

**Additional Questions & Answers from the NAPSRC Webinar
Trauma-Informed Services for Elders with Abuse Histories
Gabby Grant, [California Center of Excellence for Trauma Informed Care](#)
July 11, 2012**

from Nancy Kelley-Gillespie to Host & Presenter:

From my practice experiences with older adults, I have noticed that the current cohort of older adults has a different "definition" or "perception" of what constitutes "child abuse" and/or "spousal abuse." It seems that different generations view these issues differently, in part based on changing cultural values, beliefs, societal expectations, etc. How do these data take these factors into consideration and what can be expected for future generations of older adults who have "come of age" so to speak in an era of openness and education about abuse issues and emphasis on reaching out for assistance? (Hope this question makes sense!)

Gabby's response: Cultural norms are shifting and recently a several reports identified a hopeful trend. Child sexual abuse rates are going down a lot:

Highlights:

- 62% decrease of substantiated cases of sexual abuse dropped from 23 per 10,000 children under 18 to 8.6 per 10,000 from 1990 to 2010
- 3% drop from 2009 to 2010, according to the researchers' analysis of government data.
- 29% decline in reports of sexual abuse by an adult who was not a family member from 1992 to 2010
- 28% drop in reports of sexual abuse by a family member from 1992 to 2010, according to the Minnesota Student Survey

Source: http://www.nytimes.com/2012/06/29/us/rate-of-child-sexual-abuse-on-the-decline.html?_r=2&ref=us

from Leslie Brower to Host (privately):

Comment: voluminous research and experience show that people want to be asked, and want to be able to talk about their trauma history. (Felitti said not one ACE participant beeped a counselor during the study out of distress.)

Gabby's response: Great observation! People do want to be asked and as a society we have signaled "don't ask, don't tell." The change is "Ask, some might tell, some might not." At least the invitation is there.

from John Thompson to Host (privately):

Any suggestions how APS can workers can reduce the chances of their interventions causing revictimization or re-enactment of trauma?

Additional response from Gabby: Also, people can learn about the central trauma roles that play into re-enactments: victim, perpetrator, bystander and rescuer. The more we notice, the less likely we will play into them.

from steve casillas to Host (privately):

Note: Texas APS does not use past trauma questions in our assessment or risk determination process.

Gabby responds: While this might be the case, there is an opportunity for change. Try the Briefest Screen Ever.

from Nancy Kelley-Gillespie to Host & Presenter:

RE: Trauma-Related BPD--still evokes intrepidation! and even a sense of having a client with even more complex mental health issues which may lead to even more complex interventions!

Gabby responds: Sure, but the focus changes from the staff member to the client and from hopelessness to hopefulness, at least a little.

from margaret mcnamara to Host & Presenter:

I am not an APS worker, but do work in Social Services as Gatekeeper Program Coordinator. One of the things I do is share w/ people warning/red flags for people at risk- and let them know the ADRC resources numbers for others and themselves..... Is there a correlation b/t someone referral for others to services and one owns experiences. For example an older adult who is overwhelming involved in others problems. Is this a red flag for the "Gatekeeper/referrer"?

Gabby responds: Please note the central trauma roles above. Trauma survivors often play all the roles, switching from them depending on responses and relationships.