Older Adults and Trauma Factsheet

Older adults and trauma:

- ✓ Trauma does not disappear with age
- ✓ Many older people have lived through multiple traumatic events
- ✓ Trauma can re-emerge decades later
- ✓ Behaviour is often a response to feeling unsafe
- ✓ Choice, control, dignity, and respect reduce distress

Many older Australians receiving care today have lived through historical, systemic, and interpersonal trauma, including:

- Sexual, Physical, emotional or medical abuse
- Domestic and family violence
- Placement in institutional care or children's homes
- Forced adoptions and removal of babies without consent
- Separation from family, identity, or culture
- Sexual abuse within religious or institutional settings
- War, displacement, or migration-related trauma
- Discrimination, stigma, and misuse of authority or power

These experiences were often accompanied by:

- Lack of consent
- Loss of bodily autonomy
- Being silenced or not believed
- Punishment for speaking up

As a result, many older people may carry trauma histories even if they have never spoken about them.

Trauma Resurgence in Older Adulthood

What Is Trauma Resurgence?

Trauma symptoms can persist across the lifespan and may re-emerge or evolve in older adulthood, even after long symptom free periods.

This re-emergence of trauma is not uncommon and may occur when people experience major life changes.

Continue to the next page

Why trauma can resurface later in life

As people age, the following changes can lead to trauma resurgence:

- Ageing and declining physical health
- Loss of independence
- Transition into aged care
- Increased reliance on others for personal care
- Hospitalisation or medical procedures
- Dementia or cognitive change
- Grief, loss, and social isolation

These changes can reduce confidence in coping, particularly when strategies that once worked are no longer available.

Loss of coping strategies

With ageing, some coping mechanisms may become harder to maintain, including:

- Physical activity and exercise
- Employment or meaningful roles
- Social, family and professional networks
- Independence and control over daily routines

Energy may instead be redirected towards managing day to day tasks, illness, or fatigue, making it harder to manage trauma symptoms.

Trauma, dementia and care

For people with a trauma history:

- Trauma symptoms may worsen with the onset or progression of dementia
- Trauma may re-emerge even if it has been dormant for many years
- Personal care, loss of privacy, touch, and changes in routine can be particularly distressing

Trauma responses may be expressed through fear, withdrawal, agitation, or resistance, especially during care interactions.

Trauma Response Triggers for Older Adults

Key messages for managing triggers:

- ✓ Explain what you are going to do before you do it
- ✓ Ask permission and wait for a response
- ✓ Offer choices wherever possible
- ✓ Go slowly and check in often
- ✓ Stop or pause if the person looks distressed
- ✓ Maintain privacy and dignity at all times

Continue to the next page

Situations that can trigger trauma responses

For some older people, especially trauma survivors, routine care activities can feel frightening or unsafe. Triggers may include:

Loss of privacy or being alone

- Being alone in a room with someone
- Doors or curtains being closed unexpectedly

Loss of control over the body

- Being asked to remove or lift clothing
- Being asked to lie down
- Being told to "relax"
- Having parts of the body restricted during care or procedures

Touch and personal care

- Being touched, especially during intimate care
- Touch without clear explanation or consent
- Having gel or cream applied unexpectedly

Medical or care procedures

- Having instruments placed in the mouth or other body parts
- Procedures that involve restraint, holding, or positioning

Being observed or exposed

- Focus on the body
- Being viewed without clothing
- Feeling watched or examined

Why This Matters

For trauma survivors, these situations can **trigger fear, panic, or distress**, even if the care is routine and well-intended.

The person may:

- Become upset or withdrawn
- Resist care
- Appear agitated or fearful

This is **not "difficult behaviour"** — it is often a response to feeling unsafe.