

# Older Adult and Gun Violence Trauma

## Tips for the Aging Network

**G**un-related violence has been on the rise in the United States. Almost 60% of American adults have directly experienced or know someone who has been affected by gun violence. Our aging population makes it increasingly likely that more older people will be affected by some type of gun violence in the coming years.

Advanced age can be a protective factor against the negative consequences of gun violence because of the acquisition and use of adaptive coping strategies over a lifetime. Many older adults are resilient because they have experience overcoming stressors and obstacles. However, guns violence disrupts our sense of safety and order that may make it more difficult to bounce back after a traumatic event. In particular, older adults who have experienced some type of gun violence or other traumas earlier in their lives may find they are triggered or retraumatized by stories of or encounters with gun-related deaths and mass shootings. Moreover, gun violence harms more than just the victims; it alters and damages the lives of their families, friends, neighbors, and communities.

Survivors of gun violence, especially from a mass shooting, are at a greater risk of developing posttraumatic stress disorder (PTSD) than survivors of other collective traumatic events, such as natural disasters. Intentional, human-caused traumatic events typically arouse strong, disturbing feelings. This response may or may not resolve on its own over time as people can vary in how they recover from a significant traumatic stressor. Some may ask for help from crisis counselors, licensed mental health professionals, or religious leaders. Survivors who would benefit from



mental health care, but who do not obtain assistance may become extra vigilant and avoid places and situations that remind them of the shooting. In turn, this type of response will most likely limit their interactions with others and their engagement in social activities, potentially leading to further negative consequence such as depression and isolation.

Although high profile mass shootings can elicit widespread empathy and community support, the continued media coverage and the routine calls for political action in response to each of these events can result in people feeling overwhelmed, desensitized, hopeless, and fatigued. Compassion fatigue can affect both those who were directly affected by the gun violence and those who repeatedly witnessed the shootings on TV or the internet. It is not unusual for feelings of secondary trauma and burnout to increase as people are exposed to more and more traumatic events that they feel they can't change or control. Those who wish to help often do nothing because they do not have a clear idea of what they can do and how they can start to support those who have been traumatized. A good place to start is to learn more about older adults, trauma, resilience, and gun violence.

## Providing Support and Comfort to Gun Violence Survivors

For most older adults crisis counseling, like Psychological First Aid (PFA) provided by a first responder or counselor, will be sufficient after a shooting. Others may need more than PFA and benefit from formal psychological evaluation and treatment from a mental health clinician. In all instances, it is best not to assume that the physical appearance of advanced age equates with disability or incapacity to respond or recover from a mass shooting. Moreover, chronological age is also not a good indicator of future adverse outcomes.

### Conditions that contribute to overall vulnerability and poorer outcomes include:

- Poverty
- Low education
- Limited social networks
- Isolation
- Sensory, mobility, or cognitive impairment
- Physical decline
- Medical illness

In general, older adults who depend on others for assistance with their activities of daily living are at greater risk for poor outcomes. Rather than guessing about how you should offer help and what type might be most beneficial, your best option is to simply ask the older adult about their current health status, quality of life, and the type of help they might desire. Most older people experience numerous losses and stressors as they age. Common issues include fixed income and increasing expenses; deaths or relocation of relatives, neighbors, and friends; decreasing social network; changes in social position and housing; death of spousal or partner, and; new and evolving caregiving responsibilities. Although some older adults may have poorer health and fewer social and economic resources compared to their younger counterparts, they have a lifetime of experience in coping with stressful events. Being able to think back to an

earlier time and identify an event where they were able to successfully deal with a major stressor often provides confidence and perspective about their ability to recover from a traumatic violent event.

Gun violence is often physically, emotionally and economically taxing on survivors and their communities. Older adult survivors, especially those with severe or lasting physical injuries, are at increased risk of physical and mental health complications. It may feel intimidating to initiate a discussion with a person who has been adversely affected by gun violence, but here are some ways to start:

## Connect

It is important for survivors to feel supported by and connected to their communities. Being a survivor can be stigmatizing and lonely. Organized support groups for survivors after a gun violence event can provide safe spaces for survivors to connect with one another and share coping strategies.

- 1. Check in.** It is good to check in regularly, but not intrusively. Telephone wellness checks or in-person visits are excellent ways to check in. Accepting that survivors may not want to discuss their experience, one can instead inquire about how other older adults in their community are feeling and functioning. Making check-ins routine can decrease stigmatization of gun violence victimization, and increase the potential for healing.
- 2. Ask.** Each survivor is different. If you are unsure how to support an older adult, just ask. Physicians, psychologists, and other healthcare providers can inquire about gun-related traumas and their patients' response during appointments.
- 3. Access to Care.** One of the greatest challenges for many survivors to receiving mental and physical health care is access to services. For example, you can offer to provide rides to appointments or pick up prescriptions. Encouraging other older adults in your community to attend community or small group events may be helpful, especially for those who have a tendency to isolate at home. Aging network providers can help to connect older adults to important services and supports needed during a difficult time.

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*“Activities individuals, families and communities undertake with the intention of enhancing health, preventing disease, limiting illness, and restoring health.”*

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## How to Build a Self-Care Action Plan

Taking care of oneself is an important way to support the healing process after any trauma, but is especially critical after a traumatic event involving gun violence. Self-care is defined as: “Activities individuals, families and communities undertake with the intention of enhancing health, preventing disease, limiting illness, and restoring health.” (World Health Organization, 1983). Simply put, by self-care activist and psychologist Agnes Wainman, self-care is any activity that “refuels us, rather than takes from us.”

Practicing self-care promotes a sense of normalcy and can improve the emotional, mental, and physical well-being of survivors and people in their support systems. Below are simple steps to consider when helping someone to develop a self-care plan or when developing one for yourself. To get started, you can ask the survivor to consider the questions and suggestions listed in each of the four components listed below.

- 1. History:** What has worked in the past? What is (or is not) working right now? Identifying coping skills and self-care practices that you use on a daily basis and recognizing their degree of helpfulness establishes the foundation for a self-care action plan.
- 2. Needs:** What do you need? People are dynamic, and subsequently so are their needs. Some needs such as food, water, and rest are essential for all people. However, emotional, psychological, spiritual, and existential needs can change within the day. Especially following an act of gun violence, survivors may feel different than usual. Identifying what you

need allows you to modify your coping strategies and practices accordingly.

- 3. Practices:** Which self-care practices will help fill my needs? Maybe there is something that has worked in the past that has fulfilled your current needs. Maybe you need to try something new. Pairing practices with their respective needs creates a game plan to address challenges as they come up in the future.

After a traumatic, violent event it may be effortful to identify pleasant events to engage in as part of a self-care plan. A free, evidence-based instrument, the California Older Person’s Pleasant Events Schedule, can be useful in helping older adults identify activities they might be willing to try that could improve their mood and speed their recovery process. Older adults who routinely include pleasant activities in their day-to-day life are less likely to experience major depression and functional dependence.

### Several examples of self-care practices are listed below:

- Journaling
- Deep Breathing
- Spending Time with Others
- Gardening
- Spending Time Outdoors in Nature
- Taking a Bath
- Doing Arts and Crafts
- Walking
- Taking a Class
- Having Coffee or Lunch with a Friend
- Talking to Someone Supportive
- Playing a Game (e.g. cards, Scrabble)
- Praying
- Meditating
- Cooking
- Hobbies

**4. Barriers:** What will get in the way of your self-care activities? There are often challenges that may prevent practicing self-care regularly. Identifying and preparing for obstacles may help to prevent feelings of discouragement and frustration, should they arise.

Many people find it helpful to write down their self-care plan. Several self-care plans templates are available online. The University of Buffalo has developed a number of different plan templates, including one for Emergency Self-Care. Consider sharing your plan with friends and family members as it could spark new ideas for self-care and practices, as well as enlist support and engagement from others. Healthcare providers, crisis counselors, and religious leaders should consider suggesting self-care action plans a part of their follow-up routine with older adults.

## When to Seek Extra Support

Following exposure to gun violence, it can be difficult to return to day-to-day routines and feel a sense of normalcy. Difficulty sleeping, nightmares, mental fog, and difficulty concentrating are among many of the common effects that linger after a traumatic event. People who currently drink alcohol, may drink more than normal. It is also common for some people to have a change in their appetite and eat more or less than typical in the months after a traumatic event. Although common, these are indicators that one should seek out mental health care.

Mental health care refers to a variety of services including individual, family, support, group and medication therapies. Many health insurances, including Medicare Part B, offer coverage for both outpatient and inpatient mental health care. For assistance finding the right program or resource, the National Alliance on Mental Illness offers a free HelpLine in which peer-support volunteers help callers to find the right information and community support services.

## If you are experiencing any of the following, it may be helpful to seek out and use mental health care:

- Increase in substance use (including alcohol, marijuana, tobacco, etc.)
- Gambling more money and/or more frequently
- Lack of interest in activities that once brought joy
- Difficulty getting out of bed
- Increase in memory difficulties
- Feeling hopeless
- Staying inside, avoiding friends and family, or losing interest in socializing
- Changes in appetite or weight
- Feeling fearful, on edge, or as if something bad is going to happen

## When to Make a Referral to Mental Health Services

Some older adults may begin to exhibit trauma symptoms very soon after a shooting event occurs. Those who receive crisis counseling may find that it is sufficient in addressing their distress. Others may initially have no symptoms, but first begin to have reactions, such as those described above, months after the shooting. When symptoms begin long after the event, older adults may have trouble understanding that what they are experiencing is related to the violent shooting. They may even be somewhat confused about why they are suddenly experiencing these difficulties. For older adults with a sudden onset of symptoms post-shooting, it is important to have them evaluated by a physician to rule out any possible medical conditions that may better explain their change in physical or mental status.

Different people can also experience their symptoms for different lengths of time, with or without crisis counseling and psychological treatment. Overall, individual differences in onset and types of symptoms expressed indicate that each person's experience of the event is unique. Variation in symptom presentation may make it difficult to discern when is the right time to make a referral to a mental health professional for formal psychological assessment and treatment. Indicators that it might be time to obtain professional assistance is when an older adult has:

1. Unpleasant symptoms that last for more than four to six weeks
2. Difficulty functioning at home, volunteering, or in social settings
3. A feeling that something is not right and is perhaps distressed about the changes in their behaviors or emotions
4. Started or increased their use of alcohol or drugs
5. Withdrawal from pleasant activities or from others in their social network
6. Expressed suicidal ideation, reported self-harm, or engaged in risky behaviors
7. Lost control or is not in touch with reality

If you suspect that a person poses a danger to him/herself or others, a formal referral to a mental health professional should be made immediately. If the danger seems imminent, call 9-1-1 or otherwise contact law enforcement. Some older adults may state that they want to go to sleep and never wake up. If this occurs, ask the person immediately, "Are you thinking about harming yourself or committing suicide?" Directly asking about their intentions will not increase their potential for death by suicide. Additionally, if you feel that the symptoms of someone you are supporting are beyond your skill level, do not hesitate to make a referral to a mental health clinician for further evaluation.



## How to Make a Referral to Mental Health Services

If you feel that a referral should be made to a mental health clinician for formal evaluation and treatment, it is good practice to do so in a transparent and collaborative manner with the older adult. Stigma about using mental health services is common, so steps should be taken to provide support and normalize the referral as much as possible. To do so consider:

1. letting them know that you are making a referral to a mental health professional because you care about their well-being
2. explaining why you are making the referral
3. describing how you will remain in touch with them once the referral has been made and they are in treatment
4. asking about their preferences for treatment that is based on availability of services and providers
5. proposing to call and make the appointment, if the older adult would find it helpful and supportive
6. offering to go with them to their first appointment, if your schedule and work environment allow for this level of support

The best rule of thumb is *when in doubt, make a referral*. It is far better to obtain care when none is needed than to not act when the situation is unclear.

## Vulnerability and Sense of Safety

Sometimes, just the presence of firearms can make people feel nervous, threatened and fearful for their lives. Nearly half of older adults live in a household where someone owns a firearm. The majority of those who are firearm owners acquired their guns long before becoming older adults. Of these gun-owning older adults, about 30% do not safely store their firearms by keeping them locked up and unloaded. Overall, the most cited purpose of gun ownership is self-protection. As individuals age and physical ability and health change, fear regarding personal safety can increase. This fear is further exacerbated by worsening health and lower economic status. In these instances, owning a firearm often provides a sense of safety and peace of mind to older adults who are concerned about being victimized. Understanding motivations for firearm ownership is critical in maintaining safety. It is important for family members, friends and medical providers to inquire about older adults' firearm ownership, as well as their compliance with safe practices.

### Safe firearm ownership includes:

- Locking guns in a secure place (e.g., gun safe or cabinet)
- Storing guns unloaded and separate from ammunition
- Using safety devices (e.g., trigger or cable locks)
- Pointing the gun in a safe direction with finger off the trigger
- Periodically attending firearm use and maintenance classes
- Practicing using firearm in a safe environment

## Additional Resources

The [National Center for Victims of Crime](#) provides a telephone and online hotline.

[VictimConnect Resource Center](#) is for survivors of gun violence, and other crimes. The Center offers options to talk anonymously with a Victim Assistant Specialist via phone at 855-4-VICTIM (or 1-855-484-2846) or an [online chat](#) system: <https://victimsofcrime.org/>

[Survivors Empowered](#) provides support and referrals for services to survivors of violence including the option to connect with a support network of other survivors in your area: <https://www.survivorsempowered.org/>

[Everytown for Gun Safety](#) is a non-profit organization, which offers resources for gun violence survivors. They offer specific resources to survivors including [Finding Help](#) and a [Survivor Network](#).

The [NAMI HelpLine](#) can be reached Monday through Friday, 10 am–6 pm, ET. 1-800-950-NAMI (6264) or email [info@nami.org](mailto:info@nami.org).

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