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Child Adversities, Midlife Health, and Elder Abuse: Application of Cumulative Disadvantage Theory to Understand Late Life Victimization

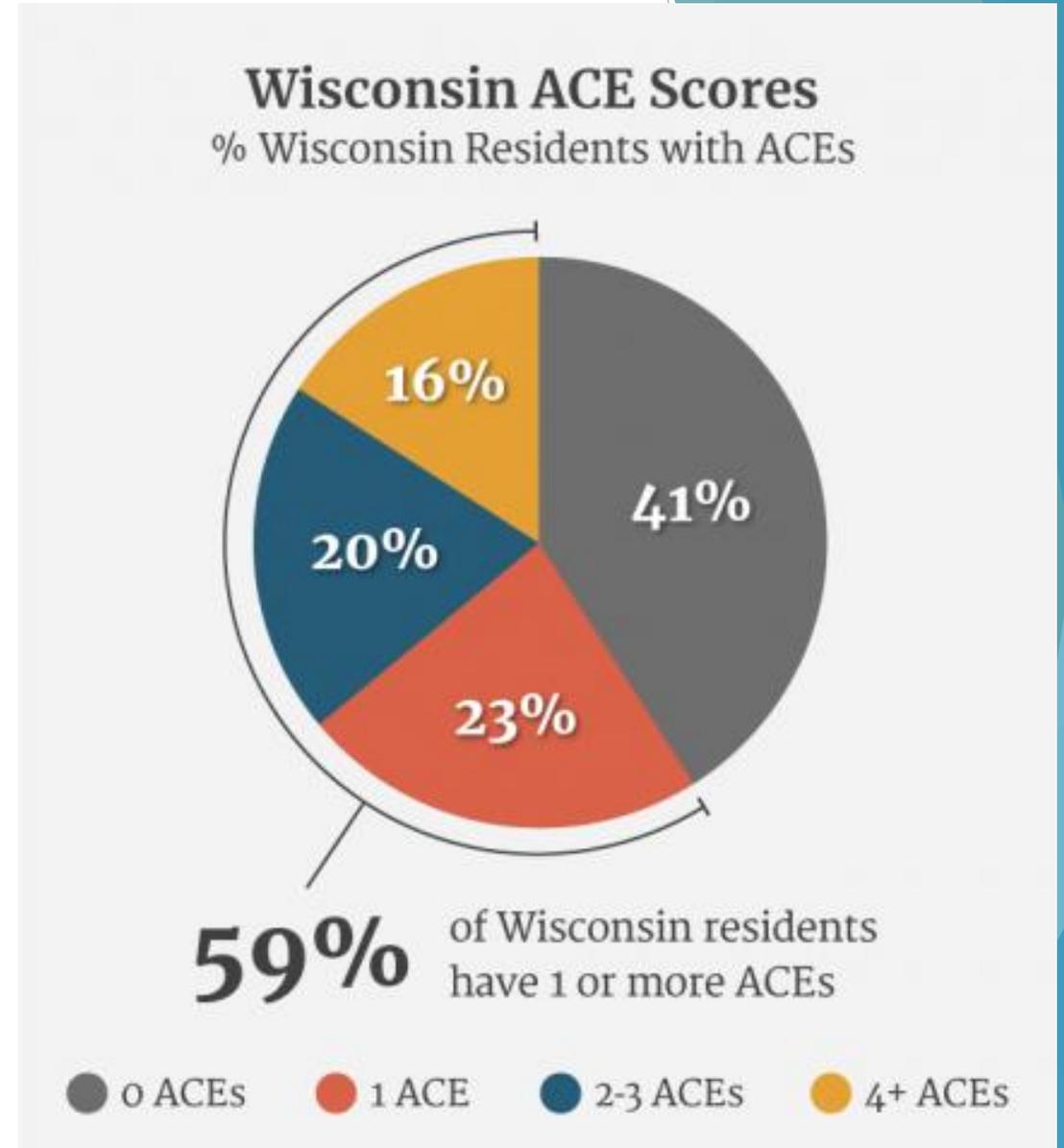
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Adverse Childhood Experiences (ACEs)

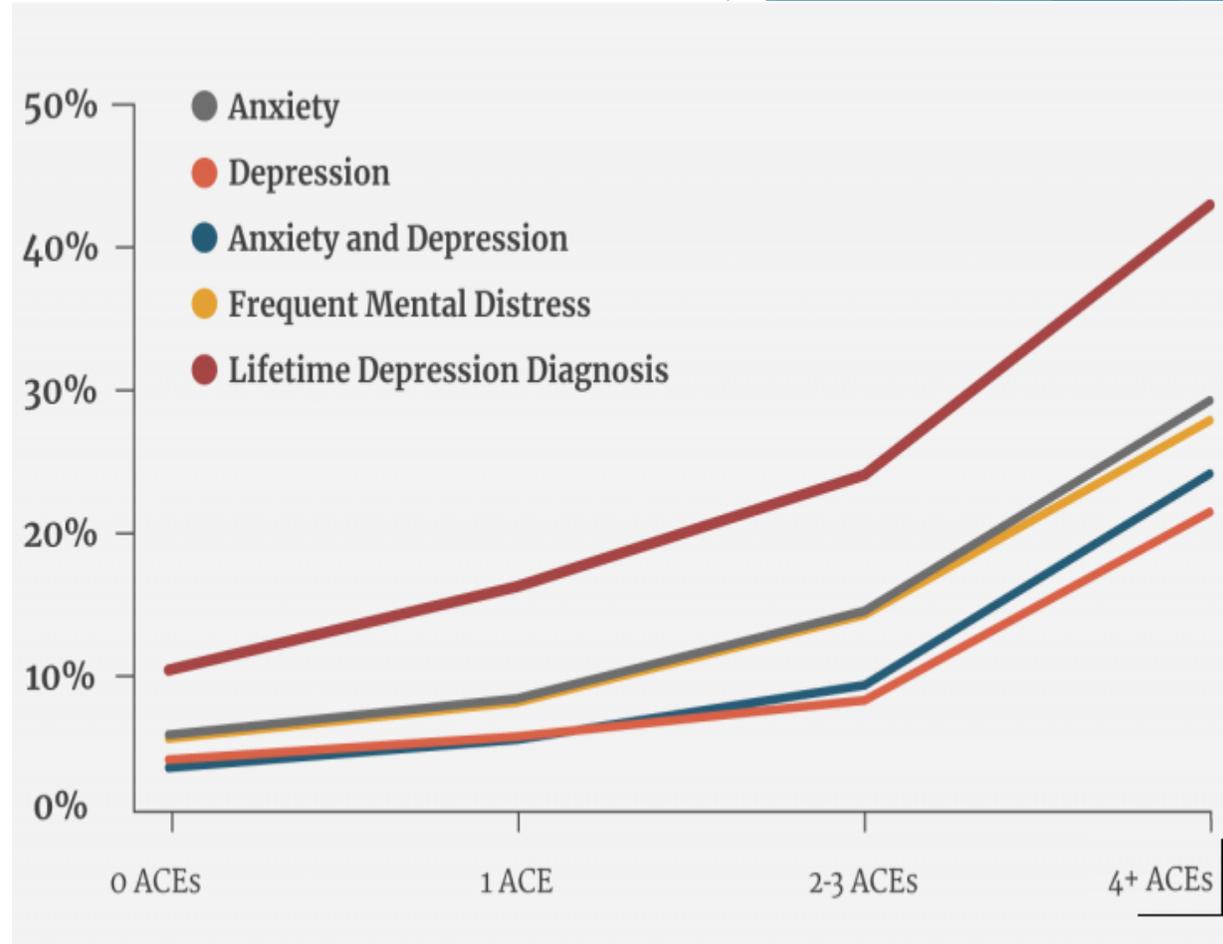
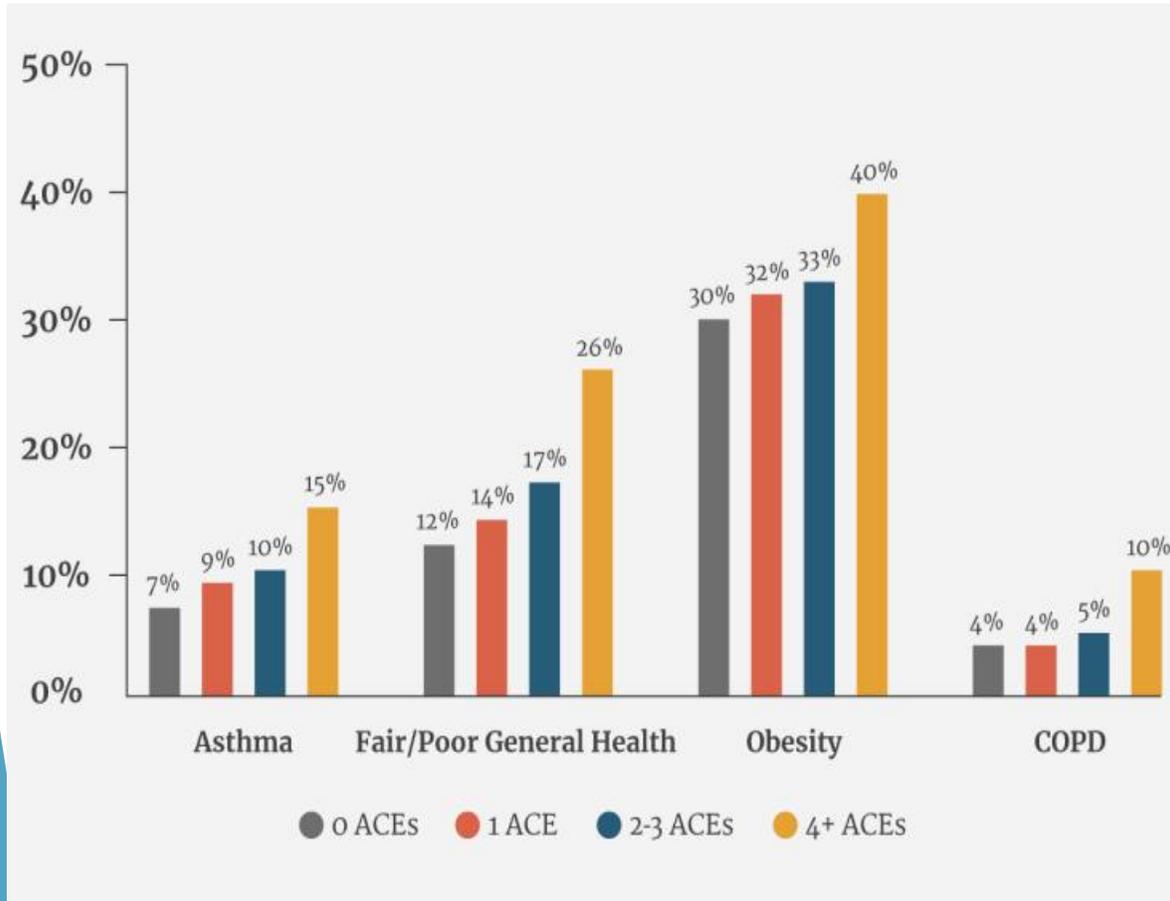
ACEs are events prior to the age of 18:

- **Abuse:** Specifically, emotional, physical, and sexual abuse
- **Neglect:** Both physical and emotional neglect
- **Household dysfunction:** Witnessing violence in the home, harmful substance use, mental illness, separated or divorced parents, or an incarcerated caregiver or loved one.



ACEs and mental health

ACEs and physical health



Source: Source: 2017-2018 Wisconsin Behavioral Risk Factor Surveillance Survey

Special Issue: Early Life Influences on Later Life Innovations and Explorations: Special Article

Child Sexual Abuse and Depression in Late Life for Men: A Population-Based, Longitudinal Analysis

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Abstract

Objective: Research investigating long-term effects of childhood sexual abuse (CSA) on mental health for men is vastly underdeveloped. This study strengthened the knowledge base by examining: (a) long-term trajectories of depressive symptoms for men with and without a history of CSA, and (b) moderating effects of social support over time.
Method: We analyzed multiple waves of data from the Wisconsin Longitudinal Study. The sample ($N = 2,451$) consisted of men with histories of CSA and a stratified, randomly sampled comparison group. Growth curve modeling was employed for analyses.



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Mental health indicators fifty years later: A population-based study of men with histories of child sexual abuse

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ABSTRACT

Childhood sexual abuse (CSA) is a widely acknowledged trauma that affects a substantial number of boys/men and has the potential to undermine mental health across the lifespan. Despite the topic's importance, few studies have examined the long-term effects of CSA on mental health in middle and late life for men. Most empirical studies on the effects of CSA have been conducted with women, non-probability samples, and samples of young or emerging adults with inadequate control variables. Based on complex trauma theory, the current study investigated: a) the effect of CSA on mental health outcomes (depressive symptoms, somatic symptom severity, hostility) in late life for men, and b) the moderating effects of childhood adversities and masculine norms in the relationship between CSA and the three mental health outcomes. Using a population-based sample from the 2004–2005 Wisconsin Longitudinal Study, multivariate analyses found that CSA was positively related to both depressive and somatic symptoms and increased the likelihood of hostility for men who reported a history of CSA. Both childhood adversities and masculine norms were

Childhood Adversities and Elder Abuse

- **Older adults with a diagnosis of neglect** had higher rates of **childhood trauma**, defined as physical abuse and neglect, than older adults without a diagnosis (Fulmer et al., 2005).
- A history of **witnessing or being the victim of violence** during childhood was related to an increased risk of **physical abuse, neglect, and financial exploitation** in late life (Jackson & Hafemeister, 2011).
- **Childhood emotional and sexual abuse** were associated with a greater risk of **elder abuse victimization** (Kong & Easton, 2019).

Research Report

Re-experiencing Violence Across the Life Course: Histories of Childhood Maltreatment and Elder Abuse Victimization

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Abstract

Objectives: This study primarily examines the associations between histories of childhood maltreatment (i.e., neglect, emotional, physical, and sexual abuse) and elder abuse victimization and explores whether gender moderates the associations. **Methods:** We conducted a secondary data analysis of 5,968 older adults (mean age = 71 years) based on data from the Wisconsin Longitudinal Study (2010–2011). Using retrospective self-reports of childhood and current (past 12 months) victimization experiences, logistic regression analyses were conducted to estimate the effects of early-life adversities on the likelihood of elder abuse victimization.

Results: Results indicate that childhood emotional abuse and childhood sexual abuse (CSA) were associated with greater risk of being abused as older adults, after controlling for childhood and adult background factors. We also found that the effect of CSA on elder abuse victimization was weaker for women than men.

Discussion: Findings suggest that the phenomenon of revictimization may occur not only in early and middle adulthood, but also in late life. To advance our understanding of victimization across the life course, future research on root causes of elder abuse should include histories of child abuse.

Keywords: Child sexual abuse, Elder mistreatment, Revictimization

Cumulative Disadvantage and the Life Course

(Dannefer, 2003; Ferraro & Kelley-Moore, 2003; Ferraro & Shippee, 2009)

“Systematic tendency for inter-individual divergence in a given characteristic (e.g., money, health, status)”

Cumulative Disadvantage (cont'd)

(Dannefer, 2003; Ferraro & Kelley-Moore, 2003; Ferraro & Shippee, 2009)

- ▶ Stratified distribution of/access to opportunities and resources (schooling, work)
- ▶ Early advantage/disadvantage is critical to how cohorts become differentiated over time.
- ▶ Resource-based health effects begin early in life and interact continuously with external circumstances across the life course!

Victimization Reoccurs across the Life Course

- ▶ **The cumulative disadvantage perspective:**
 - ▶ ‘Disadvantage accumulates’: Early-life adversity can increase susceptibility to subsequent adverse experiences in adulthood (Ferraro & Shippee, 2009).
- ▶ **The concept of revictimization:**
 - ▶ An increased likelihood of adult victimization following childhood victimization (Classen, Palesh, & Aggarwal, 2005; Messman & Long, 1996)
 - ▶ e.g., Histories of childhood physical and sexual abuse were associated with a higher risk of being sexually assaulted among a sample of college women (Miron & Orcutt, 2014).

Potential Mechanism? (Pillemer et al., 2015)

Table 1. Risk Factor Strength of Evidence

Level	Risk factors	Strength of evidence	Protective actors	Strength of evidence
Individual (victim)	Functional dependence/ disability	Strong	Social support	Strong
	▼ Poor physical health	Strong		
	▼ Cognitive impairment	Strong		
	▼ Poor mental health	Strong		
	Low income/SES	Strong		
	Gender	Potential		
	Age	Potential		
	Financial dependence	Potential		
	Race/ethnicity	Potential		
	Individual (perpetrator)	Mental illness		
	Substance abuse	Strong		
	Abuser dependency	Strong		
Relationship	Victim–perpetrator relationship	Potential		
	Marital status	Potential		
Community	Geographic location	Potential		
Societal	Negative stereotypes on aging	Contested		
	Cultural norms	Contested		

Notes: **Strong:** risk factors validated by substantial evidence that have unanimous or near unanimous support from several studies. **Potential:** risk factors for which the evidence is mixed or limited. **Contested:** risk factors for which there has been a hypothesis concerning increased risk, but for which there is a lack of clear evidence.

Hypothesis of the Current Study

- ▶ Exposure to childhood adversities would be associated with greater elder victimization experience through worsened health across mid- and later adulthood.

Data Source: Wisconsin Longitudinal Study (WLS)

The WLS is a long-term study of a random sample of 10,317 men and women who graduated from Wisconsin high schools in 1957.

- The WLS provides an opportunity to study the life course, relationships, physical and mental health and well-being from adolescence through late adulthood.
- The current study utilized the longitudinal data collected in 1993-1994 (Wave 1), 2004-2005 (Wave 2), and 2010-2011 (Wave 3).

Study Sample

- ▶ 5,968 respondents who participated in the 2010-2011 survey (Wave 3)
- ▶ In this survey, respondents were asked to report their current victimization experiences (i.e., in the past 12 months).

Sample Characteristics

	N (%) or <u>Mean (SD)</u>
Gender	
Male	2,777 (46.53)
Female	3,191 (53.47)
Age	72.14 (0.50)
Marital status	
Married	4,312 (72.25)
Non-Married	1,656 (27.75)
Years of education	<u>13.77 (2.35)</u>

Prevalence of ACEs

	N (%)
Emotional abuse	1,648 (27.61)
Physical abuse	837 (14.02)
Neglect	612 (10.25)
Sexual abuse	313 (5.24)
Parental divorce	574 (9.62)
Witnessing domestic violence	400 (6.70)
Living with a household member with a substance problem	1,051 (17.61)

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Sexual abuse	313 (5.24)
Parental divorce	574 (9.62)
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Living with a household member with a substance problem	1,051 (17.61)
<u>*Cumulative ACEs score</u>	<u>0.88 (0.17)</u>
0 ACEs	3,104 (52.01)
1-3 ACEs	2,518 (42.18)
4+ ACEs	346 (5.79)

Prevalence of Elder Abuse Victimization

In the past 12 months,

- (a) have you felt there is someone who is too controlling over your daily decisions and life?;
- (b) has anyone insulted you or put you down?;
- (c) has anyone taken your money or belongings without your permission or prevented you from getting them even when you ask?;
- (d) has anyone hit, kicked, slapped, or thrown things at you?;
- (e) has anyone intentionally prevented you from having things you need, such as medication, food, money, or personal care?

Respondents who responded yes to any of these five questions were considered as having been victimized.

**** 975 (16.34%) respondents were abused as older adults.**

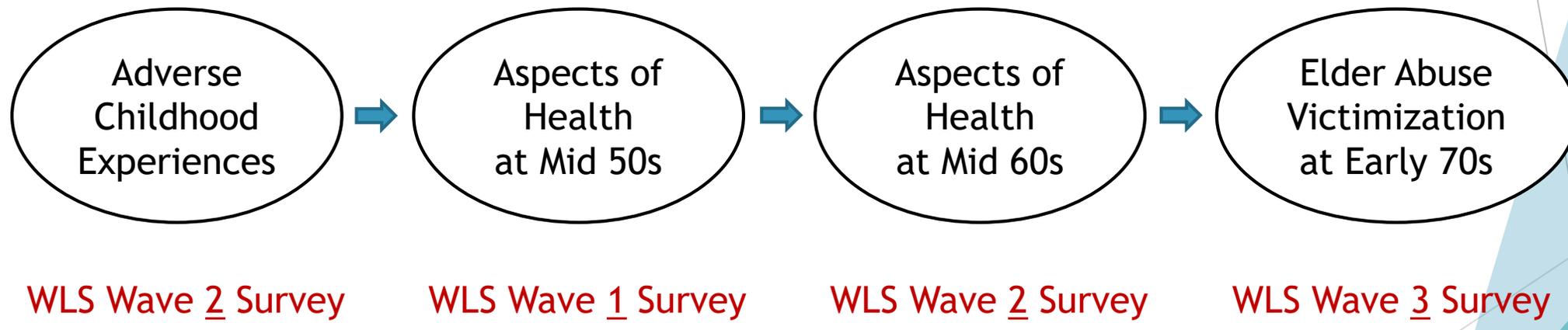
Elder Abuse Victimization Variables	<i>N (%) or Mean (SD)</i>
Has anyone intentionally prevented you from having things you need, such as medication, food, money, or personal care?	742 (12.43)
Have you felt there is someone who is too controlling over your daily decisions and life?	394 (6.60)
Has anyone insulted you or put you down?	94 (1.58)
Has anyone hit, kicked, slapped, or thrown things at you?	28 (0.47)
Has anyone taken your money or belongings without your permission or prevented you from getting them even when you ask?	18 (0.30)
<u>*Elder abuse victimization (total sum score)</u>	<u>0.25 (0.57)</u>

Three Aspects of Health

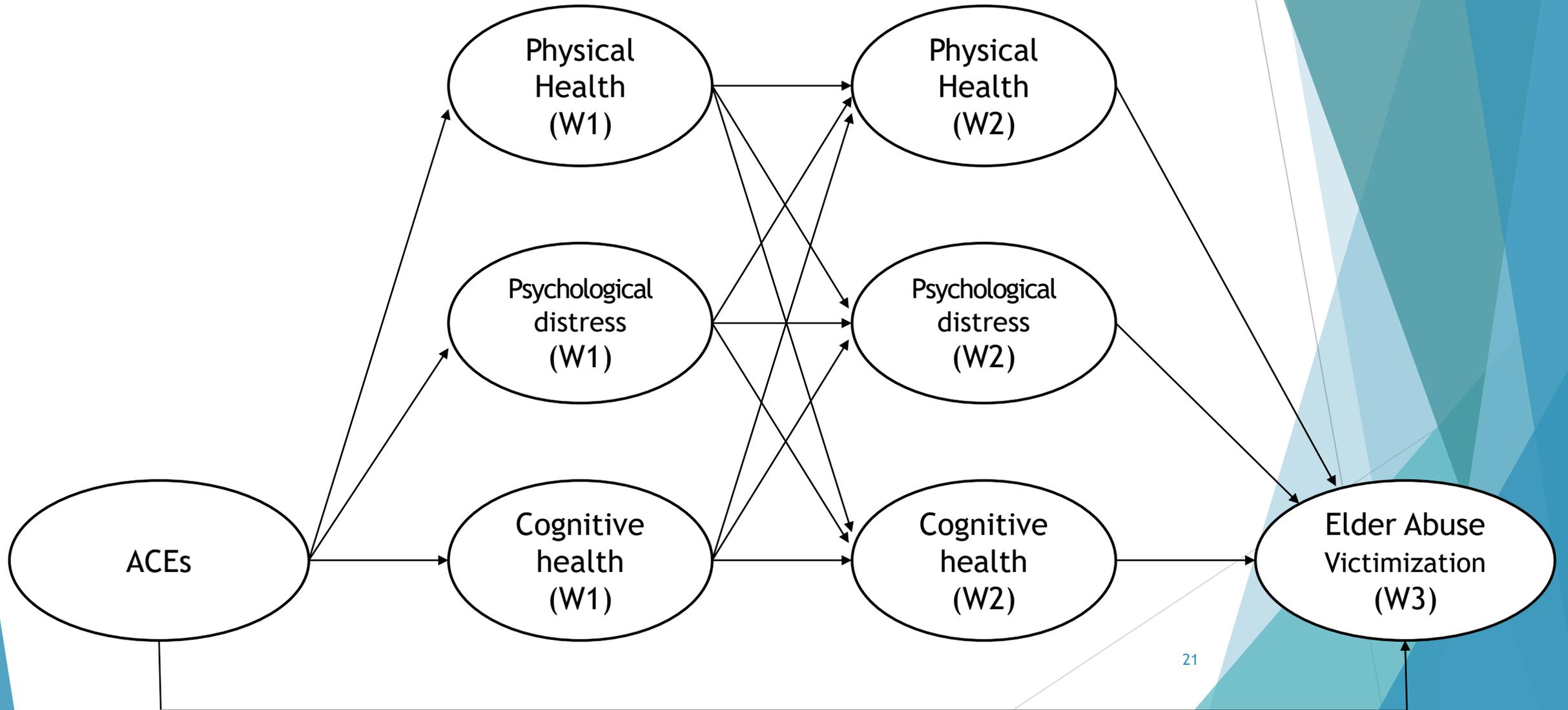
- ▶ **Physical health:** Self-rated health (Single item; “In general, would you say your physical health is excellent, very good, good, fair, or poor?”)
- ▶ **Psychological health:** Depressive symptoms (The 20-item Center for Epidemiological Studies Depression scale; e.g., “feeling worthless/hopeless”)
- ▶ **Cognitive functioning:** Similarities subtest of the Weschler Adult Intelligence Scale (6 items; e.g., “In what way are praise and punishment alike?”)

Analytic Approach

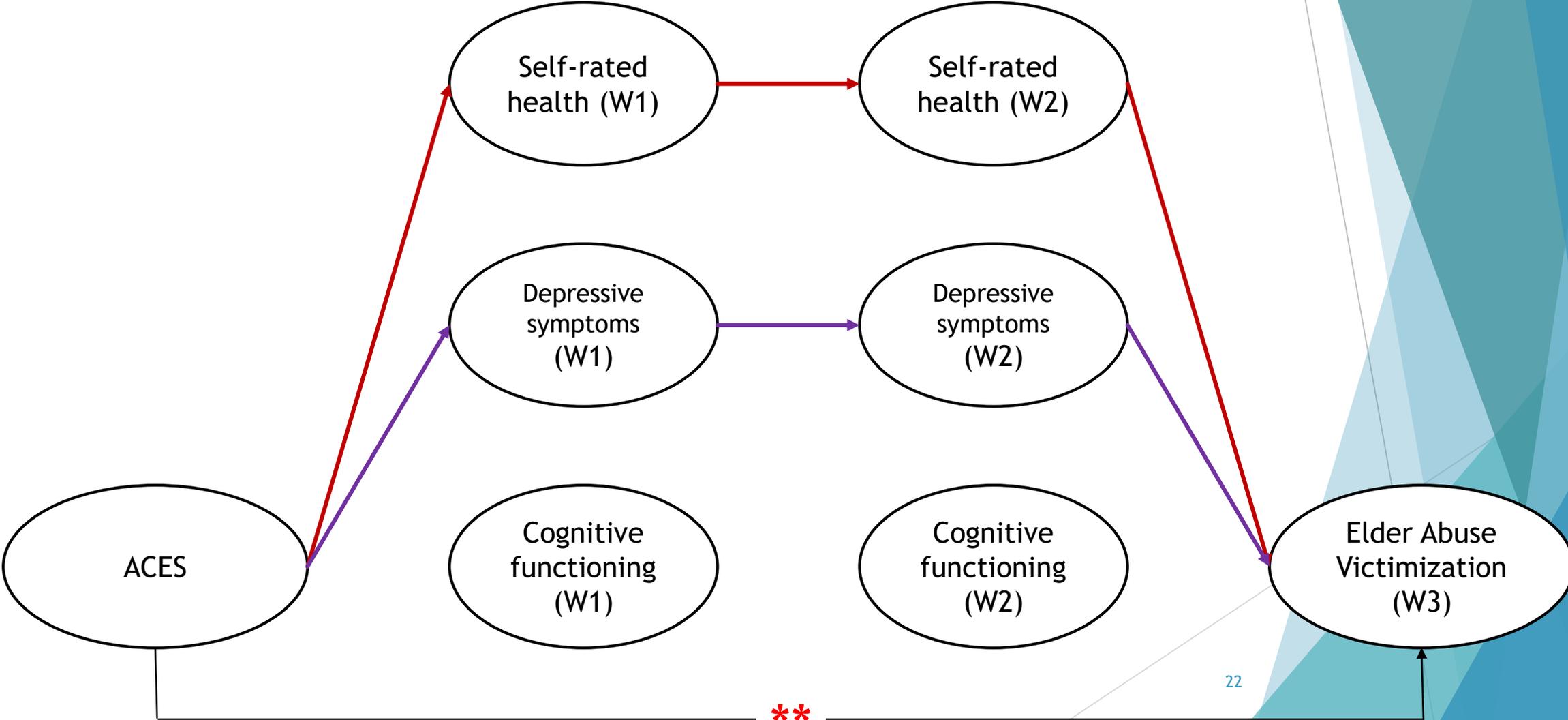
- ▶ Serial multiple mediator models to investigate the direct and indirect effects of ACEs on elder abuse victimization.



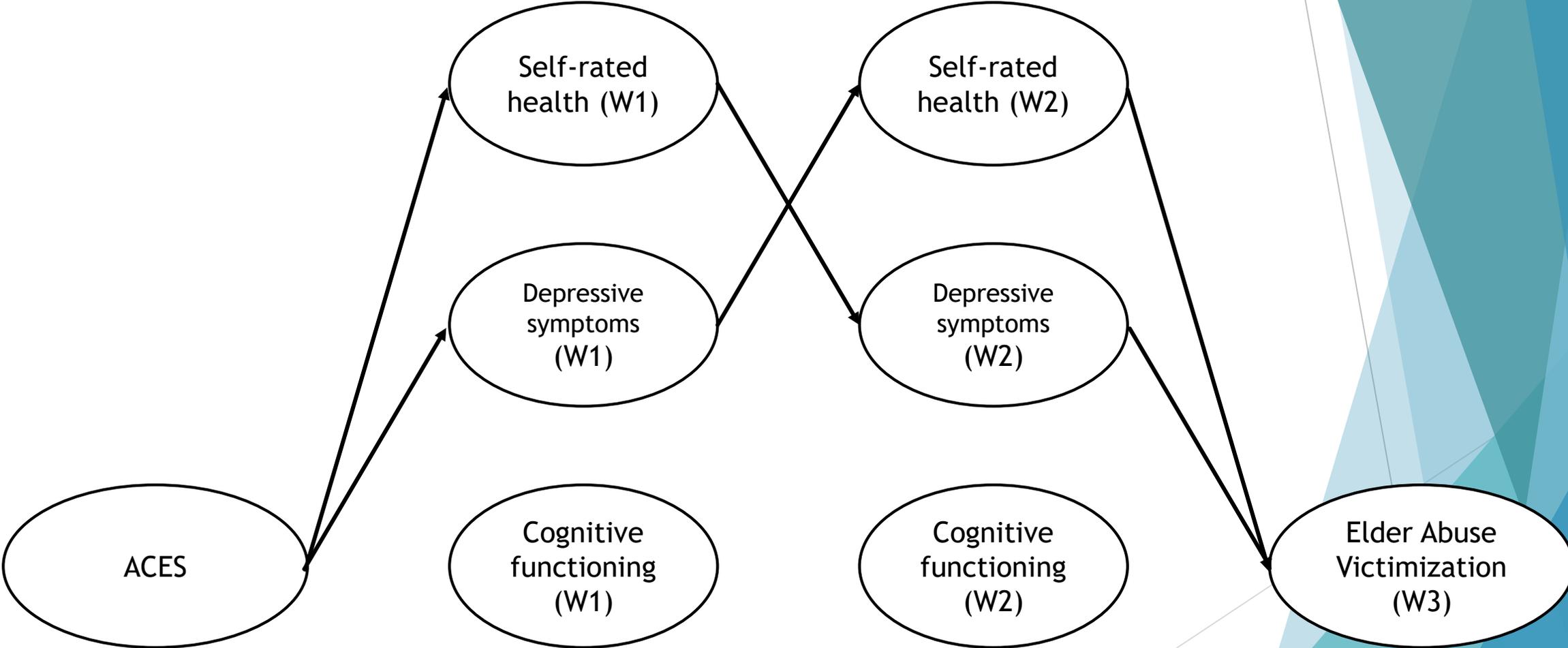
Analytic Approach



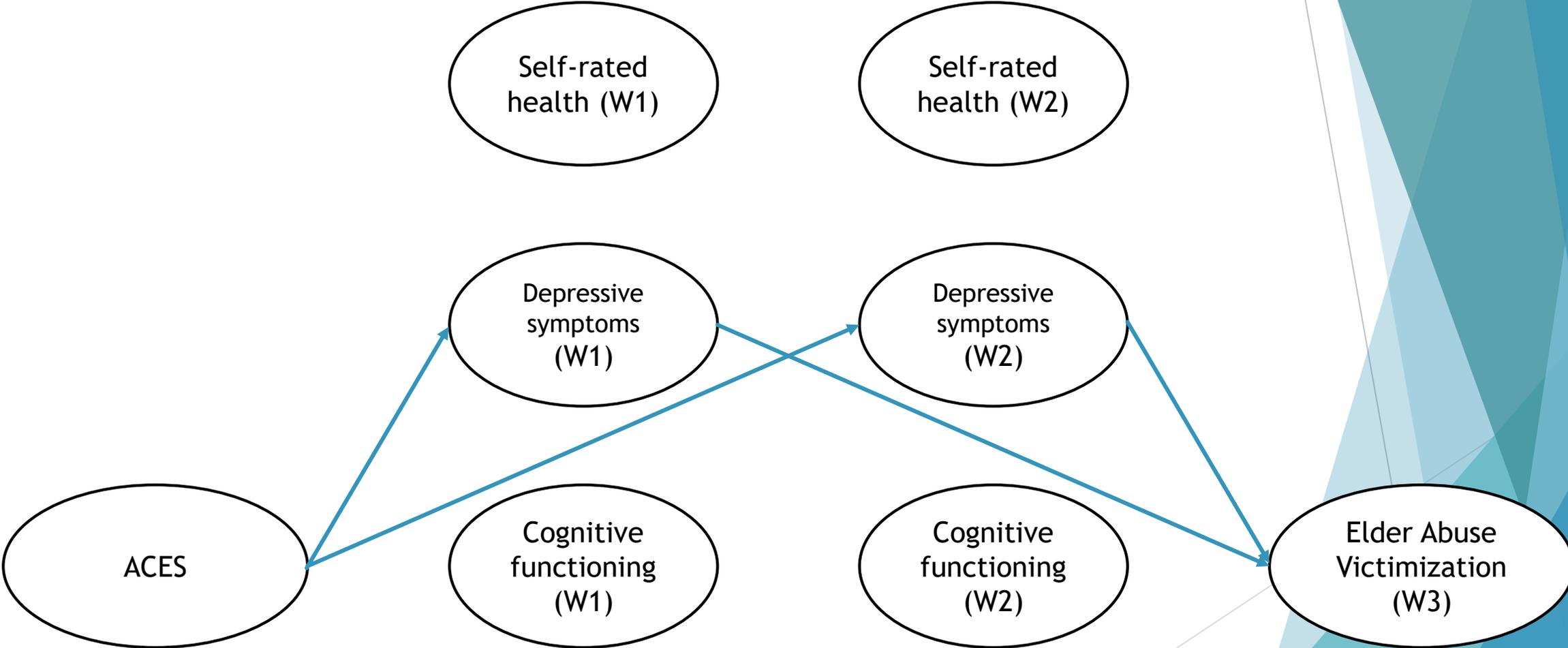
Results



Results



Results



Summary of Findings

- ▶ In the mediational model, ACEs was directly associated with greater elder abuse victimization.
- ▶ There were significant indirect effects of ACEs on elder abuse victimization through:
 - 1) greater depressive symptoms (Wave 1, Wave 2, both waves in serial)
 - 2) worse self-rated health (both waves in serial)
 - 3) both self-rated health and depressive symptoms

Discussion

- ▶ Elder abuse is an intentional act, or failure to act, by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult (CDC, 2018).
- ▶ Long-term health impact of ACEs may put older adults at risk for vulnerability:
 - ▶ Long-term care: *activities of daily living* (ADLs) or *instrumental activities of daily living* (IADLs)
 - ▶ Older adults with limitations in three or more ADL's receive an average of 9 hours of assistance per day and people aged 85 or older with that degree of impairment typically receive about 11 hours of assistance per day.

Discussion: Study Strengths

- ▶ Theoretically driven model (CAD and complex trauma)
- ▶ One of first population-based studies on topic
- ▶ Standardized measures
- ▶ Longitudinal analyses (multiple measurements)
- ▶ Advanced multivariate data analyses
- ▶ Conceptual and empirical breakthrough!

Discussion: Limitations

- ▶ Retrospective self-reports of childhood and elder victimization
- ▶ Elder abuse measure: limited scope of abuse types and lacked the ability to assess regularity, severity, and chronicity of the victimization experience
- ▶ WLS respondents: largely representative of older White American who completed high school education

Future Directions for Research

- ▶ Examining the process of cumulative disadvantages through the lens of racial discrimination
- ▶ Exploring structural mechanisms linking childhood adversities and elder abuse victimization
- ▶ Identifying protective factors that can mitigate the long-term health effects of childhood adversities

Implications for Practice

- ▶ The life course approach to elder abuse and neglect
 - ▶ Trauma informed approach to elder abuse issues
- ▶ Practitioners to adopt a broader conceptualization of lifetime victimization

Implications for Practice (cont'd)

- ▶ Inclusion of trauma screening in clinical assessments
- ▶ Appreciation of the wholeness of individuals when working with older adults
- ▶ Addressing systems/structures that facilitate the process of cumulative disadvantages over time

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