


Working with Survivors of Crime within the Aging Population

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Elder Victimization Risks

Source: Acierno, R. et al., (2009). The National Elder Mistreatment Study.

- 11.4% of elders reported experiencing at least 1 form of mistreatment—emotional, physical, sexual or potential neglect—in the past year
- 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)

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High Victim Risk Factors for Vulnerable Adults

Source: Smith, N. et al., (2017). How Safe Are Americans with Disabilities? Vera Institute, Center on Victimization and Safety.

- Societal devaluation
- Presumed lack of credibility
- Isolation and segregation
- Increased exposure to potential abusers
- Culture of compliance
- Seen as easy targets

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Trauma Definition
Source: Briere, J., & Scott, C., (2012). *Principles of trauma therapy*; Herman, J., (1997). *Trauma and Recovery*.

- An event (or series of events) that shatters an individual's sense of safety in the world and overwhelms their ability to adapt
- Trauma can be induced by:
 - Single incidents (e.g., natural disasters, vehicle crashes, mass casualty events, stranger assault)
 - Chronic circumstances (e.g., loss/harm to partner, family, child; elder abuse; war)

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Subjective Nature of Trauma

- What is "traumatic" is to a certain extent subjective
- Victimized vulnerable adults may experience more helplessness, shame, and self-blame than those who are less vulnerable
- Abuse impact often related to ID of perpetrator
- Trauma impact can be mediated by social & emotional support

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Common Victim Trauma Reactions

- Immediate reactions
- Short-term reactions
- Long-term reactions

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Common Immediate Trauma Reactions

- Shock
- Self blame
- Disbelief
- Shame
- Fear
- Embarrassment
- Anger
- Humiliation
- Frustration
- Feeling helpless
- Confusion
- Grief
- Perceived lack of security

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Common Short-term Trauma Reactions

- High anxiety
- Preoccupation with the crime
- May or may not look distressed
- Anger outbursts
- Disturbed concentration
- Concerns about safety
- Sleep disturbances
- Concerns about who to tell
- Concerns about being believed, and not being blamed

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Long-term Trauma Reactions

- Major depression
- Thoughts of suicide and suicide attempts
- Use/abuse of alcohol and other drugs
- Ongoing problems with relationships
- Anxiety disorders
- Changing view of the world as “a safe place”
- Increased risk of further victimization

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● ● ● | **Long-term Trauma Reactions:
PTSD and Traumatic Stress
Syndrome**

- Flashbacks / re-experiencing event
- Hypervigilance / exaggerated startle response
- Anxiety disorders
- Depression / avoidance/numbing
- Sleep / eating disorders
- Difficulty doing normal activities

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● ● ● | **Aftermath of Trauma**

- Severe trauma can result in a “shutting down” response (personality, affect, will, confidence, self-esteem, etc.)
- Severely traumatized persons:
 - Move very slowly
 - Tend to disclose their abuse slowly over time
 - Open to safety strategies only in small steps
- Fear of the offender often can generalize to others, even helpers

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● ● ● | **REMEMBER:**

- Not *all* victims endure significant trauma in the aftermath of crime, but the risk is greater for older and vulnerable victims.
- The range of reactions often depends upon pre- and post-victimization factors, and factors related to the crime.
- An *immediate* and *ongoing* sensitive response always benefits victims!

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Factors that Affect Trauma
Source: Briere, J., & Scott, C., (2012). *Principles of trauma therapy*

- Nature and extent of the victimization
- Relationship with offender/abuser
- Existing stressors in one's life
- Past traumatic experiences, including prior victimization
- History of prior mental health problems increases trauma following a new crime, particularly history of PTSD or major depression
- Treatment by others (including family, friends, first responders, and justice professionals)
- Poor social support

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Other Impacts of Victimization

- Physical
- Financial
- Spiritual

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Physical Impact of Victimization

- Physical injuries (from minor to catastrophic)
- Insomnia
- Appetite disturbance
- Lethargy
- Headaches
- Stomach aches
- Muscle tension
- Nausea

(Physical injuries often affect emotional and psychological responses)

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● ● ● | **Health Impact of Trauma**

- Trauma has profound impact on physical and mental health
- Important at all points in the lifespan, but particularly so for vulnerable older adults

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● ● ● | **Other Health Implications**

- Health outcomes may be more severe or long lasting for older victims who have experienced multiple forms of abuse
- Mortality rates, compared to non-abused older people, are up to 300% higher (*Lachs, et al, 1998; National Academies, 2010*)
- Risk of death is 3 times higher than for non-victims (*Dong, 2005*)

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● ● ● | **Significant Health Impact**

- Hospitalization (*Dong & Simon, 2013*):
 - All forms of elder abuse independently increase the risk of hospitalization
 - With 2 or more forms of abuse, there is a 2.59-fold increased risk for hospitalization

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● ● ● **Health Impact of Trauma**

Women with disabilities are at higher risk of negative psychological consequences resulting from violence compared to other gender-disability groups and persons without disabilities. Men with disabilities also experience worse outcomes relative to men without disabilities. (Dembo, R. et al., (2018). *The psychological consequences of violence against people with disabilities.*)

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● ● ● **Financial Impact of Victimization**

- Costs of medical and mental health services
- Repairing property or replacing possessions
- Higher insurance premiums
- Participating in the justice or court system
- Funeral or burial expenses
- Inability to recoup losses

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● ● ● **Spiritual Impact of Victimization**

- Questioning one's faith:
 - Feelings of anger, hatred and / or betrayal
 - Is there a "just God"?
- Reliance on one's faith to cope
- Search for spiritual answers to deal with grief and trauma
- Addressing specific faith issues such as "forgiveness"

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● ● ● | **Impacts for Vulnerable Adults**

- Loss of independence
- Loss of relationships
- Social stigma of abuse
- Institutionalization or hospitalization
- Cannot recoup losses
- Earlier morbidity

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● ● ● | **Polyvictimization in Later Life**

- The child abuse field has defined polyvictimization as:
 - A person's experience of several varieties of victimizations or exposures to violence, crime, and abuse (*Finkelhor, Turner, Hamby & Ormrod, 2011*)
- Elder abuse literature describes "multi-faceted abuse," "multiple victimization," "hybrid" or "co-occurring forms of elder abuse"

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● ● ● | **Lit Review — Key Findings**

- Substantial evidence that elder abuse cases frequently involve polyabuse
- Older adults experiencing more than 1 type of abuse appear to be at higher risk for dire consequences than those experiencing single form abuse, even if that form occurs more than once

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● ● ● | **Literature Review**

- In a poll of APS professionals nationwide:
 - 15% reported that victims of multiple types of abuse comprise over 80% of their caseloads
 - 75% reported that victims of multiple types of abuse represent over 25% of their cases (NAPSRC, 2013)

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● ● ● | **Key Research Findings**

- The impact of trauma is cumulative
- Victims of interpersonal trauma are disproportionately likely to be re-victimized (Classen, C., et al., (2005). *Sexual revictimization: A review of the empirical literature.*)
- As one ages, the likelihood of having survived multiple traumas increases, along with the likelihood for re-victimization (Averill, P., & Beck, G. (2000). *Posttraumatic stress disorder in older adults: A conceptual review.*)

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● ● ● | **Special Concerns for Vulnerable Victims**

- Less able to cope with personal & social problems resulting from victimization
- Less able to manipulate existing services on their behalf
- Less likely / able to challenge procedures unresponsive to their problems or needs
- Best practice standard for assisting trauma victims is victim-centered, trauma-informed care

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Trauma Abuse Response Cycle
Source: Ramsey-Klawnsnik, H. & Miller, E., (2017). Polyvictimization in later life: Trauma-informed best practices.

- Traumatic experiences inflict multi-faceted harm
- Victim's urgent need to self-protect can dominate thoughts, awareness & actions
- Resulting behaviors may seem odd, oppositional, defiant, bad, or "crazy"
- The response to these behaviors can increase trauma
- APS & others may inadvertently contribute to this cycle

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Trauma-Informed Response

- Strengths-based framework (empowerment model)
- Grounded in understanding of and responsiveness to trauma impact
- Recognizes trauma impact on coping strategies
- Emphasizes physical, psychological, emotional safety for victims and providers
- Creates opportunities for victims to rebuild sense of control and empowerment

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Trauma-Informed Principles
Source: Ramsey-Klawnsnik, H. & Miller, E., (2017). Polyvictimization in later life: Trauma-informed best practices.

- Prioritize victim's need for safety, respect, acceptance
- Maximize victim choice and control
- Use empowerment model
- Validate victim strengths
- Recognize trauma impact on coping strategies
- Create collaboration between victim & provider
- Emphasize mutual self-help
- Minimize possibilities for re-victimization

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● ● ● | **Victim-Centered Response**

- Requires needs of the victim—not needs of responding professionals or organizations—be the foremost consideration during any intervention
- Needs or desires of the alleged perpetrator or collaterals involved in a case cannot be the first consideration
- Can be challenging given high caseloads and time constraints across disciplines responsible for responding to vulnerable adult abuse

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● ● ● | **Victim-Centered Approach**

- Foremost concern is the victim’s needs, safety, privacy, well-being
- Ethics: Do no harm
- Recognize: victims are never responsible for crimes committed against them
- Understand: impact of trauma and how it can affect victim behavior

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● ● ● | **Trauma-Informed, Victim-Centered Actions**

- Spend time with alleged victim before involved others
- Speak in a private & safe space
- Clearly introduce self / role, explain alleged victim’s rights
- Use neutral, non-intimidating, easily understood language & grammar
- Assume victim is mentally competent until contrary evidence
- Listen before you speak

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Recommended Actions (cont'd)

- Assess victim goals & strengths before challenges
- Avoid asking victim to relive past traumatic experiences
- Do not squash disclosures
- Limit how long victim focuses on traumatic events
- Acknowledge abuse disclosures, convey support

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Recommended Actions (cont'd)

- Ask permission before touching alleged victim, first explain what you will do & why
- Demonstrate age, disability & cultural sensitivity
- Be prepared to have victim miss or forget appointments
- Be patient & prepared to repeat yourself

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Recommended Actions (cont'd)

- Realize that victims may have difficulty verbalizing the nature of their trauma
- Be prepared for disclosures with missing elements
- Realize that abuse accounts may appear inconsistent or disorganized
- Avoid judgment, shaming, blaming
- Offer suggestions for additional coping skills

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● ● ● **Recommended Actions**
(cont'd)

- Provide info about common trauma responses
- Take home point: gently explore the history
- Understand earlier trauma playing into today's behavior
- Avoid punitive response to self-protective trauma behavior
- Practice good self-care

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● ● ● **Key Points: Trauma-Informed Intervention**

- Victims move slowly, APS & others must move quickly
- Trauma is cumulative
- New trauma stirs up old trauma
- Those in acute stress often cannot provide a clear, coherent report of the traumatizing event(s)
- Brain functioning is affected & altered by trauma
- Understand trauma impact on cognitive capacity

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● ● ● **Practical Application for Victim Assistance**

- Recognize each victim as an *individual* who was harmed by a crime.
 - Each case and each victim are *unique*.
- Have a basic understanding of victim trauma so you can make referrals, if needed.
- Help the victim identify basic needs.


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● ● ● **Vulnerable Victim Issues**

- Safety & security
- Not relying on the victim to monitor the abuser
- Victim support: linkage, not referral
- Ensuring access to services is critical

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● ● ● **Working with Older Victims and Survivors**



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● ● ● **Working with Older Adults**

Recognize Their Strengths and Resilience

- They have survived to this point using many strategies
- They can change and accept change
- Community must offer relevant resources, develop professional expertise, and involve more systems
 - **Support groups**
 - **Legal advocacy**
 - **Shelter**
 - **Improved cross disciplinary cooperation**

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● ● ● **Victim-Centered Response**

- Developing responses with the victim, not for the victim
- Victim-driven and directed and based on realities of victim's life
- Based on listening to victims and recognizing victim values and strengths
- Based on empowerment / self determination
- Recognize how difficult choices may be for a victim
 - Not whether you agree or would do the same

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● ● ● **Assisting Older Persons**

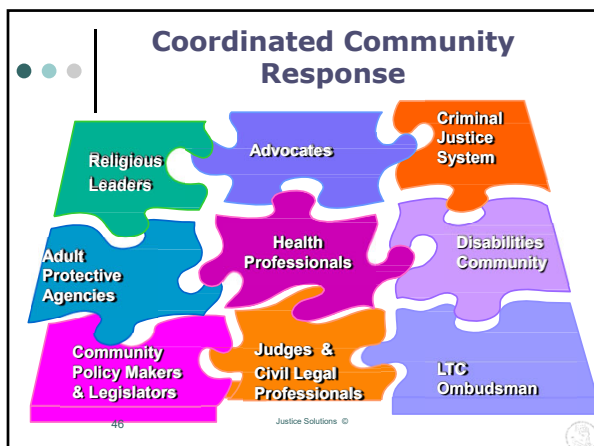
- Multiple needs
 - Older persons abilities are along a continuum
- Multiple victimizations
 - Polyvictimization--forms or abusers
- May have long history of abuse
- Fewer personal alternatives
- Fewer community resources
- May be dependent on the abuser or the abuser may be dependent on them

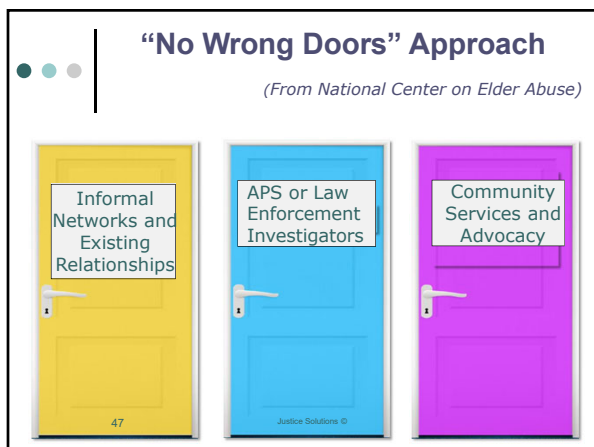
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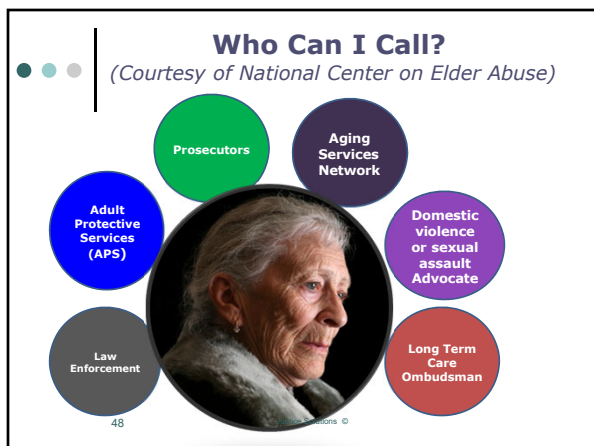
● ● ● **Caught Between Systems**

- What system can best serve their needs?
 - Domestic Violence and Sexual Assault Programs
 - Aging Services, including Adult Protective Services (APS)
 - Male victims, victims with disabilities, victims with dementia
- Systems bring different approaches & philosophies
 - Confidentiality
 - Mandatory Reporting
- Victims may need help from multiple systems
- Systems may not work together or know how to talk to each other

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● ● ● | Vulnerable adult victims have the same **four basic needs** common to all crime victims:

To be treated with
dignity,
respect,
compassion,
understanding.

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● ● ● | **What Can You Do?**

Thinking About This Session:

- What is one thing you can do differently to assist a victim of abuse in later life?
- Is there one thing your program can do?
- What is one thing your community can do?

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