to avoid the use of jargon, and all acronyms are spelled out the first time they are used in a new section of the manual. We also have included an appendix with definitions of terms commonly used within various disciplines such as mental health, child welfare, criminal justice, etc.

- We use generic terms such as *service providers* rather than the unwieldy “advocates, counselors, caseworkers, therapists, social workers or other providers.”

- We have elected to use “person-first” language throughout the manual whenever we refer to people who use our services. In addition to humanizing the people we serve, we hope this can alleviate possible conflict during interdisciplinary cross-training between advocates who prefer terms such as “program participant” and other service providers who prefer terms such as “client” or “patient” or “consumer.”

Also, we refer in this manual to both *multi-abuse trauma* and *complex trauma*. While the two terms are related, they are not identical.

*Multi-abuse trauma* is a term used by some advocates who serve survivors of domestic violence and sexual assault. It refers to the multiple layers of trauma and oppression that may be experienced when an individual is impacted by multiple co-occurring issues that negatively affect safety, health or well-being. While advocates are not therapists or clinicians, the role of the advocate includes identifying barriers to safety, autonomy, services and justice. When multiple barriers exist, advocates should consider the possibility that the person seeking our help is a survivor of *multi-abuse trauma*. The term *multi-abuse trauma* describes not what is wrong with a person but acknowledges the many forms of harm that have happened to an individual. This framework makes it possible to understand behaviors that on the surface don’t make sense to us but make sense to those for whom we provide advocacy. It also provides a framework to explore multiple options with the people we serve.

*Complex trauma* is a term used by some mental health professionals to refer to a condition that can result from prolonged and repeated abuse, especially if the abuse began in early childhood or came from multiple sources (Herman, 1997, 2009; Warshaw, 2010). Complex trauma involves traumatic stressors that are repetitive or prolonged; involve direct harm and/or neglect and abandonment by caregivers or ostensibly responsible adults; occur at developmentally vulnerable times in the victim’s life, such as early childhood; and have great potential to severely compromise a child’s development (Courtois and Ford, 2009). Complex trauma is also referred to by some mental health...
professionals as complex traumatic stress or complex psychological trauma (Courtois & Ford, 2009) and complex posttraumatic stress disorder (Herman, 1997, 2009).

People experiencing multi-abuse trauma may or may not have a clinical diagnosis such as post-traumatic stress disorder or complex trauma. The term multi-abuse trauma is not and should never be used to label, diagnose, pathologize or judge a person receiving our services. Rather, we acknowledge and validate survivors’ experience. As advocates, we bear witness to the harm that has been done, listen, believe and connect.

References

Herman, J.L. (1997). Trauma and recovery: The aftermath of violence from domestic abuse to political terror. New York: Basic Books.
