



Elder Mistreatment

Donna Benton, PhD
Research Associate Professor of Gerontology
Assistant Dean
Director of the USC Family Caregiver Support Center
USC Leonard Davis School of Gerontology

Lori Mars, JD, LL.M.
Assistant Professor
Keck School of Medicine of USC

Learning Objectives

- Describe the types of elder abuse
- Recognize the signs and risk factors of abuse
- Understand better practice, person-centered, trauma informed approaches to working with older adults
- Describe the types of interventions available

Gameplan

- Prevalence
- Types of abuse
- Impact
- Signs
- Risk Factors
- Person-centered, trauma-informed care approaches
- Intervention

This Can't be Elder Abuse...Or Can it?

“You know it when you see it”

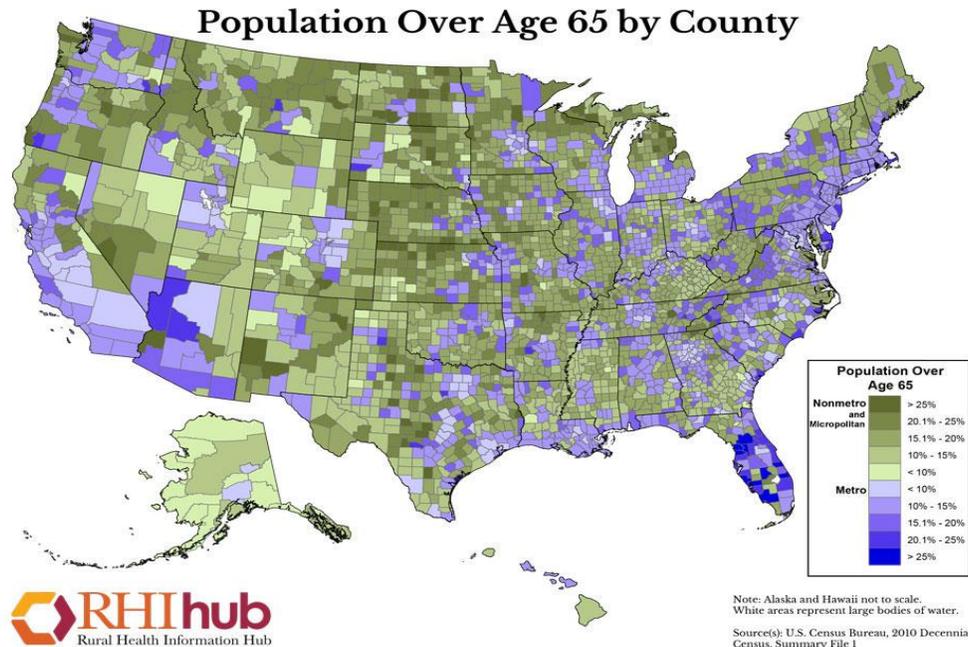
“This is a family matter”

“They said everything was fine”

“She has dementia, so her claim isn't credible”

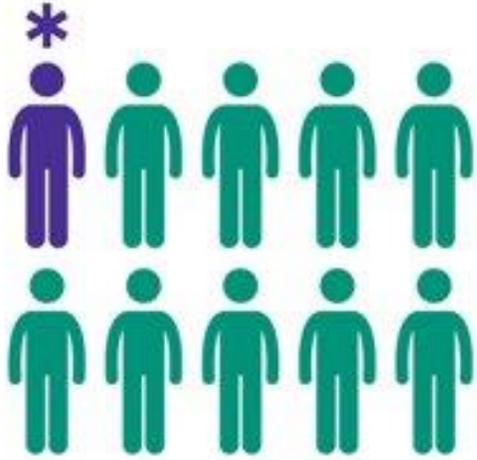
“He doesn't know what's best for him”

The Older Adult Population

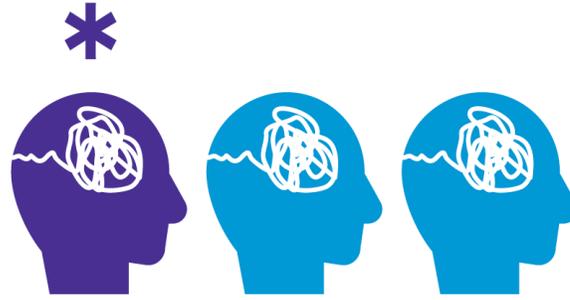


- In 2019, there were over 54.1 million older people in the US
- By 2050, the population aged 65 and over is projected increase to 90 million
- By 2050, the percentage of people aged 65+ will represent over 21.6% of the population in the US

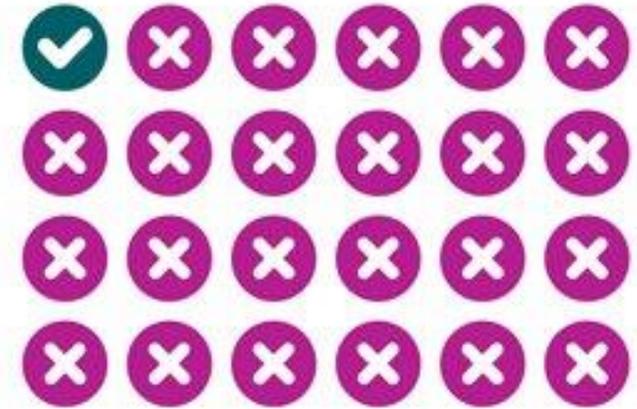
Elder Mistreatment: Prevalence



1 in 10 community-dwelling older adults experience abuse every year.



1 in 3 older adults with cognitive impairment experiences abuse.



Only **1 in 24** cases of elder abuse are reported.

Nondisclosure and Underreports

- Shame and embarrassment
- Fear of retaliation
- Dependence on perpetrator
- Social isolation and loneliness
- Inability to report due to cognitive impairment
- Reluctance to report loved ones



Elder Mistreatment - Definition

According to the Centers for Disease Control and Prevention, “Elder abuse is an intentional act or failure to act that causes or creates a risk of harm to an older adult. An older adult is someone age 60 or older. The abuse occurs at the hands of a caregiver or a person the elder trusts.”



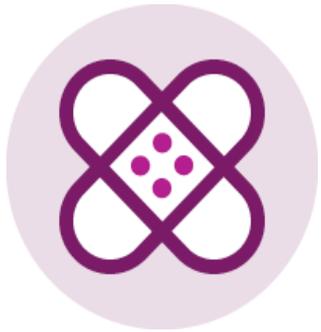
Socio-Cultural Perceptions of Mistreatment

Conceptual understandings may vary based on cultural and social norms among communities, resulting in different definitions, perceptions of, and responses to, mistreatment.



Types of Elder Mistreatment

Elder Abuse can happen anywhere. It can take many forms, including:



Physical



Psychological



Sexual



Financial



Neglect



Self-Neglect

Multiple forms of abuse can co-occur

Impacts

- Medical and mental health consequences
- Increased cognitive decline
- Social isolation and disconnection
- Poverty and homelessness
- 3x higher mortality rate
- Billions of dollars in losses



Elder abuse has significant **medical, mental health, financial, and social impacts.**

Signs of Abuse

Physical Signs



Dehydration or unusual weight loss



Missing daily living aids (glasses, walker, or medication)



Unexplained injuries, bruises, cuts, or sores



Torn, stained, or bloody underclothing



Unattended medical needs



Unexplained sexually transmitted diseases

Emotional & Behavioral Signs



Increased fear or anxiety



Isolation from friends or family



Unusual changes in behavior or sleep



Withdrawal from normal activities

Financial Signs



Fraudulent signatures on financial documents



Unusual or sudden changes in spending patterns



Unpaid bills

Risk Factors of Abuse



The Abuse Intervention/Prevention Model

Practical framework for identifying sources of risk related to elder mistreatment

Risk Factors



Older Adult

Chronic medical conditions
Cognitive impairment
Functional deficits
Frailty
Social isolation
Stress and poor coping mechanisms



Trusted Other

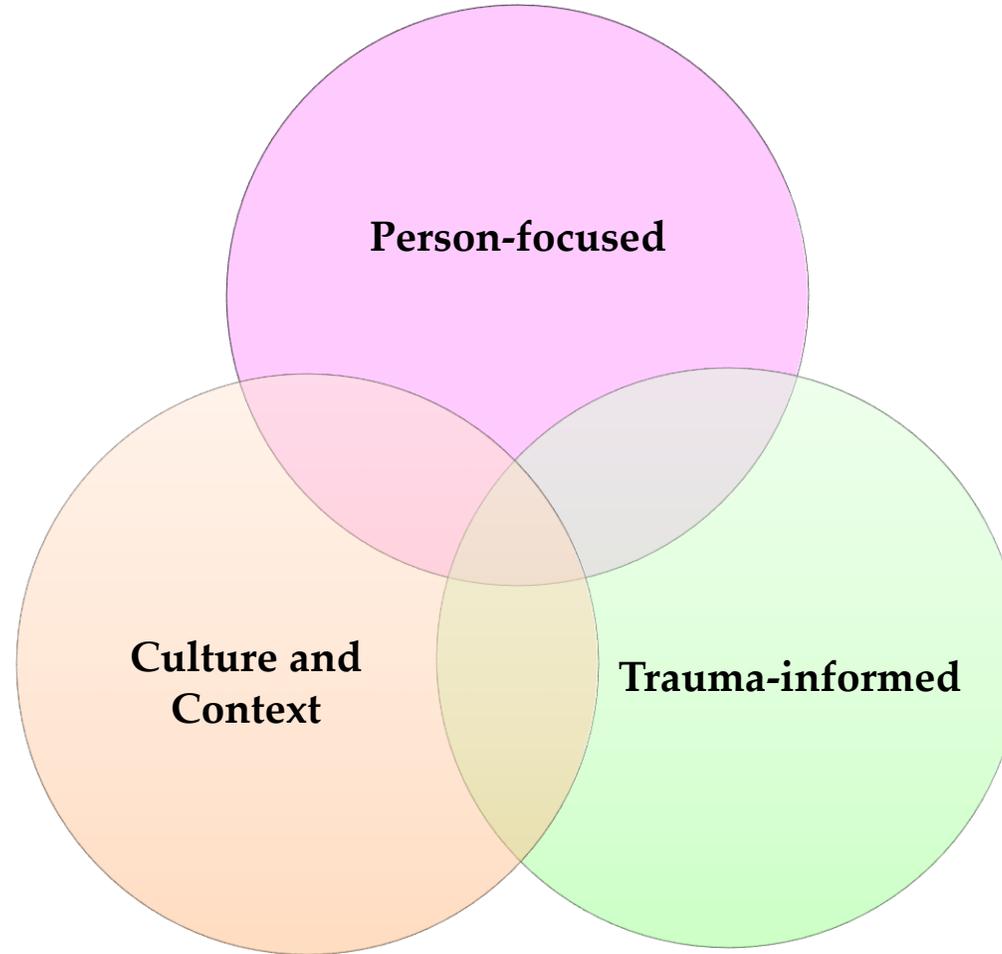
Economic dependency
Emotional dependency
Substance abuse



Context

Social connectedness
Culture
Relationship

Tailored Approaches



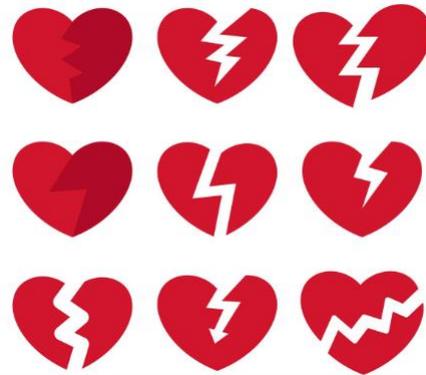
Trauma

- Prior trauma history is a risk factor for abuse and trauma is also a consequence of abuse
- Up to 90% of adults nationwide have experienced some type of trauma during their lives
- Trauma can stem from interpersonal incidents, situational events; historical experiences; public health crises; and/or structural injustices.
- Consequences may be short-lived or lifelong. Precipitating events may arise in childhood, adolescence, or adulthood. Trauma may be re-triggered in older age, causing re-traumatization.

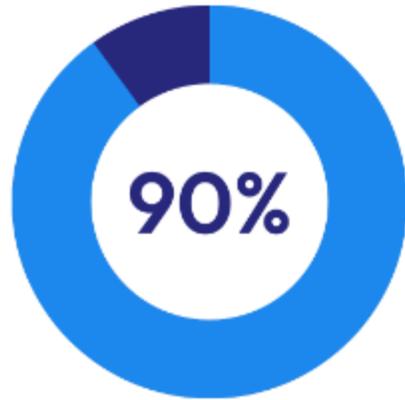


Trauma Experiences

- Trauma may be experienced directly, vicariously, intergenerationally, and systemically.
- There is growing evidence from the field of epigenetics the possibility that trauma is passed through generations, not just through how we interact and behave on an interpersonal level, but through our very genome.
- And though trauma is personally perceived and felt, trauma impacts individuals, families, loved ones, communities, and our society at large.
- Depending on the type, duration, context and severity of early life trauma experiences there may be life-long consequences.

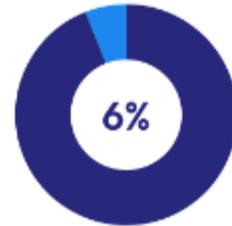


Trauma and Abuse Across the Life Course



90% of Americans will experience at **least one traumatic event** in their lifetime

(Kilpatrick, 2013)



6% of the American population will experience PTSD in their lifetime.

(VA, n.d.-b)



1 in 4 children in the United States will experience or witness interpersonal violence in their childhood.

(Finkelhor et al., 2009)



1 in 3 women and more than **1 in 4 men** in the United States will experience sexual assault, physical violence, and/or stalking by an intimate partner in their lifetime.

(Black et al., 2011)



Approximately **1 in 10 older adults** will experience elder abuse annually.

(NCEA, 2023)

Childhood Trauma Exposure

Trauma exposure in childhood is associated with an increased likelihood of having anxiety and depression in older adulthood.

There is a "strong and cumulative" link between adverse childhood experiences (ACEs) and poor health in adulthood.



Trauma in Later Life

- Trauma experienced earlier in life may resurface or become more pronounced as individuals confront the challenges of aging, such as declining health, loss of independence, and social isolation.
- Aging itself can sometimes be accompanied by new traumatic experiences, such as the loss of loved ones, chronic illness, or major changes in life circumstances.
- Aging can intersect with societal attitudes and systems that may perpetuate or exacerbate trauma, such as ageism, discrimination, and barriers to accessing appropriate care and support.
- Trauma can also intersect with abuse.

Understanding Trauma and Aging

Without accounting for the role of trauma in aging:

- Older adults with trauma-related behaviors or emotions may be misunderstood and labeled as difficult to care for or treat.
- Care providers may not recognize or know how to provide the best treatment for an older adult with a history of trauma.
- Care providers may respond inappropriately to trauma-related behaviors and emotions, leading to the re-traumatization.

Health Impacts

- Lifetime trauma exposure has been linked to the propensity for developing a wide range of physical, mental, and cognitive health conditions.
- Consequences may include depression, cardiovascular disease, diabetes, and hypertension.
- Early life trauma can lead to unhealthy behaviors such as smoking, substance abuse, and eating disorders. It may lead to difficulty with coping, poor judgment, and risk-taking.
- Although trauma may not be the singular cause of those health conditions, it is strongly associated with their development and severity.

Trauma and Elder Abuse

While abuse and crime can happen to anyone throughout their lifetime, older adults may be more vulnerable, more susceptible to mistreatment, and less likely to recover from victimization.

When exposed to distressing circumstances, many older adults will be able to draw upon their prior experiences of overcoming trauma.

Trauma Triggers and Re-traumatization

Trauma triggers - stimuli such as a sound, smell, touch, sight, taste, feeling, or circumstance that remind them of past trauma and prompts a trauma response

- Triggers and reactions to them can vary widely from person to person.
- Triggers can elicit a fight, flight, or freeze response in the body
- Triggers can cause an involuntary recall of previous traumatic events.

Re-traumatization - when a person relives prior traumatic experiences with as much emotional intensity as when the original event occurred

Barriers to Seeking Help

- Many older adults are hesitant to share their trauma narratives.
- Earlier traumatic events may have instilled a lack of trust in service providers.
- Providers may not know how to recognize trauma symptoms or provide PCTI care.
- Service providers who lack an understanding of trauma responses, impacts, and symptoms may inadvertently misdiagnose older adults or provide inadequate care.

What is Person-centered, Trauma-informed Care?

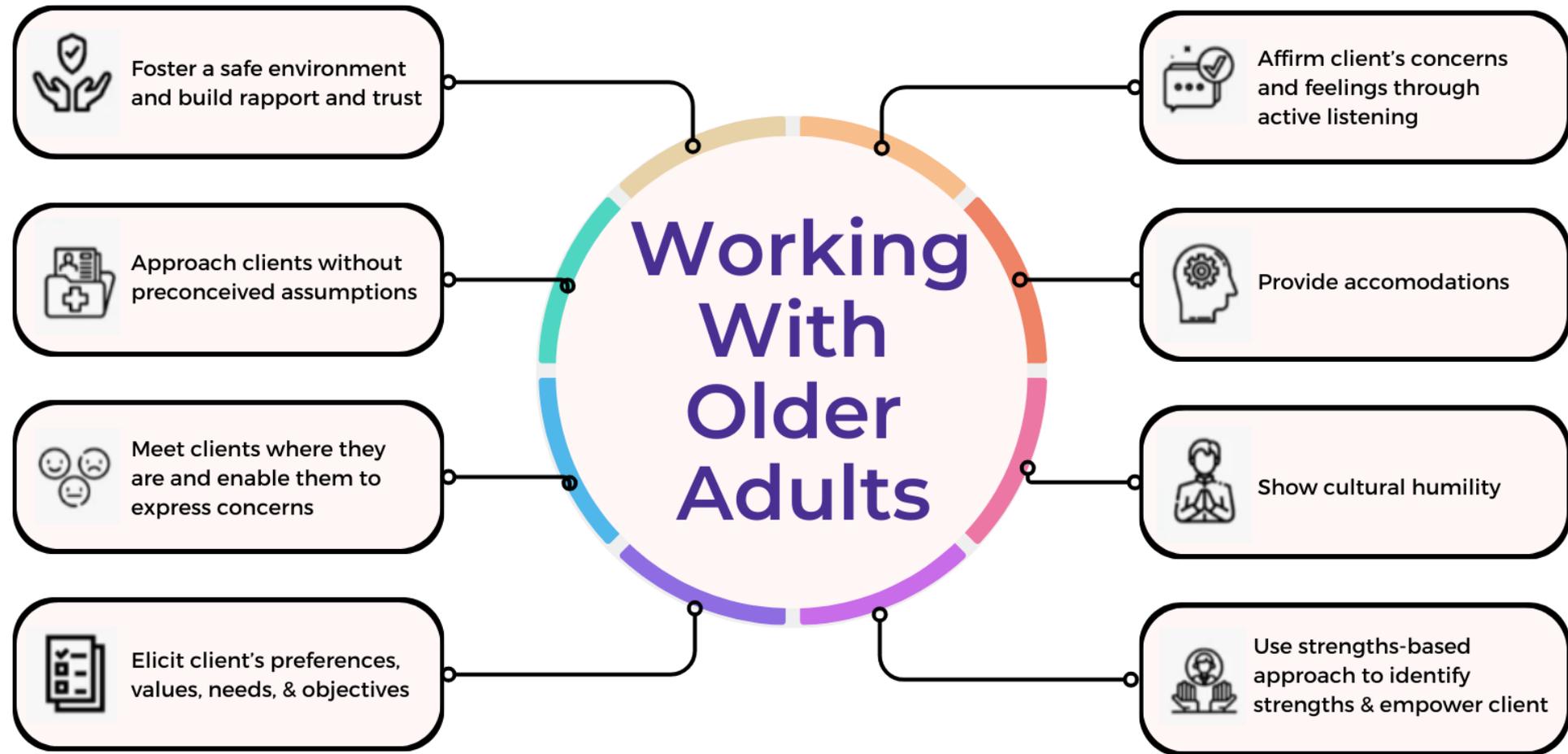
- Holistic approach to service provision
- Fosters dignity and resilience among survivors
- Recognizes the impact of trauma
- Incorporates knowledge into service delivery and provider practices



What are the Benefits of Person-centered, Trauma-informed Care?

- PCTI services promote the well-being of trauma survivors through individual autonomy and choice, while building the capacity of agencies and programs to provide safe, supportive, and transparent services.
- In healthcare settings, PCTI practices create a safe, trustworthy, and predictable environment that enhances survivor empowerment and engagement while reducing the likelihood of re-traumatization. Trauma-informed care has been found to decrease symptoms, emergency department visits and hospitalizations, lower health care costs, and improve health outcomes.
- Organizations that have adopted PCTI care have been found to exhibit a structured work approach, improved staff knowledge and service delivery, and sustainability.

Approaches to Working With Older Adults who are Experiencing Abuse



Best Practice Tips to Integrating Person-centered, Trauma-informed Care Practices

1. Raise awareness and understanding about aging, abuse, and trauma and the value of an applied PCTI approach.
2. Build PCTI organizational capacity, strengthen practitioner knowledge and skills, and instill culture change to better serve older adults.
3. Develop and adopt culturally responsive interventions and resiliency-based solutions.
4. Foster tailored and responsive PCTI practices within community and institutional settings to promote elder dignity and prevent abuse.
5. Validate personal strengths and capabilities while recognizing individual and collective trauma histories.
6. Understand that conducting culturally tailored work requires listening, learning, and cultural humility.
7. Include the older person's perspective and preferences in the design and delivery of services to promote elder autonomy, agency, and ability.
8. Integrate trauma-informed peer-support groups, safe spaces, culturally diverse literature, and culturally sensitive signage.

Examples

