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# TRAUMA-INFORMED APPROACHES TO ELDER ABUSE

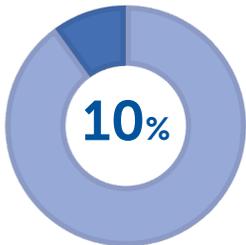
## ISSUE BRIEF SUMMARY



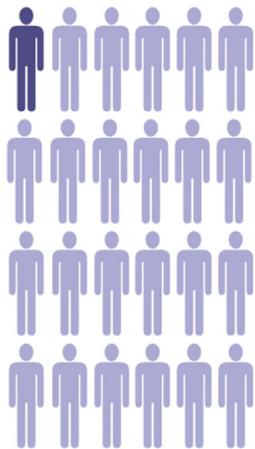
As Americans live longer and healthier lives, older adults represent the fastest growing segment of the U.S. population. The number of people in Virginia aged 65 and older will nearly double between 2010 and 2030, accounting for 1 in 5 Virginians.<sup>1</sup> With this demographic change, communities 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.<sup>2</sup> It is therefore very important that professionals and volunteers who visit older adults in their homes have a basic understanding of elder abuse, neglect, and trauma.

### HOW COMMON IS ELDER ABUSE?



of older adults over 60 experienced elder abuse.<sup>8</sup>



1 in 24 cases of elder abuse, neglect and exploitation are reported.<sup>9</sup>

### 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. 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.<sup>3</sup>

### 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.<sup>4</sup>

**Physical abuse** is the use of physical force that may result in bodily injury, physical pain, or impairment.<sup>5</sup>

**Sexual abuse** is non-consensual sexual contact of any kind.<sup>5</sup>

**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.<sup>5</sup>

**Financial exploitation** is the illegal or improper use of an elder's funds, property, or assets.<sup>5</sup>

**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.<sup>5</sup>

**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.<sup>6</sup> **In Virginia, self-neglect is the most commonly reported form of elder abuse.<sup>7</sup>**



## AGEISM

Ageism is the stereotyping and discrimination against individuals because of their age. 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.<sup>23</sup> Ageism includes stereotypes, myths, disdain and dislike, avoidance of contact, and discrimination in housing, employment, and services of many kinds.<sup>24</sup> 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.<sup>25</sup> The devaluing of older adults also negatively impacts older adults’ physical and mental health, in turn making them more vulnerable to abuse.<sup>26</sup>

## 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 (trauma awareness, safety, respect, control and choice, and strengths based) apply when caring for older adults; however professionals and volunteers visiting older adults must also consider their unique social, physical and cultural needs.

## 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 Experience:** Older adults are more likely to experience historical trauma; the 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, responsibilities and independence; and elder abuse, neglect, and exploitation.<sup>10</sup>
- **Polyvictimization:** Types of elder abuse can co-occur in various combinations, frequently causing older adults to suffer in multiple and complex ways.<sup>11</sup>
- **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.<sup>12</sup>
- **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.<sup>13</sup>
- **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.<sup>34</sup> People with dementia are at a greater risk of elder abuse because of impairments in memory, communication abilities, and judgment.<sup>14</sup>

Visit [fact.virginia.gov/trauma](http://fact.virginia.gov/trauma) for the full Trauma-Informed Approaches to Elder Abuse Brief.

## ENDNOTES

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