

Understanding trauma in later life



What is trauma?

Trauma is the emotional response that arises from experiencing a distressing event or series of events or circumstances (CAMH (b), n.d.).

Potential traumatic events can include:

- natural disasters (e.g., typhoons and earthquakes)
- personal traumatic events (e.g., death of a loved one, homelessness, discrimination, imprisonment, sexual assault and migration)
- historical events (e.g., war and genocide; Dong, G.C. & Li, M., 2021).

An individual or a group of individuals can experience traumatic events. Trauma is experienced and interpreted differently by individuals based on their age, gender, education, income, ethnicity and race (Dong, G.C. & Li, M., 2021; Straussner, S. & Calnan, A., 2014). Cultural norms and perceptions, stigma, individual personality and support systems can all have an effect on how an individual perceives a traumatic event and copes with the resulting emotional distress (Dong, G.C. & Li, M., 2021).

A percentage of people who experience a traumatic event may experience long-term trauma-related impacts (Straussner, S. & Calnan, A., 2014), which can include:

- panic and anxiety disorders
- depression
- sleep disorders
- substance use disorders
- posttraumatic stress disorder.

What is posttraumatic stress disorder?

Posttraumatic stress disorder (PTSD) is an emotional response to traumatic events that can significantly affect an individual's life, long after the danger of the event has passed (CAMH (a), n.d.). PTSD can occur shortly after a traumatic event or appear months or years later and, while everyone's experience is different, individuals can recover from PTSD (CAMH (a), n.d.). Some individuals also may experience a traumatic event and not develop PTSD (CAMH (a), n.d.).

What does PTSD look like?

- **Mood:** feeling upset from reminders of the event, inability to feel pleasure, constant worry, easily irritable or angry.
- **Thoughts:** re-experiencing the traumatic event over again, recurring nightmares, unwanted and disturbing memories of the event, fearing harm from others, fear of dying, difficulty concentrating.
- **Actions:** acting or feeling like the event is happening again, avoiding people, places or activities that can be reminders of the event, avoiding loved ones, losing interest in activities that used to bring joy.
- **Physical:** difficulty sleeping, sudden attacks of dizziness, increased heart rate or shortness of breath (CAMH (a), n.d.).

How does aging affect trauma?

Several factors make older adults more vulnerable to experiencing the emotional and psychological effects of trauma:

- Older adults experience "cumulative life trauma." This means the older an individual the more likely they are to have experienced a variety of traumatic experiences.
- More frequent exposure to these traumatic events is associated with a decreased ability to handle stress and increased risk for PTSD (Straussner, S. & Calnan, A., 2014).
- Compared to middle aged adults, older adults are more vulnerable to the psychological and physical distress of a disaster due to greater risk for bodily injury or loss of resources (Straussner, S. & Calnan, A., 2014).

- Some older adults rely on others for physical and emotional support in their activities of daily living, which can increase their vulnerability to maltreatment or abuse at home or in institutions aimed to support them (Straussner, S. & Calnan, A., 2014).
- Between 8% and 10% of older adults are estimated to experience some form of abuse (approximately 200,000 people in Ontario; EAPON, n.d.).
- Older adulthood is a time of social, financial and physical change with individuals experiencing retirement, health challenges, relocation or the loss of friends and family. The emotional and psychological symptoms of trauma can be heightened or re-emerge from the stress of these changes, even for those who had previously been coping well (The Jewish Federations of North America, n.d.).
- Certain ways of coping and supports may no longer be available or possible for older adults. For example, some older adults may experience a decline in socialization and support with the narrowing of social networks or a decline in physical health (The Jewish Federations of North America, n.d.).

How does trauma affect cognition?

Survivors of traumatic events are more likely to develop dementia in older



adulthood than individuals who have not experienced such events (The Jewish Federations of North America, n.d.). Individuals who suffer from PTSD often times have deficits in attention, working memory, episodic memory, processing speed, executive function, and learning (Ranger, V. et. al., 2021).

As individuals age, the effects of trauma on cognition can be worsened by the effects of aging on the brain (The Jewish Federations of America, n.d.). With a decline in cognition due to dementia or other age related cognitive impairments, older adults who have experienced past trauma may experience that their trauma symptoms intensify with the onset of cognitive decline (The Jewish Federations of North America, n.d.).

What can I do to cope with trauma?

Despite experiencing difficult circumstances, older adults are resilient and can benefit from protective lifestyle factors (e.g., social supports, exercise), as well as services and supports that are both trauma informed (see what does support look like below) and person centred (The Jewish Federations of North America, n.d., Ranger, V., et. al., 2021).

Strong social support can help prevent the development of PTSD in people experiencing trauma (Ranger, V., et. al., 2021). Social support can include support from friends and family, speaking to a trusted health care professional or attending a support group for survivors of trauma (CAMH (a), n.d.). Other protective factors include physical exercise and cognitively demanding activities (e.g., reading, doing crosswords or puzzles) (Ranger, V., et al., 2021).

What does support look like?

Some individuals may receive support immediately following a traumatic event, while others may receive support months or even many years after an event. Everyone's experience with trauma is different (CAMH (a), n.d.). While personal support networks are important for an individual experiencing the psychological and emotional distress related to trauma, support can be found in a variety of other settings as well.

Some examples of helpful supports include:

- counsellors, therapists and social workers
- family doctors
- psychiatrists
- community health centres
- religious leaders
- family service agencies
- community mental health agencies (CAMH (a), n.d.).

Individuals who are experiencing PTSD or other psychological effects of trauma can benefit from treatment approaches that are “trauma informed” (CAMH (b), n.d.). This refers to care that is non-judgmental, validating and tailored to the unique experiences of the person coping with a traumatic experience (CAMH (b), n.d.). Trauma-informed care recognizes that an individual experiencing trauma may have developed behavioural, emotional or physical adaptations as a way to cope with the harms caused by a traumatic experience (CAMH (b), n.d.).

Where can I get help?

Resources and support for mental health and addictions are available in your community. For more information on mental health, trauma and support services, connect with any of the following organizations:

- **ConnexOntario Contact for 24/7:** confidential and free information about mental health, addiction and problem gambling services throughout Ontario: www.connexontario.ca, 1-866-531-2600
- **Canadian Coalition for Seniors’ Mental Health:** www.ccsmh.ca, 289-846-5383
- **Canadian Mental Health Association:** ontario.cmha.ca, 1-800-875-6213
- **Centre for Addiction and Mental Health:** www.camh.ca, 1-800-463-2338
- **Crisis & Outreach Service for Seniors (COSS):** mobile crisis intervention and outreach service for seniors that provides short-term response 365 days a year, seven days a week, 9 a.m. to 5 p.m., through in-person support. 416-217-2077



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