Family & Children's Trust Fund OF VIRGINIA

FACING THE FACTS | Trauma-Informed Approaches to Elder Abuse: *Applying trauma-informed care to in-home services*

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As Americans live longer and healthier lives, older adults represent the fastest growing segment of the U.S. population. The number of people in Virginia aged 65 and older will nearly double between 2010 and 2030, accounting for 1 in 5 Virginians.[1] With this demographic change, communities must strengthen their efforts to protect older adults from abuse, neglect and exploitation and understand the unique ways older adults respond to and heal from trauma.

Due to ageism, physical limitations, loss of spouse/partner, peers, family members and various other complex factors, older adults are often isolated from their communities. Loneliness and isolation can negatively affect older adults' physical and mental health and significantly increase the risk of elder abuse, neglect and exploitation.[2] For some older adults, in-home visitors are their only connections with their larger communities. Therefore, it is very important that professionals and volunteers who visit older adults in their homes have a basic understanding of elder abuse, neglect, and trauma.

This issue brief overviews elder abuse, neglect and exploitation and examines how to apply a trauma-informed framework that is sensitive to older adults' unique social, physical and cultural needs. For the purpose of this brief, "older adults" refers to adults 60 years or older and "in-home services" refers to any program that sends volunteers or professionals to the homes of older adults. An electronic version of this brief and accompanying resources are available at: www.fact.virginia.gov/trauma.

What is Elder Abuse?

Elder abuse includes physical, sexual, or emotional abuse, as well as neglect, financial exploitation and other forms of exploitation of an older person, in a relationship where there is an expectation of trust. Elder abuse can also be defined as a targeted act of violence or deception directed towards an older adult by virtue of their age or disabilities, which may be perpetrated by individuals unknown to the adult.[3] Elder abuse also includes self-neglect in which the adult is unable to meet their basic needs due to a physical or mental health condition.

Types of Elder Abuse

Abuse of older adults takes many different forms, all of which may have various warning signs. The most common forms and signs of elder abuse are defined below. Keep in mind that it is very common for an older adult to experience multiple forms of abuse at the same time.[4]

Physical abuse is the use of physical force that may result in bodily injury, physical pain, or impairment.[5] Common signs of physical abuse are unexplained injuries such as:[6,7,8]

- Multiple bruises or welts

- Old and new bruise marks
- Broken bones
- Burns
- Broken glasses or glass frames

Sexual abuse is non-consensual sexual contact of any kind with an older adult.[5] Common indicators of sexual abuse are unexplained signs such as:[6,7,8]

- Bruises around the breasts
- Bruises around the genital area
- Evidence of sexually transmitted disease
- Vaginal or rectal bleeding
- Difficulty walking or standing
- Depressed or withdrawn behavior
- Flirtation or touchiness by the caregiver

Emotional abuse is the infliction of anguish, pain, or distress through verbal or non-verbal acts. Emotional abuse is one of the most difficult problems to spot, because the older adult may be unable to communicate what is happening due to illness, dementia, or fear of being neglected. Emotional abuse can range from a simple verbal insult to an aggressive verbal attack. It can also include threats of physical harm or isolation.[5] Common indicators of emotional abuse are unexplained signs such as: [6,7,8]

- Withdrawal and apathy
- Unusual behavior, such as biting or rocking
- Nervous or fearful behavior, especially around the caregiver
- Strained or tense relationship between caregiver and elder
- Caregiver who is snapping or yelling at the elder
- Forced isolation by the family member/caregiver

Financial exploitation is the illegal or improper use of an elder's funds, property, or assets.[5] Common indications of financial abuse are unexplained signs such as:[6,7,8]

- Significant withdrawals from older adult's accounts
- Sudden changes in older adult's financial condition
- Items or cash missing from the older adult's household
- Suspicious changes in wills, power of attorney, titles, and other legal or important documents
- Addition of names to the older adult's signature card
- Unpaid bills or lack of medical care, although the older adult has enough money to pay for them
- Financial activity the older adult couldn't have done, such as an ATM withdrawal when the account holder is bedridden
- Unnecessary services, goods, or subscriptions

Neglect is refusal, or failure, to fulfill any part of a person's obligations or duties to an older adult. If an older adult is cognitively or physically disabled, and needs help taking medication or getting dressed, it can be considered neglect if their caregiver is not providing assistance. Additionally, passive neglect occurs when the abuse is unintentional, often as the result of an overburdened or untrained caregiver. **Abandonment** is another form of neglect; it is defined as the desertion of an older adult by an individual who has legal authority for the older adult (e.g. court-appointed guardian) or has assumed responsibility for an older adult's care.[5,9] Common indications of neglect are unexplained signs such as:

- Dirty clothes
- Soiled diapers
- Untreated physical problems such as bedsores
- Unusual weight loss, malnutrition, dehydration
- Unsanitary living conditions (dirt, bugs, soiled bedding)
- Unsafe living conditions (no heat or running water, faulty electrical wiring, other fire hazards)
- Lack of needed medication and medical aids, such as hearing aid, cane, glasses[6,7,8]

Self-neglect involves the failure of an older adult to meet their own essential physical, psychological or social needs, which threatens their health, safety and well-being. This includes failure to provide adequate food, clothing, shelter, and health care for one's own needs.[10] **In Virginia, self-neglect is the most commonly reported form of elder abuse, neglect and exploitation.**[21] Common indicators of self-neglect are similar to the signs of neglect listed above and may also include: [10]

- Inadequate heating, plumbing or electrical service
- Large amounts of clutter in the home
- Lack of fresh food, possessing only spoiled food
- Refusing to allow visitors into the home
- Needing medical care, but not seeking or refusing

Adult Protective Services (APS)

Virginia APS focuses on adults age 60 and over and incapacitated persons, ages 18 to 59 who have been abused, neglected or exploited, or are at risk of abuse, neglect, or exploitation without regard to

income or resources. Virginia APS receives and investigates reports of abuse, neglect and exploitation as well as provides services to stop or prevent further abuse.[11]

Challenges with the APS System

Due to lack of funding and federal oversight, APS systems face many barriers and challenges to ensuring the safety of incapacitated adults and older adults.[11] Challenges include:

- A lack of direct federal funding for APS Programs, and limited state funding which hinders programs' ability to provide protective services and adequately compensate staff to respond to allegations of abuse
- Lack of public awareness of elder abuse, neglect and exploitation
- APS structure is different in every state; therefore, there is a lack of consistent and reliable nationwide data
- Insufficient wrap around resources for incapacitated adults and older adults, such as: affordable and accessible housing, mental health services, specialized healthcare (healthcare providers with training in geriatrics), affordable and accessible long term care options, and affordable in-home services such as house cleaning, hygiene, food preparation, and companion services
- Adults often refuse services and APS cannot force an adult with capacity to accept help

Risk Factors

While any older adult, regardless of gender, income, ethnicity, or health status can become a victim of elder abuse, several studies have found particular characteristics are associated with a higher risk of abuse. Some key findings include:

- Limited social support has been found to significantly increase the risk of all forms of elder abuse.[12,13]
- Dementia is also a risk factor. A 2009 study revealed that close to 50% of people with dementia experience some kind of abuse.[14]
- Experience of previous traumatic events—including interpersonal and domestic violence—has been found to increase the risk for emotional abuse, sexual abuse, and financial mistreatment.[15]
- Functional impairment and poor physical health are associated with greater risk of abuse among older adults.[16,17]
- Women are more likely to be abused than men.[18]
- Living with a large number of household members other than a spouse is associated with an increased risk of abuse, especially financial abuse.[19]
- Lower income or poverty has been found to be associated with elder abuse.[16]
- The following increase the risk of financial exploitation of older adults: non-use of social services, need for assistance with activities of daily living (ADLs), poor self-rated health, no spouse/partner, African-American race.[19]

How to report elder abuse

Report suspected abuse, neglect, or exploitation of adults aged 60 and over or incapacitated adults ages 18 to 59 to Adult Protective Services at your local department of social services or to the 24-hour toll-free hot-line at: (888)832-3858.

When making the call, be ready to provide identifying information about the adult, including the address or physical location, such as a room number in a particular facility, approximate or known age of adult and the adult's physical or mental conditions. You should also be prepared to discuss why you are concerned about the adult's well-being.

You do not need to prove that abuse is occurring; it is up to APS workers to investigate the suspicions.

You may be asked a series of questions to gain more insight into the nature of the situation, such as: Are there any known medical problems?; What kinds of family or social supports are there?; Have you seen or heard incidents of yelling, hitting, or other abusive behavior?

You will be asked for your name, and contact information, however, Virginia APS will take the report even if you prefer to remain anonymous. Additionally, the professionals receiving your report are prohibited from releasing your information unless you authorize disclosure or a court orders disclosure.

How Common is Elder Abuse?

Some estimates range as high as 5 million older adults experience a form of elder abuse each year. Despite these numbers, knowledge about elder abuse lags almost two decades behind the fields of child abuse and domestic violence—the need for more research, awareness, and education is urgent. The following section highlights what is known about the incidence and prevalence of elder abuse, neglect and exploitation. Please note, that the studies referenced use different research methods and operational definitions.

- 10% of older adults over 60 experienced elder abuse.[17]
- 1 in 24 cases of elder abuse, neglect and exploitation are reported.[20]
- Family members are the most common perpetrators: In a study of 4,156 older adults, family members were the most common perpetrators of financial exploitation of older adults (57.9%), followed by friends and neighbors (16.9%), followed by home care aides (14.9%). [19]
- Older adults with physical and mental disabilities endure higher rates of abuse.[16,17]
- Older adults with dementia endure higher rates of abuse. Prevalence rates for abuse, neglect and exploitation in people with dementia vary from study to study, ranging from 27.5% to 55%.[14]

In Virginia, in 2017:[21]

- 27,105 cases of elder abuse, neglect and exploitation were received by APS. 55% of APS reports were substantiated.
- Most APS reports were substantiated for self-neglect and neglect.
- 62% of APS reports' incidents took place in a house or apartment.

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Challenges with understanding prevalence

Unfortunately, the actual number of people experiencing elder abuse, neglect and exploitation is difficult to determine. Signs of elder abuse, neglect and exploitation are often missed by professionals and volunteers working with older adults, as well as the family members and friends close to them because of ageism, and lack of awareness and training. Older adults may be reluctant to report abuse themselves because of fear of retaliation, lack of physical and/or cognitive ability to report, or because they do not want the abuser, who may be a family member, to get in trouble.[22] Additionally, difficulties detecting elder abuse are often compounded by the relative isolation that older adults may experience within the home setting. Many older adults are less involved in social situations outside the home than their younger counterparts, thereby limiting the number of people who may see evidence of an abusive situation.

Ageism

Ageism is the stereotyping and discrimination against individuals because of their age.

Even though ageism can be used to describe discrimination against adolescents and children, the term is most commonly used for older adults. Although the population of older adults is growing, ageism is still pervasive—in one study 80% of respondents aged 60 and older reported experiencing ageism.[23] Ageism includes stereotypes, myths, disdain and dislike, avoidance of contact, and discrimination in housing, employment, and services of many kinds. [24] Ageism can include anything from laughing at an "old geezer" joke to not providing mental health care to an older adult because of a false belief that they will "never change".

Although ageism comes in many different forms, it always includes the devaluing of individuals because of their age. Devaluing older adults provides a covert basis for the societal tolerance of elder abuse, which can not only lead to the perpetration of abuse but can also inhibit detection and research of elder abuse.[25] The devaluing of older adults also negatively impacts older adults' physical and mental health, in turn making them more vulnerable to abuse.[26]

Re-framing Aging

As we get older, we gather experiences and insights, gain power of perspective, and move forward toward accomplishing our goals. Older adults are a rich resource for communities, however, perceptions about older adults constrain the types of roles they assume in the community, limiting them as individuals and preventing communities from gaining the wealth of knowledge, wisdom, and energy older adults bring to the table.[27] The following outlines three ways to re-frame aging to deter common harmful societal mis-perceptions and ageism:[28]

RE-FRAME 1
With the right contextual and social supports, older adults remain healthy and maintain lives of high independence and functioning. Older adults can learn new information and technology and adults can grow their skills and success in all stages of their lives.

RE-FRAME 2
Older adults are integral parts of our society, with enormous economic and social impact. Older adults are a large source of social productivity and represent a large portion of consumer spending.

RE-FRAME 3
Public policy and social determinants are necessary for older adults to secure a good quality of life. Access to work opportunities, the vitality of the Social Security system, policies to address ageism, and the adequacy of the healthcare workforce all affect adult's circumstances in later life. Additionally, social determinants such as geography, race, and social supports play a large role in how people enter their later years.

> "Rather than focusing on real or imagined limitations or diminishing capabilities, a trauma informed approach focuses on skills building and resilience."

Trauma-Informed Care for Older Adults

The prevalence of elder abuse, neglect and exploitation and its connections to older adults' complex trauma histories necessitate a trauma-informed approach when caring for older adults

Trauma-informed care involves understanding, anticipating, and responding to the impact that trauma can have and building increased awareness about how to address existing trauma and prevent re-traumatization. The overarching tenets of trauma-informed care apply when caring for older adults; however professionals and volunteers visiting older adults must also consider their unique social, physical and cultural needs. The overarching tenets of trauma informed care are:

- Trauma Awareness: An understanding of trauma including the types of trauma endured and how it affects a person's physical and mental health. Trauma awareness also includes an understanding of secondary traumatic stress, or the emotional duress that results when an individual hears about and copes with the effects of others' trauma.

- Safety: Trauma survivors often feel unsafe and may actually be in danger (e.g. victims of elder abuse). A trauma-informed approach works towards building physical and emotional safety.

- Respect: Due to diminishing physical and mental abilities, older adults sometimes experience a loss of dignity and are often stigmatized due to ageism. It is, therefore, crucial to treat older adults with respect.

- Control & Choice: Because control is often taken away in traumatic situations, and because older adults often face physical and mental ailments that may add to feelings of dis-empowerment, it is important to emphasize the importance of choice with older adults, as well as help them build a sense of efficacy and personal control over their lives.

- Strengths-Based Approach: Trauma-informed care is strengths-based rather than deficit oriented. Rather than focusing on real or imagined limitations or diminishing capabilities, a trauma informed approach focuses on skills building and resilience.

Older Adults' Unique Trauma-Informed Needs

Although the overarching tenets of Trauma-Informed Care apply to all individuals, the older adult population may have unique perceptions and experiences of elder abuse and trauma due to multiple cultural, social, physical, and generational factors. These factors should be considered when visiting with, and caring for older adults in order to maintain a strengths-based, respectful trauma-informed approach. Factors include:

Elder Specific Trauma Experiences

Historical trauma is the "cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences."[29] Older adults may have experienced historical trauma related to societal ills, such as memories of the Holocaust, boarding school experiences of American Indians, Japanese American internment camps, racial segregation in the Jim Crow South, and periods where women were disenfranchised and domestic and sexual violence went largely unrecognized.[29]

Exposure to multiple traumatic events over the lifetime, or cumulative trauma, has been found to lead to depression, lower well-being, and increased negative impact of a singular trauma. Additionally, older adults are more likely to experience certain types of trauma, including loss of spouse/partner, peers, and family members, chronic and life-threatening diagnoses, physiological changes, limitations and disability, cognitive and memory loss, loss of roles and responsibilities, increased dependence on caregivers, and elder abuse, neglect and exploitation. [30]

Polyvictimization

Types of elder abuse can co-occur in various combinations, frequently causing older adults to suffer in multiple and complex ways. In a nationwide poll of APS professionals, 75% of respondents said that older adults who experience multiple types of abuse comprise over 25% of their caseloads. Co-occurring elder abuse is a form of polyvictimization, which can be defined as "when a person aged 60 or older is harmed through multiple co-occurring or sequential types of elder abuse by one or more perpetrators, or when an older adult experiences one type of abuse perpetrated by multiple others." Perpetrators of polyvictimization have a relationship with the older adult in which there is a societal expectation of trust, such as intimate partners, other family members, and paid or unpaid care or service providers.[31]

Cultural Differences

Elder abuse is a multifaceted problem that affects older adults from a variety of cultural backgrounds. Cultural factors such as, language, attitudes toward illness, values, expectations and perceived roles may keep older adults and their caregivers from understanding society's concept of elder abuse, let alone to seek assistance or report abuse.

In many cultures elder abuse is contrary to cultural role expectations. For example, American Indian Tribes revere the older adults in their communities; therefore elder abuse may often go unreported out of shame and guilt. In Korean and Japanese cultures, elder abuse often goes unreported due to the expectation to "keep family matters within the family". African American families have characteristics that serve as sources of strength and stability yet may create a risk of conflict and maltreatment such as extended family networks, flexibility of family roles and shared living which is inclusive of multi-generational and extended family. Additionally, systematic racism and structural segregation, internalized racism, few opportunities to secure wealth for retirement, and distrust for institutions are all risk factors for elder abuse that older adults in African American communities may face.[32]

Isolation

Social isolation and loneliness affect approximately one-third to one-half of older adults and have a negative impact on their physical and mental health.[33] Social isolation occurs when a person lacks opportunities to interact with people. Loneliness is the distress an individual feels when a person lacks opportunities to interact with people. Social isolation has been linked to increased mortality in older adults, dementia, an increased risk of hospital readmission, increased risk of falls and elder abuse, neglect and exploitation.[2] A variety of factors can affect the frequency or ability of older adults to engage with the outside world, including physical mobility problems, vision and/or hearing loss, loss of driving

abilities, limited transportation, changes in location or forced relocation, frailty, ageism, financial stress, loss of spouse/partner, peers, and family members, and the lack of opportunities to meaningfully engage with their community.

Dementia

Approximately 5.1 million American elders over 65 have some kind of dementia and close to half of all people over 85 (the fastest growing segment of the US population) have Alzheimer's disease or another kind of dementia.[34] People with dementia are at a greater risk of elder abuse because of impairments in memory, communication abilities, and judgment.[12] Prevalence rates for abuse, neglect and exploitation in people with dementia vary from 27.5% to 55%.[35] Exact and accurate prevalence estimates are difficult to determine because abuse among people with dementia is a hidden offense, often perpetrated by those on whom the older adult depends.

Considerations for In-home Services

For the purpose of this brief, in-home service refers to any program that sends professionals or volunteers to the homes of older adults. Examples of in-home service providers include in-home nurses, certified nurse assistants, personal care aides, meals delivery volunteers, elder ministries in faith based communities, and friendly visitor program volunteers. For many older adults, in-home visitors are their only connections with their larger communities. Additionally, most older adults would like to stay in their home as they age. Eighty-seven percent of adults 65 years and older want to stay in their current home and community as they age and among people age 50-64, 71% of people want to age in place. High rates of isolation, as well as the growing population of older adults who want to age in place, make in-home visitors key advocates for the prevention, reporting, and treatment of elder abuse.

Trauma has a profound impact on physical and mental health at all points in the lifespan. However, emerging research on prevalence rates of elder abuse, elder specific trauma, cultural differences, isolation, and polyvictimization necessitates that in-home service providers adopt a trauma-informed approach when caring for and interacting with older adults. In their article Polyvictimizaiton In Later Life: Trauma-Informed Best Practices, Holly Ramsey-Klawsnik & Erin Miller outlined suggestions for providing trauma-informed and victim centered care. Although their article focused on polyvictimization, the suggestions are very applicable for in-home service providers who suspect any type of elder abuse. The following list includes Klawsnik and Miller's suggestions with the accompanying trauma-informed tenet added in bold:[29]

- Spend time with older adults who disclosed abuse before involving providers, family members, alleged perpetrators, or others involved in their cases. **Trauma-Informed Tenet: Safety**
- Speak in a private and safe space and listen before you speak. **Trauma-Informed Tenet: Safety**
- Introduce yourself and be clear about your role and the older adult's rights, including the right to refuse your services. Honor the older adult's "no". Building trust and healing trauma take time. The nature of trauma, and particularly trauma borne of interpersonal abuse, is that the survivor had little ability to say "no".**Trauma-Informed Tenet: Control & Choice**
- Assume that the older adult is mentally competent until there is significant evidence to the contrary. If cognitive limitations exist, this does not relieve providers of the responsibility to partner with that older adult in whatever capacity the they are able. **Trauma-Informed Tenets: Respect, Control & Choice**
- Reflect the language an older adult uses. Avoid words like violence, abuse, or criminal behavior if the older adult does not initially conceive of what has happened as abusive or criminal. Use language and grammar that is neutral, non-intimidating, and easily understood. **Trauma-Informed Tenets: Respect**
- Ask older adults about their goals and strengths before you ask about their challenges. **Trauma-Informed Tenet: Strengths-Based**
- It may not be necessary to understand the nature of the trauma (particularly past traumas and/or multiple/chronic traumas) to empower older adults to improve their own safety. Asking a survivor to relive past traumatic experiences by discussing them may be re-traumatizing and do more harm than good. **Trauma-Informed Tenet: Trauma-Awareness**
- If an older adult volunteers information about trauma history, do not quash their disclosures. However, be mindful of how long the conversation continues. Sharing one's traumatic

experiences and having one's pain publicly witnessed and honored by another human being can be profoundly healing. However, reliving such experiences can also activate distressing physiological reminders of the event. Restoring healthy boundaries – including boundaries around time – is an essential foundation for healing from trauma. **Trauma-Informed Tenets: Trauma Awareness, Strengths-Based**

- Be mindful of your proximity to the older adult, body language, word choice, and tone of voice. Convey warmth, support, and concern for safety. **Trauma-Informed Tenet: Safety**
- Acknowledge abuse disclosures and convey support without expressing horror, disbelief, or opinions about the perpetrator. **Trauma-Informed Tenet: Respect**
- Ask permission before touching an older adult. If you are in a role in which physical examination, treatment, or care is to be provided, explain what you will do and the reason for it before asking for permission to proceed. **Trauma-Informed Tenets: Safety, Respect, Control & Choice**
- If you are younger than the person for whom you are providing services, find a balance between extending appropriate deference and respect and interacting with the older adult as a peer. Be mindful of relevant, culturally specific expectations regarding interactions between older adults and younger members of the community. **Trauma-Informed Tenets: Respect**
- Trauma interferes with sense of time. Be prepared to have older adults who have experience abuse forget appointments or meetings. **Trauma-Informed Tenet: Trauma Awareness**
- Trauma interferes with information processing – a challenge which may (or may not) be compounded by aging. Be patient with the older adult and be prepared to repeat yourself. **Trauma-Informed Tenet: Trauma Awareness**
- Trauma can shut down the speech centers of the brain making it profoundly difficult for older adults who have experienced abuse to find language for what has happened to them. Victims may share sensory details – the color of someone's shirt or the temperature of the room – that appear irrelevant. If there is concern about ongoing or recent violence follow these sensory details. The body remembers trauma where the brain cannot. Older adults in particular may have added difficulty verbalizing the nature of the trauma experienced. Pay attention to behavioral cues such as agitation, sudden onset of memory challenges, confusion, distress, anger, sexualized behaviors, or behavioral expressions of fear or ambivalence around specific people, places or things. **Trauma-Informed Tenet: Trauma Awareness**
- Trauma's impact on memory, speech, and executive function may cause the older adult's abuse account to appear inconsistent or disorganized. In addition, the disclosure may change over time. Recognize that this does not mean that it is not true. **Trauma-Informed Tenets: Trauma Awareness, Respect**
- Trauma interferes with memory encoding. Be prepared for older adults to disclose abuse experiences with missing elements. Do not push if they cannot remember or find language for what has happened to them. Inability to remember can have a protective function. **Trauma-Informed Tenet: Trauma Awareness**
- Some older adults who have experienced abuse engage in "maladaptive" coping such as substance use or eating disorders. Reframe such behaviors as both normal, hardwired responses to recurrent toxic stress and signs of creativity, adaptability, and strength. Avoid judging, shaming, blaming. Help older adults recognize their coping strategy as a necessary survival skill in the face of trauma while recognizing the significant health impact. Offer tools to develop beneficial coping skills (e.g., journaling, prayer for the faith-based, exercise, social connectedness).**Trauma-Informed Tenets: Strengths Based**
- Provide education about common responses to trauma, including mental, cognitive, and physical health impact, common coping mechanisms, and possible healthy coping mechanisms (e.g., mindfulness meditation, yoga, support group meetings). **Trauma-Informed Tenet: Trauma-Awareness**
- Recognize that work with older adults who have experienced abuse can itself be traumatic. Practice good self-care and seek supervision and/or support when needed. **Trauma-Informed Tenet: Trauma Awareness**

SPOTLIGHT: Trauma-Informed In-Home Services

Family Lifeline
Richmond, VA

Family Lifeline strives to help older adults and people with disabilities reduce social isolation and remain independent in their homes for as long as possible through home based care-giving and friendly visiting volunteers. Family Lifeline infuses trauma-informed care into their inter-generational programming by helping individuals and families remain socially engaged and maintain their health, safety and dignity. Additionally, Family Lifeline provides their staff and volunteers with the support and tools they need to address secondary trauma and their own trauma histories.

In Family Lifeline's **Friendly Visiting Program**, trained volunteers provide companionship, outreach, and advocacy to meet the social and emotional needs of lonely and isolated older adults and persons with disabilities through regular visits. Trained volunteers listen attentively and engage in conversation (trauma-informed tenet: respect); are sensitive to the needs of individuals facing difficult life circumstances such as health issues or grief (trauma-informed tenet: trauma awareness); and build meaningful relationships that facilitate true companionship (trauma-informed tenets: safety, strengths based).

Family Lifeline's **home-based caregiving** services ensure wellness, healthy aging and caregiver support and uphold the trauma-informed tenets of safety, respect, control & choice, and a strengths-based approach. All professional caregivers have received trauma-informed care training and therefore uphold the tenet of trauma-awareness. Home based caregiving includes providing companionship and support, performing light housekeeping, preparing meals and eating assistance, assisting with bathing and dressing, helping with personal hygiene and providing medication reminders for older adults and persons with disabilities. Home based caregiving also provides caregivers support with navigating health and social support systems, identifying financial aid sources to support their loved ones, education on stress management and caregiving, and respite services to relieve caregiver stress.

Trauma-informed staff support: Family Lifeline recognizes that professional caregivers often experience secondary trauma, or the emotional duress that results when an individual hears about and copes with the effects of others' trauma. Additionally, often people who enter the personal care industry such as Certified Nurses Assistants and Personal Care Aides have experiences that mirror the people they are serving, such as traumatic stress, lack of access to transportation and lack of preparation to join the workforce. Family Lifeline has adopted several trauma-informed strategies to support their staff as they navigate secondary trauma and their own trauma histories:

- Coaching to build capacity and workforce readiness
- Reflective supervision, or the regular collaborative reflection between a service provider and supervisor that employs the use of their thoughts, feelings, and values.
- Connect staff with needed resources when they under-perform (e.g. if an employee is consistently late work with them to find reliable transportation)
- Shift from performance based to a values based employee review process

Resources

Additional Information
Links to resources accompanying each section of this brief are available at www.fact.virginia.gov/trauma/

Family Violence Data Indicator Tool
Use FACT's online data portal to produce locality specific family violence indicator data at www.fact.virginia.gov/dataportal/

Facebook
Keep up with new information related to trauma and family violence on FACT's Facebook page: www.facebook.com/FACTVA/.

Endnotes

1. *Sen, S. (2017) 1 in 5 Virginians will be over 65 years by 2030. Stat Chat. University of Virginia Demographics Research Group. Retrieved from http://statchatva.org/2017/07/05/1-in-5-virginians-will-be-over-65-years-by-2030/*
2. Seegert, L (2017) Social Isolation, loneliness negatively affect health for seniors. Association of Health Care Journalists: Center for Excellence in Health Care Journalism. Retrieved from https://healthjournalism.org/blog/2017/03/social-isolation-loneliness-negatively-affect-health-for-seniors/
3. Connolly, M.T., Brandl, B., & Breckman, R. (2014) The Elder Justice Roadmap: A Stakeholder Imitative to Respond to an Emerging Health, Justice, Financial and Social Crisis. U.S. Department of Justice, Department of Health and Human Services. Retrieved from https://ncea.acl.gov/whatwedo/Gov_Report/docs/EJRP_Roadmap.pdf
4. Ramsey-Klawsnik, H. (2017) Older adults affected by polyvictimization: A review of early research. Journal of Elder abuse & Neglect, 29:5, 299-312, DOI: 10.1080/08946566.2017.1388019
5. Elder Abuse (2018) American Psychological Association. retrieved from http://www.apa.org/pi/prevent-violence/resources/elder-abuse.aspx
6. Warning Signs of Elder Abuse and How to Report it. CSI Caregiver. Retrieved from http://www.csicaregiver.com/blog/warning-signs-of-elder-abuse-and-how-to-report-it/
7. Signs of Elder Abuse. Caring.com. Retrieved from https://www.caring.com/articles/signs-of-elder-abuse
8. Elder Abuse and Neglect: Spotting the Warning Signs and Getting Help. HelpGuide. Retrieved from https://www.helpguide.org/articles/abuse/elder-abuse-and-neglect.htm
9. What is Neglect? (2018) National Adult Protective Services Association. Retrieved from http://www.napsa-now.org/get-informed/what-is-neglect/
10. Other Safety Concerns and Self-Neglect (2018) National Adult Protective Services Association. Retrieved from http://www.napsa-now.org/get-informed/other-safety-concerns-2/
11. State Fiscal Year 2017 Annual Report (2017) Department for Aging and Rehabilitative Services: Adult Protective Services Division: Virginia Department of Social Services. Retrieved from http://www.dss.virginia.gov/files/about/reports/adults/adult_services_annual/2017_Annual_Program_Report_final_v2.pdf
12. Cooper, C & Livingston, G. (2016). Intervening to reduce elder abuse: challenges for research. Age and Ageing 45 (2), 184–185. doi: 10.1093/ageing/afw00
13. Bonnie, R.J., & Wallace, R.B. (Eds.).(2002). Elder abuse: abuse, neglect, and exploitation in an aging America. National Academy Press.
14. Quinn, K., & Benson, W. (2012). The states' elder abuse victim services: a system in search of support. Generations 36(3), 66–71. Retrieved from http://www.ingentaconnect.com/content/asag/gen/2012/00000036/00000003/art00015
15. Acierno R., Hernandez, M.A., Amstadter A.B., Resnick H.S., Steve K., Muzzy W., & Kilpatrick D.G. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: the national elder mistreatment study. American Journal of Public Health 100(2), 292–297. doi: 10.2105/AJPH.2009.163089
16. Friedman, B., Santos, E.J., Liebel, D.V., Russ, A.J., & Conwell, Y. (2015). Longitudinal prevalence and correlates of elder mistreatment among older adults receiving home visiting nursing. Journal of Elder Abuse and Neglect 27(1), 34–64. doi: 10.1080/08946566.2014.946193
17. Lachs, M., & Pillemer, K. (2015). Elder abuse. New England Journal of Medicine, 373, 1947–56. doi: 10.1056/NEJMra1404688
18. Laumann, E., Leitsch, S., & Waite, L. (2008). Elder mistreatment in the United States: prevalence estimates from a nationally representative study. The Journals of Gerontology Series B, Psychological Sciences and Social Sciences, 63(4), S248–S254. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2756833/
19. Peterson, J., Burnes, D., Caccamise, P., Mason, A., Henderson, C., Wells, M., & Lachs, M. (2014). Financial exploitation of older adults: a population-based prevalence study. Journal of General Internal Medicine, 29(12), 1615–23. doi: 10.1007/s11606-014-2946-2
20. Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, & New York City Department for the Aging. (2011). Under the Radar: New York State Elder Abuse Prevalence Study. Retrieved from https://ocfs.ny.gov/main/reports/Under%20the%20Radar%2005%2012%2011%20final%20report.pdf
21. Adult Protective Services Infographic. (2017) Virginia Department of Social Services. Retrieved from: http://dss.virginia.gov/files/division/dfs/as/aps/intro_page/learn_more/general/APS_infographics_bw_2017.pdf
22. What is Known about the Incidence and Prevalence of Elder Abuse in the Community Setting?, National Center on Elder Abuse. Retrieved from https://ncea.acl.gov/whatwedo/research/statistics.html#prevalence
23. Dittmann, M. (2003) Fighting Ageism: Geropsychologists are striving to stop negative age sterotypes and meet the growing mental health needs of older adults. Monitor on Psycology. 34 (5) Retrieved from http://www.apa.org/monitor/may03/fighting.aspx
24. Brown, L. (2015) 5 Examples of Everyday Ageism. Igrow: Healthy Families. Retrieved from http://igrow.org/healthy-families/aging/5-examples-of-everyday-ageism/
25. Phelan, A. (2008) Elder abuse, ageism, human rights and citizenship: implications for nursing discourse. Nurs Inq. 15(4) Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/19076708
26. Miller, J. & Sheehan, K. (2015) Valley Views: Discrimination of ageism can lead to elder abuse. Poughkeepsie Journal. Retrieved from https://www.poughkeepsiejournal.com/story/opinion/valley-views/2015/06/10/discrimination-ageism-can-lead-elder-abuse/71026358/
27. Robbins, L. (2015) The Pernicious Problem of Ageism. Generations. Retrieved from http://www.asaging.org/blog/pernicious-problem-ageism#toc
28. Robbins, L. (2015) Gauging Aging: How Does the American Public Truly Perceive Older Age—and Older People. Generations. Retrieved from http://asaging.org/blog/gauging-aging-how-does-american-public-truly-perceive-older-age-and-older-people
29. Ramsey-Klawsnik, H. and Miller, E. (2017) Polyvictimization in later life: trauma-informed best practices, Journal of Elder Abuse & Neglect, DOI: 10.1080/08946566.2017.1388017
30. Ogle, C., Rubin, D., & Siegler, I. (2013) Cumulative exposure to traumatic events in older adults. PMC US National Library of Medicine National Institutes of Health. DOI: 10.1080/13607863.2013.832730
31. Ramsey-Klawsnik, H. & Heisler, C. (2014). Polyvictimization in later life. Victimization of the Elderly and Disables, May/June, 17 (1)
32. Bernardo, Katherine R., Cultural Sensitivity and Elder Abuse: Considrations for Social Work Practice (2014). Electronic Theses, Projects, and Dissertations. Paper 55
33. Landeiro, F., Barrows, P., Nutall Musson E., et al. Reducing social isolation an dloneliness in older people: a systematic review protocol. BMJ Open (2017); 7; e013778. doi: 10.1136/bmjopen-2016-013778
34. Alzheimer's Association. (2009). Alzheimer's Disease Facts and Figures. Retrieved from https://www.alz.org/national/documents/report_alzfactsfigures2009.pdf
35. Metlife Mature Market Institute. (2011). The MetLife Study of Elder Financial Abuse: Crimes of Occasion, Desperation, and Predation Against America's Elders. Retrieved from http://ltcombudsman.org/uploads/files/issues/mmi-elder-financial-abuse.pdf

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