

# Tips and Tools for Person-Centered, Trauma-Informed Care of Older People at the Intersection of Trauma, Aging, and Abuse

Older people carry complex trauma histories that impact their physical, emotional, mental, psychological, and social wellbeing. Abuse in later life compounds harms. Person-centered, trauma-informed (PCTI) and responsive care promotes safety, builds resilience, and contributes to improved outcomes for adults in later life.



## What is trauma?

Trauma is a response to an event, series of events, or circumstance that results in physical, emotional, and/or life-threatening harm that may have persistent adverse impacts on a person's physical, psychological, social, and/or spiritual wellness.<sup>1,2</sup>

## How common is trauma?

Up to 90% of adults nationwide have experienced some type of trauma during their lives.<sup>3</sup>

## Who can experience trauma?

Anyone can experience trauma.<sup>4</sup> Some experience significantly higher rates of trauma exposure and post-traumatic stress.<sup>5</sup> Trauma may be experienced directly, vicariously, intergenerationally, collectively, and systemically. Traumatic events and circumstances impact individuals, families/chosen families, and communities. Individual responses to those experiences are personal and unique.

## What causes trauma?

Trauma can stem from interpersonal incidents like adverse childhood experiences, intimate partner violence, and elder maltreatment; situational events such as poverty, migration and displacement, homelessness, serious illness, or death of a loved one; historical experiences like war, genocide, natural disasters; and public health crises.<sup>6</sup> Some events may cross several causal domains.



## **What are the effects of trauma?**

Trauma is associated with adverse physical, cognitive, mental health, and psychological impacts. Individuals experience and express stress in different and unique ways. Consequences may be short-lived or lifelong and include depression, anxiety, and other posttraumatic stress symptoms. Common physiological effects may include a higher risk of cardiovascular disease, gastrointestinal disorders, and chronic fatigue.<sup>7</sup> Trauma exposure may also provoke unhealthy behavioral responses, risk miscalculation, and poor coping mechanisms like avoidance, isolation, and substance abuse. One potential positive outcome of trauma is resilience. It is important to understand that the impact of trauma exposure may be mitigated by appropriate support and intervention.<sup>8</sup>

## **What are sources of trauma in older age?**

Older adults are more likely to have experienced multiple traumas over the life course. Trauma responses may arise from a single incident or cumulative exposure. Trauma histories, combined with age-associated physiologic changes, diminished cognitive ability, and emotional, psychological, and/or social losses, can profoundly impact aging and wellbeing. These changes, often accompanied by a loss of roles, responsibilities, and autonomy may expose older people to additional, compounding harms.

Precipitating events may arise in childhood, adolescence, or adulthood. Whether perceived or suppressed at the time initially experienced, trauma may be re-triggered in older age, causing re-traumatization. Seemingly harmless sights, sounds, and smells reminiscent of past traumas may activate a response to early life exposures. Ageism, or the stereotyping, prejudice, or discrimination of older people on the basis of age, is associated with post-traumatic distress in older adults.<sup>9</sup> Ageism normalizes misperceptions about older people and can result in multiple adverse consequences, including social exclusion, isolation, health, and economic impacts.

## **What is the relationship between elder abuse and life course trauma?**

Trauma through the life course, aging-related changes, perceived decreased productivity, and diminished social connectedness may increase vulnerability in elderhood and potentially expose older adults to an increased risk of maltreatment. Elder abuse may also result in trauma. Physical, psychological or emotional, sexual, and financial abuse and neglect are common, experienced by 1 in 10 older people.<sup>10</sup> Consecutive or co-occurring forms of abuse may aggravate harms and result in traumatic stress for older adults.

## What challenges do older people with trauma histories face in seeking and receiving appropriate care and resources?

Many older adults are hesitant to share their trauma narratives out of fear, shame, stigma, guilt, or to avoid re-traumatization.<sup>11</sup> Survivors may not disclose their history of trauma as they may not recognize the impact of trauma on their health status. Additionally, earlier traumatic events may have instilled a lack of trust in service providers. Limited PCTI and responsive services may also inhibit help seeking and the availability and accessibility of appropriate services and supports.

Providers may not know how to recognize trauma symptoms or provide PCTI care. As a result, they may unintentionally retraumatize older people seeking assistance, cause memories of and responses to prior traumatic experiences to resurface, or misdiagnose symptoms of trauma. 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?

PCTI care is a holistic approach to service provision that fosters dignity and resilience among survivors of trauma. This approach recognizes the impact of trauma and incorporates that knowledge into service delivery and provider practices. PCTI care provides a framework that advances safety, respectful and responsive programming, and empowering environments for survivors.<sup>12</sup>

### Trauma-informed principles prioritize:<sup>13</sup>

1. Physical and psychological safety
2. Trustworthiness and transparency
3. Peer support and mutual self-help
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues



Strategies to integrate a trauma-informed culture into care provision become more resonant and impactful when delivered through a person-centered lens.

## 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.<sup>14</sup>

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.<sup>15</sup> Trauma-informed care has been found to decrease symptoms, emergency department visits and hospitalizations, lower health care costs, and improve health outcomes.<sup>16</sup>



Organizations that have adopted PCTI care have been found to exhibit a structured work approach, improved staff knowledge and service delivery, and sustainability.<sup>17</sup>

## **How can we incorporate person-centered, trauma-informed care practices with older adults who have experienced trauma and abuse?**

1. Raise awareness and understanding about aging, abuse, and trauma and the value of an applied PCTI approach and response
2. Provide dedicated resources for PCTI care to build organizational capacity, strengthen practitioner knowledge and skills, and instill culture change to better serve older adults
3. Develop and adopt responsive interventions and resiliency-based solutions that address individual, interpersonal, contextual, and societal needs and create physical and psychological safety
4. Foster culturally sensitive and trauma-informed practices and principles 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

**REMEMBER:** Whether direct or vicarious, a singular event or cumulative exposure, trauma is pervasive. It impacts individuals, families/chosen families, and communities. A PCTI response requires collective, communal, and organizational awareness and action.



## Endnotes

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