While sexual assault and domestic violence can be traumatic for anyone who experiences them, some survivors find their experience of trauma compounded in a number of significant ways – many of which “add insult to injury” and make safety and healing more complicated (Herman, 1997; Courtois & Ford, 2009; Warshaw, 2010).

*Multi-abuse trauma* is a term used by victims’ advocates when an individual is impacted by multiple co-occurring issues that negatively affect safety, health or well-being (Slater, 1994). Survivors of multi-abuse trauma who come to domestic violence shelters or sexual assault centers are coping with other issues besides interpersonal violence.

Examples of co-occurring issues include, but are not limited to: unresolved trauma from childhood sexual abuse, physical abuse or neglect; substance use disorders; psychiatric issues; disabilities; chronic or untreated medical conditions; growing up in a home where domestic violence or active substance abuse was present; growing up or currently living in a dangerous neighborhood; societal oppression; historical trauma or intergenerational grief; poverty; homelessness; 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 that one human being does to another, while coping forms of abuse are the methods that victims of active abuse may use to cope with their situation.

Examples of active abuse include sexual assault; domestic violence; child sexual abuse, physical abuse or neglect; peer bullying; emotional or psychological abuse; and physical violence. On a societal level, examples of active abuse include sexism, racism, classism, ableism, heterosexism and other forms of prejudice and discrimination. At its most extreme, societal abuse can take the form of human trafficking, forced dislocation and genocide. On both the individual and societal level, active abuse also tends to include the denial of victims’ pain and suffering, as well as blaming victims for abuses committed against them.

Examples of coping abuse range from substance abuse to compulsive eating, binging and purging, compulsive spending or gambling, self-mutilation (cutting), and suicide attempts. Coping abuses such as illicit drug use may lead to additional coping abuses such as theft or engagement in commercial sex to support an addiction. These in turn may lead to further traumatic experiences, such as increased risk of experiencing interpersonal violence, sexually transmitted infections, homelessness or incarceration.

An individual may experience co-occurring psychiatric or other disabilities or experience a medical condition that impacts options. These issues may or may not be a direct result of trauma, but they often complicate efforts to address it.
When traumas accumulate over time, they may be associated with more severe and complex psychological reactions (Briere & Spinazzola, 2009; Brodland, 2010). Such experiences not only can produce long-term consequences themselves, but they are also risk factors for re-victimization in the future and for responding to later traumas with more extreme symptoms (Herman, 1997). Trauma may also be intensified by environmental variables, such as inadequate social support and stigma associated with certain traumas.

An additional layer of trauma may further complicate the situation for people who are survivors of multi-abuse trauma. In addition to the stigma and barriers surrounding issues such as a substance use disorder, psychiatric illness, and various forms of trauma, they may be facing societal abuse.

Societal abuse refers to the disadvantages that a group experiences as a result of unjust social structures (Benbow, 2009). An example is discrimination and oppression based on misperceptions about race or ethnicity, age, socioeconomic status, disabilities, sexual orientation, gender identification and immigration status. Manifestations may range from lack of accommodations to inadequate funding for social services, lack of access to health care, inadequate social policies to protect against abuses, and negative images and stereotypes in the media (Schwartz-Kenney et al., 2001).

Victims of domestic violence and survivors of sexual assault who struggle with multi-abuse trauma often need our services the most. Yet, having multiple issues makes it harder for a survivor to access appropriate services in a variety of ways: confusion over how to access services, lack of self-advocacy skills, fragmented services, hard-to-access or nonexistent services, lack of family-focused services, conflicting expectations on the part of providers, inability to afford services, cultural barriers, lack of accessibility for people with disabilities, housing discrimination, and restrictions on length of shelter stays.

Co-occurring issues may create challenges for shelter staff and other service providers, ranging from behavioral issues to lack of cross-training between advocates and other providers, funding barriers, personnel shortages, manipulation by abusers, barriers to cooperation between providers such as differing priorities or philosophies, and a lack of understanding of issues not normally encountered by a particular agency.

When a multi-abuse trauma survivor’s issues are not adequately addressed, serious consequences may follow, including physical and medical problems, compromised ability to maintain employment and housing, coping mechanisms such as substance abuse or eating disorders to deal with continuing trauma, homelessness, incarceration, or multiple returns to an abuser because of having no other place to go.

Finally, people with multiple issues may experience trauma from the very social service system that was designed to help them. The inability to access appropriate services creates its own stress. The system itself thus adds to, rather than alleviates, their problems.
Meanwhile, abusers are not held accountable for their actions and benefit from lack of services for victims with multiple abuse issues. Abusers also benefit from the stigma and discrimination survivors with multiple abuse issues face.

To begin to address multi-abuse trauma, providers across disciplines have begun to agree that we all must broaden our focus to at least consider what other issues people may be facing when they come to us for services.

References


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