

Statewide APS Training Project/Academy for Professional Excellence presents

# Trauma-Informed Services for Elders with Abuse Histories

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**California Center of Excellence  
for Trauma Informed Care**



## Who am I?

- Gabriella Grant, director of the California Center of Excellence for Trauma Informed Care.
- Not a clinician - do facilitate 'seeking safety' groups for PTSD + sub abuse.
- Master in policy studies, specifically criminal justice policy and the female offender from the Johns Hopkins University.
- Worked for MD parole and probation, the CA Judicial Council, and contracted with the CA Dept of Public Health, most recently.

## Today's webinar goal

1. Increase general **knowledge** related to trauma-informed concepts, research and resources
2. Understand the connection between earlier abuse and current APS involvement
3. Learn about universal screening and universal precautions



## Seniors and Trauma

*What is the connection?*

## Trauma complicates aging

- Trauma poses a threat to the successful aging process by interfering with interpersonal relations and productive activity.  
(Cisler et al, 2010; Rowe & Kahn, 1997)
- Contrary to previous assertions of resiliency in older adult populations, there is reason to suspect greater vulnerability to emotional difficulties following exposure to traumatic stressors in this population.  
(Grey & Acierno, 2002)

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## PTSD worsens depression

- Seniors with depression and PTSD report more problems:
  - More severely depressed
  - More functionally impaired
  - Have more complicated and persistent mental illness history
  - Have higher suicidal behavior and completed suicide rates
  - Associated with high medical care utilization and costs

(compared with patients with depression alone or PTSD alone)

(Oquendo et al., 2003; Zayfert et al., 2002; Felker et al., 2003; Gradus et al., 2010; Simon et al., 1995; Greenberg et al., 1999; Samson et al., 1999; Kramer et al., 2003).

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## Trauma: risk for hoarding

- Adults who hoard reported a greater lifetime incidence (compared to controls):
  - Possessions taken by force (31%)
  - Physically handled roughly during adulthood (42%)
  - Forced sexual activity during adulthood (27%)
  - Forced intercourse during adulthood (27%)
  - Physically handled roughly during childhood (46%)
  - Forced sexual activity during childhood (31%)
  - Forced intercourse during childhood (27%)

(Hartl et al., 2005)



## Elder abuse in the present and child abuse in the past

*A connection not predicted by chance...*

## Past victimization predicts future victimization

- Studies of older adults and abuse or neglect at the hands of a caregiver or partner found childhood abuse to be a notable risk factor. (Allers et al., 1992; Fulmer et al., 2005; Hines & Malley-Morrison, 2005).
- "Older adults who suffered from physical neglect and abuse in childhood may be more likely to tolerate poor care later in life." (Fulmer, et al, 2005)
- The experience of a prior traumatic event was associated with increased risk of elder mistreatment, a finding also observed in the literature on younger adult mistreatment.  
(National Elder Maltreatment Study, 2009)

## Unsafe then and now

- Older women who experienced child abuse report higher rates of
    - Substance abuse and addiction
    - Promiscuous sexual behavior (CSA)
    - Lack of personal boundaries (CSA)
    - Isolation and difficulty trusting others
    - Humiliation and self-blame
    - Shame, low self-esteem
    - Inability to form meaningful relationships
    - Inflated sense of power due to the care-giving demands made on the survivor as a child
    - Sense of not belonging anywhere
- (Bright and Bowland, 2008)

## Unsafe behaviors today = *red flags* for prior child abuse

- Re-victimization (DV, elder abuse)
- Depression
- Suicidal behaviors
- Self harming and self-neglect
- Dementia or delirium diagnoses
- Drug use, alcohol abuse and smoking
- Multiple, chronic, complex illnesses
- Insomnia, eating disturbances, poor self care
- Helplessness, hopelessness, pessimism
- Noncompliance with medication and treatment



• Allers, 1992

## APS/Aging staff interventions

- Psychological First Aid for Seniors (Crisis Intervention)
  - <http://amhd.cbcs.usf.edu/docs/pfanh2ed.pdf>
- Seeking Safety (PTSD & Substance Abuse)
  - [www.seekingsafety.org](http://www.seekingsafety.org)
- Cognitive Behavioral Therapy (CBT) for Late-Life Depression
  - <http://oafc.stanford.edu/projects/cbt.html>
- IMPACT (Depression)
  - <http://impact-uw.org>
- Responding to Violent Crimes Against Persons with Disabilities
  - <http://www.safeplace.org/page.aspx?pid=358>
- Preventing suicide and promoting wellbeing
  - <http://store.samhsa.gov/product/SMA10-4515>



## Asking about trauma

### Childhood trauma and elder neglect

*When screening for neglect, screen for  
childhood trauma and poor social support.*

Fulmer et al., 2005

## Universal screening

- Post Traumatic Disorder Checklist
  - Validated for older adults (Hudson, et al, 2008)
- Trauma Symptom Checklist – 40 (Briere)
  - General for adults (age specific for children)
- Stressful life experiences checklist
- ACE questionnaire

## Briefest screen ever

- Do you feel safe speaking to me today?
  - If not, what would help you feel safer?
- Do you feel safe at home today?
  - If not, how can we help you feel safer?
- Did you feel safe in your home of origin?
  - If not, how does that affect you today?

Developed by G Grant



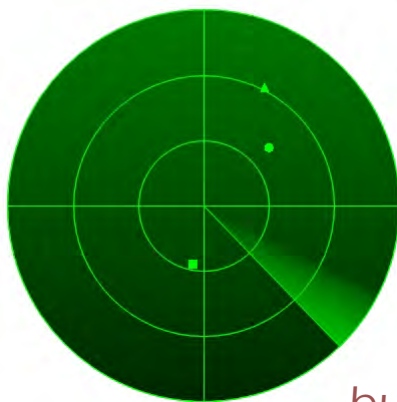
## Universal precautions

- If there is no specific information, assume trauma anyway!
- Notice that thinking trauma first provides solutions
  - rather than feeling blamed or overwhelmed, becoming angry, or struggling to know what to say.
- If disclosure, recognize the bravery and ask what the person would like you to do.
- Focus on the present: Ask "How does this still affect you today"
- Know mandated reporting laws and speak to supervisor (at least generally) after any disclosure.

• G. Grant, 2012



## Trauma is the key...



*...but is rarely on the radar*

## A common denominator:

*Trauma is the most common, the most preventable, and the most treatable factor affecting recipients of social services.*

## Current PTSD rates

Male general pop	4%	Anxiety	42%
Female gen. pop	5%	Female SA victims	41%
Bereaved seniors	16%	Prostitutes	42%
Dev disability	17%	HIV+ women	42% (+22%)
WWII vets	17%	Juvenile setting	up to 50%
Prisoners	21%	Outp. sub abuse tx	50%
Primary care	23%	S.A. foster care	64%
Homeless youth	24%	Male SA victims	65%
Serious MI	28-43%	DV victims	up to 84%
Major depression	35%		

Bender et al., 2010; Ford et al., 2008; Goff et al., 2007; Liebschutz et al., 2007; Mueser et al., 1998, 2004; Valera, 2000; Arroyo, 2001; Garland et al., 2001; Teplin et al., 2002; Martinez et al., 2002; Ryan, 1994; Kessler et al., 1995; Ullman, 2002; Jones et al., 2001; Dubner and Motta, 1999.

Adult diseases can best be understood as the manifestations of distant childhood events.

Dr. Vincent Felitti,  
ACE Principle Investigator  
August 2010

[www.COLEVA.net](http://www.COLEVA.net)

- Ob-Gyn
- Allergies
- Endocrine
- Ophthalmology
- Infectious disease
- Cardiovascular
- Gastrointestinal
- Genito-urological
- General/other categories
- ENT
- Dental
- Surgery
- Oncology
- Orthopedics
- Neurological
- Rheumatology
- Dermatology
- Respiratory/pulmonary
- Mental/Behavioral health

Academy of Violence and Abuse

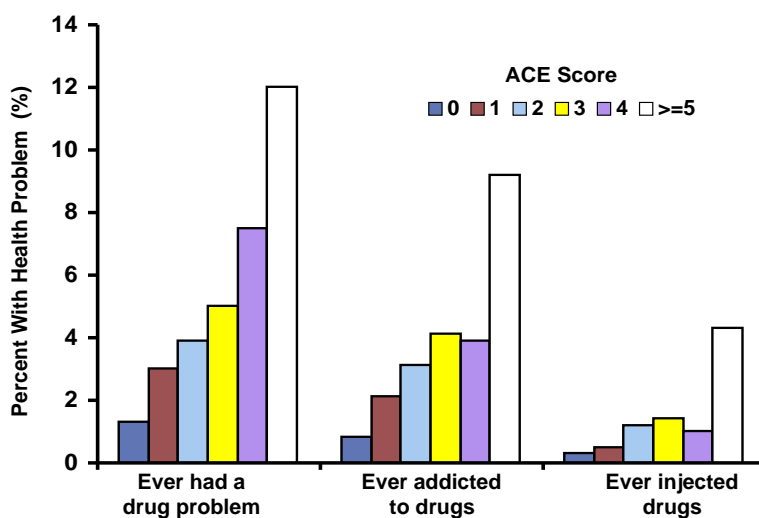
“Time doesn’t heal,  
time conceals.”

Dr. Vincent Felitti  
ACE Principal Investigator

## ACE – Before 18

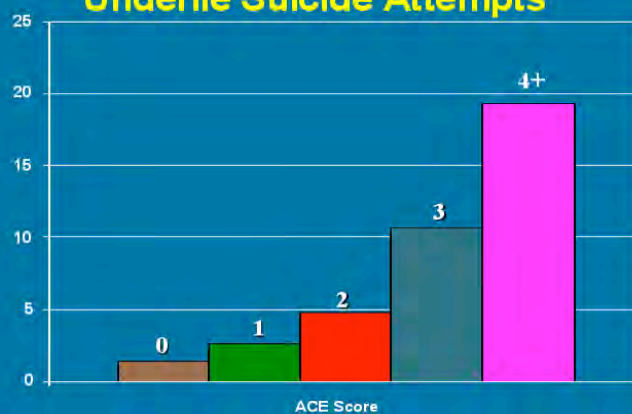
- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- One or no parents
- Emotional or physical neglect

## ACE Score and Drug Abuse

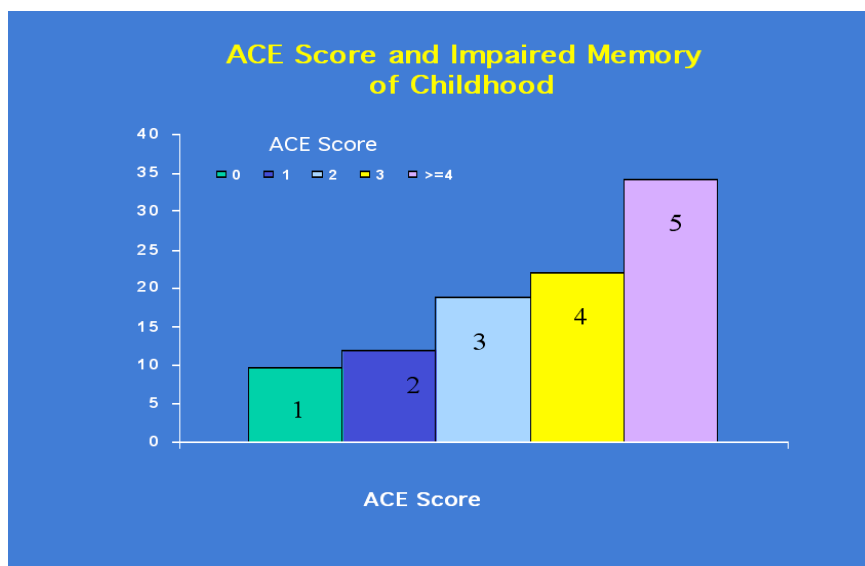


## ACEs and Suicide Attempts

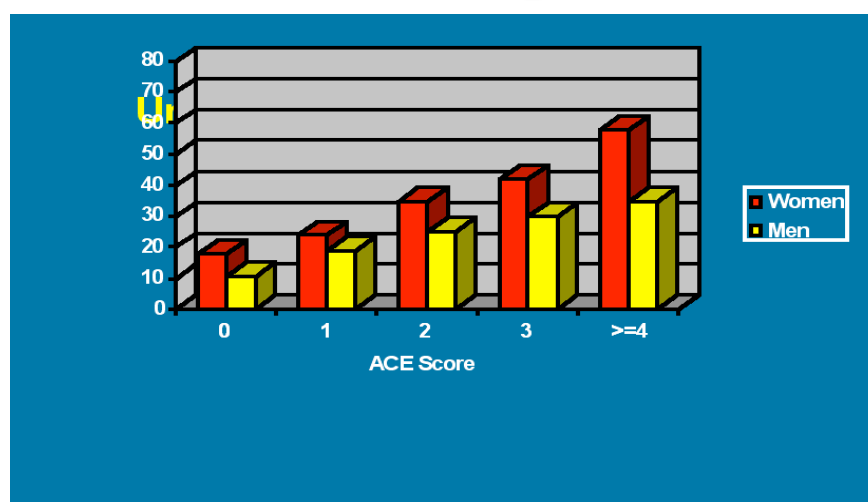
### Childhood Experiences Underlie Suicide Attempts



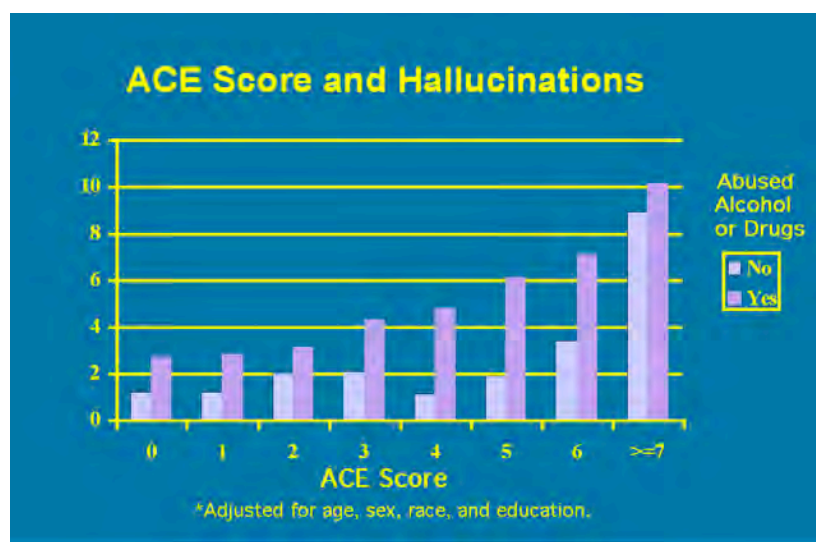
## ACEs and Impaired Childhood Memory



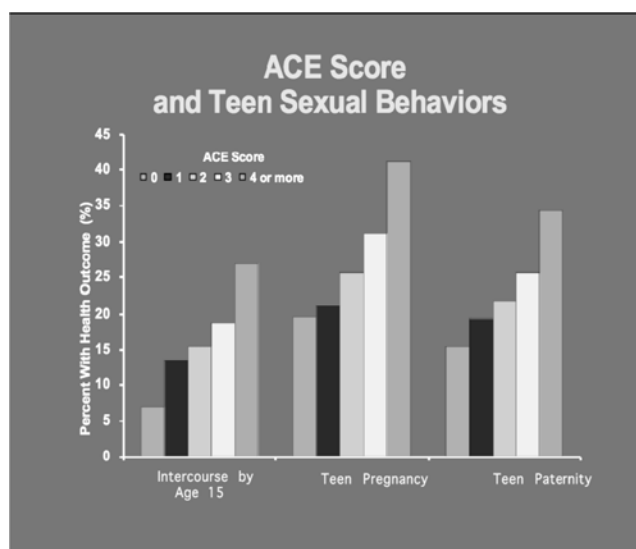
## ACEs and Depression



## ACEs and Hallucinations



## ACEs and Teen sexual behavior



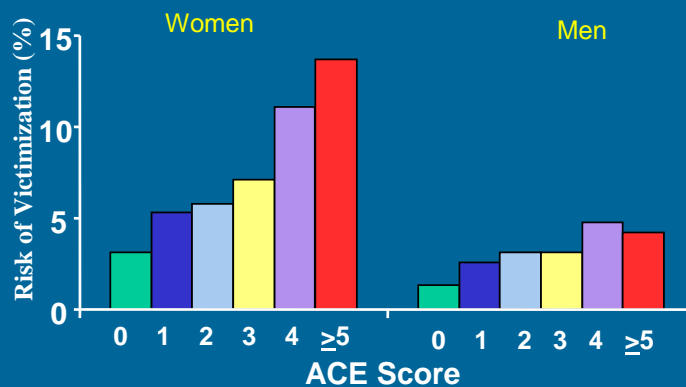
## Adverse Childhood Experiences Underlie Being a Victim of Rape



- **Attributable to ACEs**
  - People with an ACE score of 4 or more are over 8 times more likely to be a victim of rape than people with an ACE score of 0.

### Well-being

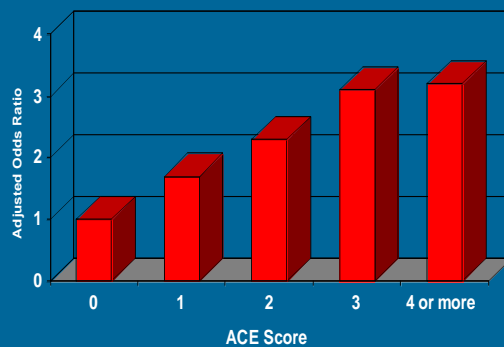
#### ACE Score and the Risk of Being a Victim of Domestic Violence



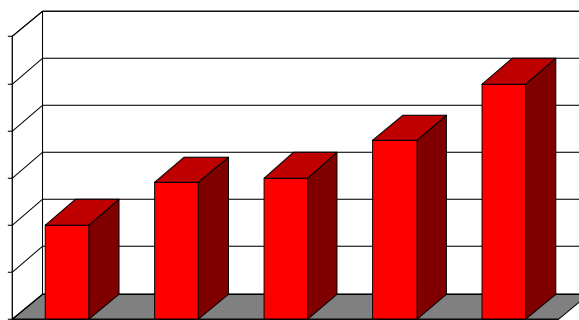


## ACEs and 50+ Sexual Partners

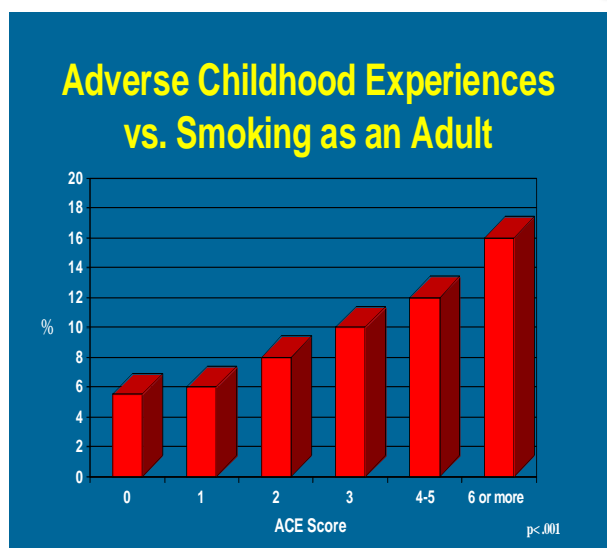
Adverse Childhood Experiences vs.  
Likelihood of > 50 Sexual Partners



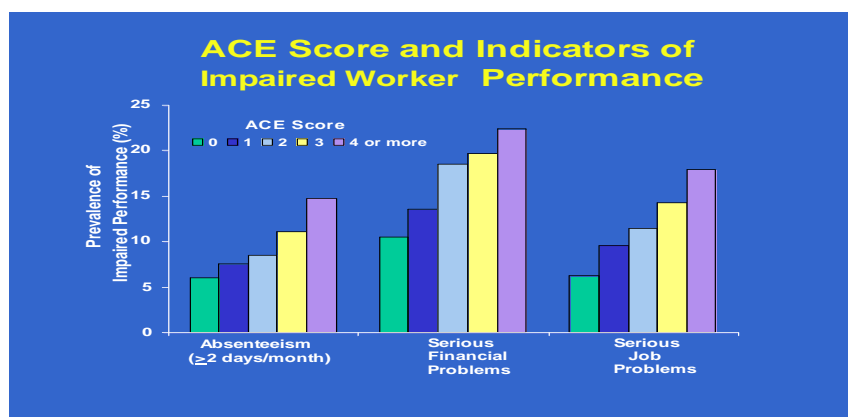
## Adverse Childhood Experiences vs. History of STD

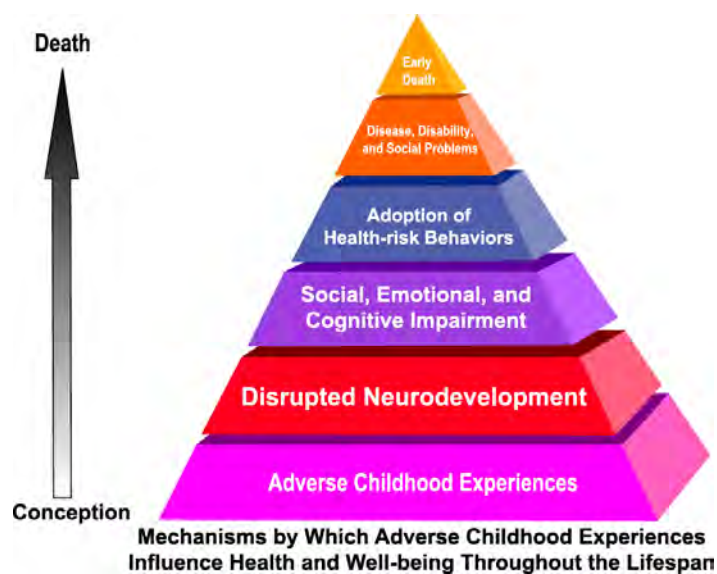
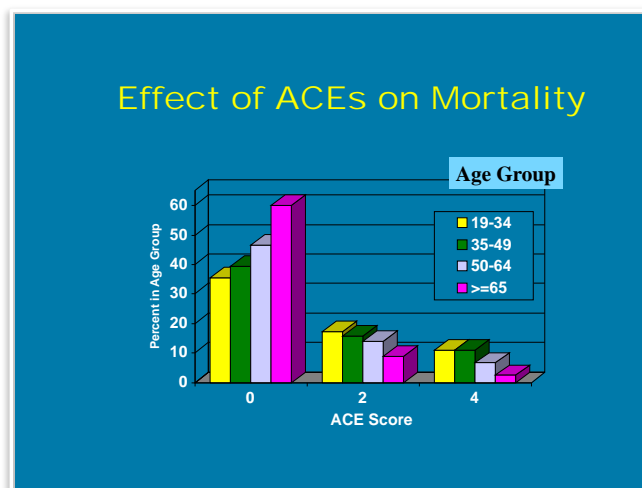


## ACEs and Smoking



## ACEs and Worker Performance



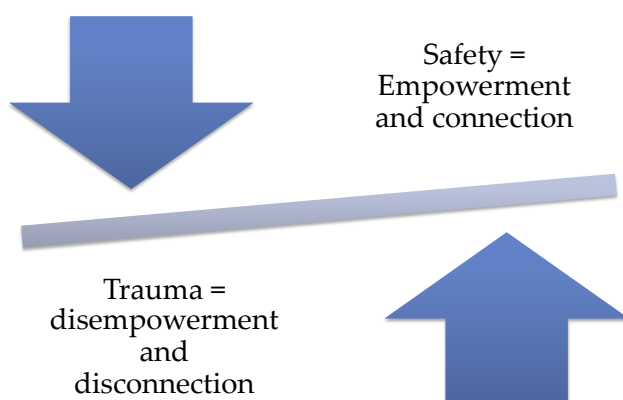


Felitti, 2009 •

What is conventionally viewed as  
a problem is actually a solution to  
an unrecognized prior adversity.

- Dr. Vincent Felitti, MD

Trauma → lack of safety



J. Herman, 1992

## The key is safety

1. Ask about trauma (clients can choose not to answer) while focusing on the present
2. Help seniors to focus on safe coping, compassionate self-talk and self-care today.
3. Hand out the *Safe Coping Sheet* from Seeking Safety  
[http://www.seekingsafety.org/7-11-03%20docs/2012\\_basic-handouts.pdf](http://www.seekingsafety.org/7-11-03%20docs/2012_basic-handouts.pdf)
4. Emphasize your agency's mission to help seniors stay independent and safe now.
5. Remember: voluntary services and choice of services promotes safety

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## Great news!

- APS services are voluntary!
- APS services focus on safety!
- APS services can increase cooperation by giving seniors choices!
- APS services can focus on the present (and how the past still affects the senior today!)
- Since no license is required to focus on increasing safe coping and reducing unsafe behavior today, all APS workers can do it!

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# Thank you!

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