

2024-09-13

Social Workers' Perspectives on the Connection Between Later Life Trauma and Older Adults' Mental Health and Overall Well-being

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Shrestha, L. P. (2024). Social workers' perspectives on the connection between later life trauma and older adults' mental health and overall well-being (Master's thesis, University of Calgary, Calgary, Canada). Retrieved from <https://prism.ucalgary.ca>.

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Social Workers' Perspectives on the Connection Between Later Life Trauma and Older Adults'
Mental Health and Overall Well-being

by

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A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE
DEGREE OF MASTER OF SOCIAL WORK

GRADUATE PROGRAM IN SOCIAL WORK

CALGARY, ALBERTA

SEPTEMBER, 2024

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ABSTRACT

This research explores gerontological social workers' perspectives and experiences responding to later-life trauma (LLT) and its impacts on older adults' mental health and overall well-being, as well as their experiences with support, services, and resources available to older adults in their communities. A critical ethnography approach was utilized to investigate the experiences of social workers, recruited from agencies in Calgary, who have two or more years of working experience with older adults with histories of traumas.

The findings of this qualitative study demonstrate that LLT significantly impacts older adults' mental health and overall well-being. Capitalism-oriented societies and policymakers continue to marginalize this critical social issue. The study's results recognize the prevalence of ageism, discrimination, stereotypes, prejudices, and negative social assumptions and attitudes and describe how they exacerbate LLT. This study elaborates on specific factors contributing to intersecting multilayered barriers, such as social/self-stigma (shame, guilt, fear, and negative beliefs), systemic barriers, and limited programs, services, and resources for older adults.

Although the number of older adults is growing locally and globally at the fastest rate in history, limited attention has been devoted to older adults and their issues related to LLT, compared to their younger counterparts. Older adults' trauma is assumed to be normal and natural, even though the impacts of trauma are unique to each person. The results of this research reinforce how ageism and capitalistic social norms play pivotal roles in the stereotypes of and discrimination against older adults and their issues related to LLT. This study provided essential policy and practice recommendations to support older adults with LLT to ensure trauma-informed and age-friendly programs, services, and resources. The implications for policy, practice, and further research are discussed and presented.

PREFACE

This thesis is an original, unpublished, independent work by the author, Laxman Prasad Shrestha. The research experiences reported in Chapters 4 and 5 were covered by the Ethics Certificate Number REB23-0497, issued by the University of Calgary Conjoint Faculties Research Ethics Board (CFREB) for the project “Social Workers’ Perspectives on the Connection Between Later Life Trauma and Older Adults’ Mental Health and Overall Well-being” on August 14, 2023. Chapters 4 and 5 are presented as independent manuscripts for which I am currently seeking publication.

ACKNOWLEDGEMENTS

I am grateful to the many individuals and organizations who supported me in completing this research project. I would like to express my most profound appreciation to my academic advisors, Dr. Carolyn (Cari) Gulbrandsen and Dr. Yeonjung Lee, for their continuous encouragement, ever-inspiring suggestions, and confidence in me. Their critiques, invaluable insight, and knowledge greatly improved my research. Without their capable assistance, this thesis research wouldn't have taken its present form. I am genuinely grateful for their excellent supervision. I would also like to thank my exam committee members, Dr. Janki Shankar, Dr. Crytal Kwan, and Dr. Beth Archer-Kuhn, for their insightful comments and questions during my thesis defence examination. My due appreciation also goes to the copy editor, Ms. Auburn Phillips, who helped me by copy editing and formatting this thesis to bring it to its final shape. I am thankful to the Faculty of Social Work and the Faculty of Graduate Studies at the University of Calgary for awarding me scholarships that provided the financial means to complete my Master of Social Work Degree Program.

I am incredibly grateful to all social workers who participated in this research despite the challenges posed by the pandemic and their busy schedules. Their contributions made this study possible, and I sincerely appreciate their willingness to share their experiences with me.

I would also like to express my gratitude to my family, who have supported me throughout my life and during this program. I am thankful to my parents, Junga Bahadur Shrestha and Til Kumari Shrestha, for inspiring me to pursue higher education. I am grateful to my siblings, Shyam and Dipak, and my dear friends, Abraham, Eric, Suman, Farzana, and Madan, for their unwavering support and love throughout this long process.

I would like to express my deepest appreciation to my sweetheart wife, Maya, and lovely children, Sampannata and Aadvik, who have been my constant support, joy, and source of inspiration throughout this entire journey. Thank you for your unwavering support and encouragement.

Finally, I would like to thank God for being my source of strength throughout this journey.

Dhanyabad, Thank you!

DEDICATION

To my dear friend, Kesh Bahadur Malla (Yubak), for your inspiration to enter the field of social work; to my esteemed advisors, Dr. Carolyn (Cari) Gulbrandsen and Dr. Yeonjung Lee, for your unwavering guidance, encouragement, and support throughout this journey; and to my family (lovely wife Maya and beloved kiddos Sampannata and Aadvik) for your patience and constant faith in me fueled my determination to walk this thesis through.

“You are never too old to set another goal or to dream a new dream.”

-C. S. Lewis

“To be tested is good. The challenged life may be the best therapist.”

-Gail Sheehy

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LIST OF ABBREVIATIONS

ACE	Adverse Childhood Experience
APA	American Psychological Association
CA	Childhood Adversities
CASW	Canadian Association of Social Workers
CDC	Central for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019
ELA	Early Life Adversities
EST	Ecological Systems Theory
LLT	Later Life Trauma
PTSD	Post-Traumatic Stress Disorder
SAMSHA	Substance Abuse and Mental Health Services Administration
TIP	Trauma-Informed Practice
WHO	World Health Organization

CHAPTER 1: INTRODUCTION

In this introductory chapter, I provide the context and background for my thesis topic, which explores the perspectives and experiences of the social worker to understand the connection between later life trauma (LLT) and older adults' mental health and overall well-being. I will also explain how my study, directly and indirectly, contributes to filling the practice knowledge gaps and enhancing social justice in the communities through policy recommendations and advocacies. I have added the outlined organization of my thesis to establish a connection with the readers as it informs what to expect next.

My thesis research is centred on the experiences and perspectives of social workers who have worked with older adults for two or more years to understand the connection between LLT and older adults' mental health and overall well-being. This qualitative study utilizes an ethnographic research approach and selects experienced social workers in the field using purposive sampling. Semi-structured interviews help to understand the social interaction of a professional team who work with older adults in Alberta, gleaning deep insights about LLT and its impacts. My interest and motivation in studying this topic stem from my frontline practice experiences as a social worker working at older adults serving agencies in Calgary, Alberta, where I directly witnessed, observed, and experienced the impacts of trauma on older adults' mental health and overall well-being.

Although I used to hear about this population's issues like social isolation, loneliness, abuse, and discrimination, my direct involvement with them in my professional capacity has made me aware of a dearth of support for very crucial issues related to LLT and its impacts on older adults. I directly observed social and systemic issues, such as social assumptions, ageism, stigma, and intersecting systemic barriers in providing and accessing programs and services

related to LLT. These issues negatively and seriously impact older adults' mental health and overall well-being. My experience also informed me that programs and services to support older adults' LLT and connected mental health issues are related to social determinants of health in their lives. As there is a lack of literature and practice knowledge about LLT and related issues, I felt I could use my Master of Social Work thesis research opportunity to investigate the systemic barriers and other stereotypes that are hampering older adults in Alberta, Canada. As a social worker with professional experience with older adults with traumatic experiences, I understand that social workers working with this population group can bring deep and rich perspectives about this issue. Their insights and experiences have the potential to advance understanding about the impact of trauma in later life, evaluate the efficacy of evidence-informed approaches to intervention, and propose recommendations for new appropriate policies and social work practice with this vulnerable population. I believe the outcomes of my study can be used for micro- to macro-level practices by providing recommendations for better practice and policies, while challenging social assumptions and other negative stereotypes about ageing.

My direct involvement with older adults as an outreach community social worker also informed me that there are significant discrepancies between government policies like "aging in the community (or aging in place), which means having the health and social supports and services needed to live safely and independently in your home or community for as long as you wish and are able" (Government of Alberta, 2020, Ageing in Community, para. 1), and their actual realities. I intend to develop more knowledge and skills to research these disparities from social work perspectives, then effectively use my power as a social worker to recommend practice skills at the micro level, and advocate for better policies at a macro level, on behalf of vulnerable older adults. Being older and living in the community should be rewarding and not a

source of social isolation, depression, and perpetuating traumas. Therefore, the intention of my study is to present and recommend appropriate ways to fill those service and policy gaps, such as skills, knowledge, and resources that could be used while working with older adults with histories of trauma or dwelling as community members.

Overview of My Topic

According to the American Psychological Association (APA, n. d.), trauma is defined as "any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person's attitudes, behaviour, and other aspects of functioning" which may be caused by human behaviour or nature that challenge an individual's feelings of safety and security (para. 1). Similarly, the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) explains that trauma "occurs as a result of violence, abuse, neglect, loss, disaster, war and other emotionally harmful experiences" (p. 2).

Research on trauma shows that traumatic experience results from a singular event, a series of events, or circumstances that an individual experiences as harmful or life-threatening and which have lasting adverse effects on a person's mental, emotional, social, and subjective well-being (Centers for Disease Control and Prevention, n. d.; Levenson, 2022). Danielson & Ray-Degges (2022) also state that "literature about the impacts of trauma revealed that trauma could stem from adverse childhood experiences (ACEs) (e.g., abuse, neglect, household dysfunction) and adult adverse experiences (e.g., domestic violence, substance use disorder, military trauma)" (p. 13).

Traumatic experiences can happen at any stage, from childhood to elderhood. SAMHSA (2017) identified that 61% of men and 51% of women report being exposed to at least one

lifetime traumatic event. Cations et al. (2020) state that "up to 70% of older people have experienced at least one potentially traumatic event in their lives" that impacts their physical, cognitive, and emotional well-being (p. 425). Kaiser & Glaesmer (2017) posit that trauma-related disorders and the impacts of traumatic experiences on younger persons have gained extensive attention in research and clinical work, but little knowledge exists about its long-term consequences across the lifespan. Several authors note that the impacts of traumatic experiences across the lifespan, mainly focusing on older adults, have not been examined as they must be (Pfluger et al., 2022; Kessler et al., 2021; Ramsey-Klawnsnik & Miller, 2017).

This is surprising because the longer one lives, the higher the chance that they will be impacted by different traumatic experiences. In this context, Bonne and Schuerer (2013) also assert that older adult patients with trauma are a growing part of the total trauma population. Given the rapidly aging population and the recent traumatic impact of COVID-19 on older people, it can be easily assumed this population group is in need of trauma-related support. For example, the devastating impacts of the COVID-19 pandemic including its mandatory and other social isolation, grief and loss, depression, and anxieties highlighted the specific needs of older adults in terms of coping with trauma (Gopal et al., 2020; Smith et al., 2020). These contexts and experiences demonstrate the need to focus on older adults' traumatic experiences more broadly because the traumas they have experienced are notably devastating, and their number is growing very quickly.

According to Statistics Canada (2022), 7 million people aged 65 and older in 2021 represent nearly 1 in 5 Canadians (19.0%), up from 16.9% in 2016. This report shows that the number of older adults is growing in Canada at its fastest rate. Canada's senior population is expected to grow by 68% over the next 20 years (Canadian Institute of Health Information, n.

d.). The impact of trauma on older adults is an essential discussion and research topic because this issue is marginalized, and the number of older adults is growing locally and globally. Understanding the challenges this large Canadian group faces to guarantee a healthy, vibrant, equitable, and socially just society is crucial.

Given my direct involvement with older adults as a community social worker working with older adults for multiple years, I have witnessed and experienced these conditions with older adults firsthand. My direct work experience with this population has also informed me that loss, grief, and trauma they experience are assumed to be normal/natural, and the impacts of the trauma on their mental health and overall well-being are not taken as seriously as they must be. Ageism and social assumptions play dominant roles in older adults' health, mental health, and overall well-being. Stereotypes of aging, particularly in North America, play to this lack of focus on older adult trauma, like other issues related to older adults (Dionigi, 2015). Therefore, research on LLT is vital to supporting older adults in living and thriving more meaningfully in their communities. This thesis research has generated crucial outcomes such as data, knowledge, and skills to make practice and policy recommendations to respond to ongoing ageism, discrimination, and practice disparities at micro to macro levels to change policies and procedures related to this vulnerable population group.

Thesis Organization

There are six chapters in my thesis, including two manuscript chapters. The first chapter introduces my thesis topic and rationale of the study and provides an overview of the research. Chapter two presents a comprehensive literature review that discusses the study's focus and the research questions. This review of the literature presents the following themes: 1) links to adverse childhood experiences and trauma, 2) trauma across the lifespan, 3) elder

abuse/victimization and later life trauma, 4) loss and grief and later life trauma, 5) agism and later life trauma, and 6) later life trauma and older adults' mental and subjective well-being. Chapter two also contains the purpose statement and research questions for this thesis research.

Chapter three outlines the research methods applied in the study and presents the philosophical stance or worldviews, theoretical perspective, research approach, methodology, researcher's reflexivity, and ethical considerations. Chapters four and five present manuscript chapters titled respectively "Understanding Later Life Trauma and its Impacts on Older Adults' Overall Well-being from Social Workers' Perspectives" and "Social Workers' Perspectives and Experiences of Support and Services for Older Adults to Navigate Later-life Trauma and Its Impacts". These manuscripts are the outcomes of this thesis study and the foundation for future research.

Chapter six summarizes the key findings from all the chapters. It also discusses the significance of those findings for social workers and all other stakeholders working with older adults with histories of traumas. In general, this thesis research contributes to understanding the impacts of later life trauma on older adults' mental health and overall well-being and makes recommendations for possible better services with skills and insights and for better policies with advocacy.

Conclusion

This chapter explained the rationale for conducting this research and identifying gaps in the existing literature and provided a structural overview of the thesis. It explained the author's interest in the topic and intentions for the impact of this research going forward. Chapter two of this dissertation delves into a comprehensive literature review focusing on social workers'

perspectives and experiences on the connection between LLT and older adults' mental health and overall well-being. It will also set the stage for the research, guiding the formulation of the research questions and exploring the theoretical model that informs this study.

CHAPTER 2: LITERATURE REVIEW

Introduction

Chapter two presents a comprehensive review of the literature covering the different aspects of traumas and their connections to LLT. This chapter offers the following topics: 1) search process, 2) ACEs and trauma, 3) trauma across the lifespan, 4) elder abuse/victimization and LLT, 5) loss and grief and LLT, 6) ageism and LLT, and 7) impacts of trauma in later life. Also, this chapter provides a clear purpose statement and research questions.

Search Process

Key terms like trauma, later life trauma, lifespan trauma, life course trauma, loss and grief, elder abuse, victimization, polyvictimization, agism and trauma, mental health, subjective well-being, older adults, aging, seniors, geriatric, geriatrics, elderly, aged 65+, and older people were used individually and in combination. This search process did not use the Boolean operator "NOT" for the exclusion. The search process only used two Boolean operators, "AND" and "OR," to combine keywords. In addition, it also used truncation with the keyword trauma (i.e., trauma*) to include multiple endings of this term (i.e., traumas, traumatic) and later life trauma contained by quotation marks (i.e., "later life trauma") to focus this term specifically.

During this search process, the researcher first did a general search at the University of Calgary library and Google Scholar. The researcher later used various databases at the University of Calgary library search, including Social Work Abstract, Abstract in Social Gerontology, Academic Search Complete, CINAHL Plus with Full Text, Family Studies Abstract, Family & Society Studies Worldwide, and Academic Search Elite to identify theoretical, conceptual and empirical studies.

Adverse Childhood Experiences and Trauma

Adverse childhood experiences can have lasting, negative effects on health and well-being, as well as life opportunities such as education and job potential because toxic stress from ACEs can negatively affect children's brain development, immune systems, and stress-response systems (Central for Disease Control and Prevention [CDC], n.d.). Researchers have agreed with the CDC that individuals with a history of complex trauma exposure in childhood and/or adolescence reported a high(er) mental health burden during their later lives (Pfluger et al., 2022). They found that individuals affected by ACEs present more unhealthy stress coping strategies and less self-perception of coping than non-impacted individuals. The researchers collected data from 257 participants who were interviewed using self-reported questionnaires and a clinical interview to assess the impact of their trauma on their lifespan. The findings mainly focused on how exposure to ACEs can lead to higher mental health issues across the lifespan and in older age. The study has captured the impact of ACEs on older adults using a cross-sectional and retrospective study design, examining the current and lifetime mental health and stress-coping perspectives on older adults with and without ACEs history. This study helped enhance the researcher's understanding of LLT and its impacts on older adults and their overall well-being because ACEs could be one of the various intersecting reasons for LLT such as losses, grief, cases of abuse, and their aging process. Older adults are more prone to traumas in their long lifespan than other groups of people, and it is vital to understand that LLT significantly impacts older adults' mental, physical, social, and emotional well-being (Dionigi, 2015).

Another study by Kwak & Ahn (2020) proposed to understand the association of childhood adversity with suicidal ideation in later life, and whether gender differences impact childhood adversity. They used a mixed effect of logistic regression with a random intercept to

test the impact of childhood adversity on the risk of suicidal ideation among older adults. The researchers asserted that it is vital to include assessment measures related to childhood to understand the adverse events that occur in the early lives of older adults. They found that a high risk of suicidal ideation in later life can be explained by negative events that occurred early in life, indicating that older adults' ACE can predict their later life psychological outcomes, indicating one possible reason for LLT in older adults. Therefore, a new study focusing on trauma across the lifespan and LLT could contribute to understanding how older adults and their holistic well-being are impacted by trauma exposure in their lives.

Similarly, Van Assche et al. (2020) investigated the association between retrospectively reported childhood interpersonal trauma, attachment dimensions, and levels of anxiety and depression in late life. They found that childhood trauma may negatively impact late-life well-being, especially in individuals with higher levels of attachment insecurity. They measured participants' early and current adversity, attachment dimensions and their impacts on the levels of anxiety and depression in later life, connecting late-life mental health burdens like anxiety and depression with childhood trauma and attachment anxiety. They argue early life attachment anxiety in adulthood would lead to later life anxiety or depression. This study sought to understand later-life mental health issues and associated them with early-life traumas and attachment problems instead of investigating the other trajectories of older adults' lives. It is crucial to understand that older adults might have gone through different traumatic experiences in their lives as trauma is very subjective, and focusing only on attachment issues does not explore their later life struggle with trauma and other related psychological well-being.

Moreover, Inoue et al. (2022) examined whether ACEs and late-life stressors contribute significantly and independently to the onset of depression in older persons. After reviewing the

data, they stated the effect of late-life stressors on the onset of depressive symptoms was more pronounced among those with one or no CAs (childhood adversities) than those with two or more CAs. With respect to the researcher's interests, they investigated the causes of later life stressors on the onset of depressive symptoms, concluding that the greater the early childhood adversities, the more an individual becomes resilient, which may not apply to all individuals. Hence, instead of respecting individual differences and the chances of having traumatic experiences in older individuals even in their later lives, this study seems more aligned with the ageism and dominant social assumption that older adults are prepared to face their loss and grief from the experiences of their past stressful life events.

Discussing the impact of childhood trauma across the lifetime in terms of inflammatory genes and other chronic mental and physical health issues, Levine et al. (2015) also examined whether traumas experienced during childhood may modify the stress response, leading to more sensitive reactivity across the lifespan. Although age and gender were not declared in the study, the authors conclude that low socio-economic status during adulthood plays a significant role in triggering individuals' traumas who have experienced adversities in their early lives because traumas experienced in childhood may prime individuals to have more reactive responses to adversity in the future, resulting in stressors experienced across the lifetime being more hazardous for this group relative to individuals with advantageous childhood environments. This study helped the researcher to understand how adulthood socio-economic status plays a role in LLT and stress. Although it is more focused on the medical model rather than a social work lens, it provides insight into the issues of traumas across the lifespan. Other research identified that it is not only early life and adulthood traumas that impact human responses to adversities,

but later life adversities and traumas also give similar responses to older individuals when they experience adversities like elder abuse, loss, and grief (Ramsey-Klawnsnik & Miller, 2017).

These studies examined the impacts of ACEs on older adults in terms of their health, mental health, and overall functioning. As CDC (n. d.) explains, these works of literature mainly focus on the toxic effects of ACEs on lasting and adverse effects on the health, well-being, and life opportunities of impacted people. As ACEs have the potential to produce toxic stress and impact children's overall well-being negatively, this study argues that LLT could also have similar negative impacts on the overall well-being of older adults. The research substantiated the effect of trauma is very subjective and differs from individual to individual (CDC, n. d.; Levenson, 2022). The perspectives of social workers on the connection between LLT and its impact on older adults' mental health and overall well-being have provided some crucial information that needs to be considered in the support and services of traumatized older adults because these social workers might have worked with hundreds of such impacted older adults and might have extensive ideas and experiences to share. The next topic, trauma across the lifespan, may be able to explore this critical area more extensively.

Trauma/Multiple Trauma Across the Life Span

Trauma is a lifetime issue for some people because most people who experience trauma report that they have been exposed to more than a single traumatic event in their lifespan (Ogle et al., 2014). Researchers present that trauma is equally deleterious in every period of human life, including early, mid, and older ages (Kimron et al., 2019; Payne et al., 2020; Sheffler et al., 2022). Rather than focusing on the trauma of one stage of life, these studies indicate that considering trauma across the lifespan can better address the impact of trauma on people's overall well-being.

In the same context, Sheffler et al. (2022) assert ELA (early life adversities) are known to impact psychopathology, physical health conditions, and cognitive function throughout the life course. Their study examined the mid and late-life emotional stress reactivity as a mediator between ELA and later-life outcomes. During this study, age, sex, and income were covariates in all analyses. Sheffler et al. (2022) found that it is crucial to intervene across the lifespan of individuals exposed to ELA because of the relationships between early life adversities and age-related psychological well-being, physical health, and cognitive health functioning arbitrated by emotional stress reactivity in middle and older adulthood. The outcome of this study contributed to the further understanding of this researcher's study topic because it demonstrates how ELA and emotions may play essential roles in negating consequences in later lives, such as LLT.

Furthermore, Thoma et al. (2021) present that child maltreatment has a lifetime impact and influences an affected individual's mental and emotional well-being because affected individuals presented with a higher mental health burden across the lifespan, suggesting a lifetime mental health impact of ELA and related consequences. This cross-sectional study involved two face-to-face interviews with a total of 257 participants to assess their current and lifetime mental health disorder, self-esteem, and self-compassion. Findings clearly show how ACEs and other life stressors have the potential to impact individuals negatively throughout their lifetime. The findings of this study noted that it could bring up the issue of ACEs and present how they negatively alter mental, emotional, and even social lives across their lifespan. Although it mainly focuses on the impacts of ACEs across the lifespan, it helped the researcher understand that multiple factors could trigger LLT among older adults, and it is essential to consider diverse possible factors while studying the impact of LLT.

These studies present trauma as a lifetime issue and focus on the trauma of individuals across lifespans. They show that trauma is equally destructive in every period of human life. Although this research claims that trauma is harmful in every stage of human life, they again focus on early and mid-life adversities and generalize the outcomes to older adults. This study brings richer and deeper information regarding LLT and its impacts on older adults, as well as identifying vital support and services for navigating their traumatic experiences. Since this study focuses on LLT, further literature searches explore elder abuse, victimization, and LLT.

Victimizations/Elder Abuse and Later Life Trauma

According to the World Health Organization [WHO] (n. d.), the abuse of older people (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 harm to an adult 60 years and older. This definition covers a vast range of abuses because they can be an intentional act or failure to act to support older adults from their caregivers and established systems that are supposed to provide care for them.

In their case study, Ramsey-Klawnsnik & Miller (2017) explored the literature related to trauma findings and provided the foundation for advancing a trauma-informed approach to assisting older persons impacted by elder abuse. Bringing an illustrative case study, the authors provided suggestions for offering trauma-informed and victim-centred care. Very importantly, they identified that older adults harmed by loved ones, like their adult children and grandchildren, possibly experience more incredible psychosocial trauma than those harmed by their paid caregivers or other people. The authors presented that some symptoms of traumatic experiences from elder abuse may be withdrawal, agitation, memory loss, difficulty with problem-solving, disorientation in time or space, verbal aggression, difficulty sleeping, and

clingy or childlike behaviour. This case study presents how later life issues such as elder abuse could impact older adults' overall well-being, which indicates the need to pay attention to LLT and its impacts on them to provide suitable interventions accordingly.

Along the same lines, Ernst & Maschi (2018) described elder abuse as a global systemic problem that contributes to LLT trauma and impacts older adults with traumatic life experiences. They clarify that older adults may experience elder abuse in various forms, such as financial, physical, psychological, and sexual abuse. The authors state elder abuse is a public health and human rights issue that requires the development of interventions that will increase safety and improve the quality of life for older adults who experience abuse, their families, and their communities. It highlights the adverse experiences that older individuals may have due to various forms of elder abuse and the possibilities of affecting their mental health and other well-being. As the authors explored the diverse elder abuses and proposed a trauma-informed caring community for older adults, it is imperative to explore the impacts of LLT and provide support, services, and resources to older adults to help them live and thrive in their communities.

A limited body of cross-cultural research illuminates the prevalence of elder abuse in South Asian countries and communities and reinforces how elder abuse is a pervasive form of LLT trauma across cultural contexts. As an example, Harbishettar et al. (2021) argue that elder abuse and deprivation of rights have become more common among older adults in India, and there is a need to address the prevalence of the issue with better policies and practices for older adults. These researchers focused on the recent increase in the number of older adults, which has made this issue even more serious. Importantly, they argued that the governments in India should also introduce a better system for quality homecare or residential care for their older adults in India because this population group has been facing multiple abuses and trauma recently. The

need to improve policies and provide better-trained staff in the area of older adult care has been focused. This study presents that elder abuse and LLT are common in South Asian countries.

Likewise, older adults in Canadian ethnocultural communities also experience elder abuse. Haukioja (2016) states that cultural context, immigration status, and ethnicity are significant factors influencing experiences of elder abuse as a form of LLT. This study confirmed that elder abuse is a silent issue within ethnocultural minority groups such as South Asian and Chinese communities. The study argued despite the fact that elder abuse has been recognized in recent decades as a serious public health and social justice concern, this issue has not been well-researched and addressed among these ethnocultural groups because of the intersecting complexities of ethnicity, cultural contexts, and immigration status. The aforementioned cross-cultural studies highlight the complex nature of elder abuse in different geographic locations and ethnocultural communities in Canada and the need to address them accordingly. Researchers presented that LLT is not rare due to ongoing abuses and other age-related complicating factors among older adults in these communities and the need to bring appropriate policies and procedures to resolve them from micro and macro levels.

Acierno et al. (2017) explored the outcomes that victimization from interpersonal and other violence in the form of emotional, physical, and sexual abuse may have on overall health outcomes, including increased mortality. This study included participants who reported mistreatments in their lives. Older adults who reported mistreatment in their early lives showed negative emotional and physical health outcomes later. A significant strength of the study is that it includes a large sample of 752 participants and presents longitudinal study outcomes which can inform policymakers and the public about the impacts of maltreatment on older adults. It also

significantly increased the researcher's understanding of LLT from the perspective of maltreatment.

To summarize, elder abuse is one of the leading causes of traumatic experiences in older adults' lives. More negative overall health outcomes impact older adults who become victims of elder abuse. The studies presented here showed that abuses of older people could be very deleterious as they can cause a greater degree of overall negative well-being and even increased mortality rates. Therefore, the researcher is exploring LLT to understand its impacts on older adults' health, mental health, and overall well-being. Elder abuse is one of the causes of LLT, and there could be many others, such as loss and grief in later life, as presented in the next topic.

Loss and Grief and Later Life Trauma

Loss and grief are indispensable parts of human life, but they can be traumatic for some older persons in their later lives. Das (2013) aimed to fill the gap regarding the linkage of older adults' spousal loss to multiple dimensions of their health, including mental, social, behavioural, and biological conditions, and potentially different associations of time since loss with specific health dimensions. This study examined the impact of loss and grief in later life and found that it does not affect only the emotional health of a person; instead, they are associated with issues in a multidimensional system of health, including mental, behavioural, social, and biological, because the breadth of loss effects suggests pathways through which traumatic life events may find their way under the skin and have biological repercussions. The findings of this study present how loss and grief are not limited to the emotional and mental health of affected individuals; instead, they go through a stress-induced weathering process that impacts their social and biological health. This is a new understanding of loss, grief, and LLT. The findings also show that the loss of a spouse may not be only one turning point of stress-induced life for older adults as there are

chances other multiple losses, like loss of health, abilities, finances, and many others, cause traumatic experiences for older adults in their later lives.

As older adults experience various losses and grief in their later life, Agllias (2013) examined how family estrangement, mainly adult-child, impacts older adults' mental, emotional, and overall health. This study used a purposive theoretical sampling method to recruit participants with direct experience of estrangement from an adult child. The study recruited 25 participants who were or had been estranged from their adult children and conducted two in-depth interviews with them initially and approximately six months later to verify the conclusions. The findings explored the loss of adult children (especially by old mothers) due to estrangement and identified that it is highly stressful and traumatic, threatening their overall well-being and resilience. Among multiple losses and grief in older adulthood, adult children's estrangement from their lives is one of the most critical losses for them. This study contributes to the understanding that there are diverse reasons for older adults' LLT, which need to be examined and supported subtly. It also presents how such unwanted and unexpected loss creates emotions of anger, sadness, frustration, and disappointment; protest behaviours like contacting, searching, and looking out for the adult children; and cognitions, such as preoccupation with the estrangement. This understanding further intensifies the need to explore LLT and its impacts on older adults' overall well-being.

In summary, this section helped the researcher generate a new understanding of how loss and grief across the lifespan significantly impact older adults' psychological and emotional responses to stressful circumstances. The literature clearly indicates that individuals who experience more significant loss and grief in their lives may experience more LLT and related adverse outcomes in their overall well-being. Loss and grief in later life are often taken as natural

due to dominant social assumptions and norms. These dominant social norms have devalued the reality that older adults are subjective beings, and they could be impacted differently by their loss and grief as per their different personalities. Adversities in the early stages of life get attention and support, but similar adversities and trauma in later life are undermined, which is a form of ageism. This researcher reviewed the literature on this topic to explore this further.

Ageism and Later Life Trauma

Ageism is one of the most significant issues currently impacting many older individuals around the world, especially in Western cultures (Dionigi, 2015). According to the WHO (n. d.), globally, one in two people are ageist, and are against older people; in Europe, younger people report more perceived ageism than other age groups. WHO further explains ageism as the stereotypes (how we think), prejudice (how we feel), and discrimination (how we act) towards others or ourselves based on age, meaning ageism plays a pervasive role in influencing how people, including older adults, think, feel, and act. It could be why researchers are biased against older adults' issues and their LLT because there is a lack of research in this area (Ernst & Maschi, 2018; Maschi et al., 2015; Pfluger et al., 2022; Ramsey-Klawnsnik & Miller, 2017).

Ageism is a very diverse and sensitive topic because it relates to people's thinking, feelings, and actions. For example, Goldblatt et al. (2022) present a model of ageism in their study on sexual assault against women in late life. The primary purpose of this study was to explore barriers that hamper the identification and exposure of study on sexual assault against elderly women, as reported by helping professionals. This study used a qualitative research design and collected data through in-depth semi-structured interviews with 18 experienced welfare and healthcare professionals who worked directly with elder abuse victims and offenders. These participants were engaged in intervention with sexual assault in later life

victims and offenders. The findings of this study revealed four themes related to ageism and barriers. Each of them discusses older assaulted women's silence and the professionals' silencing, leading to negative emotions, lack of language, implications of cumulative and complex trauma, and social exclusion. The findings showed that the interplay of these four themes forms a wall of barriers to getting support for the assaulted older women. How ageism impacts every sector is presented when this study argues that sexual assault in late life is an often-silenced, unidentified phenomenon that has not received sufficient professional and social recognition (Goldblatt et al., 2022). This study has presented a sensitive issue related to ageism and added an extra layer of understanding regarding LLT.

In addition, Kessler et al. (2021) examined professional psychotherapists with the main purpose of understanding how older adults with the highest suicide risk may experience discrimination both on their age and health status. This study presents a new area of study with psychotherapists working with depressed older people with death wishes and argues that psychotherapists' age bias and health bias play a role against these vulnerable older people. Although psychotherapists showed interest in treating these older depressed individuals with death wishes, they found themselves less confident about the skills they would offer. Presenting the possibilities of discrimination on age and health condition of older people, this study argues that psychotherapists with an increased awareness of their age bias and health bias are in a better position to avoid making biased decisions based on patient's age and health status as opposed to their individual needs and resources (Kessler et al., 2021). This study provides a new understanding of LLT and related issues because ageism often plays a significant role in every part of their lives, even while accessing diverse community services. In addition, it has widened the horizon of LLT-related studies linking clinical psychology.

In the same context, Burnes et al. (2019) conducted a meta-analysis of 63 eligible studies (1976-2018) with a total sample of 6124 participants to identify low-cost, feasible interventions to reduce ageism as part of an international strategy. The result identified that ageism impacts older people and their overall well-being in multiple ways because it is the stereotyping, prejudice, and discrimination against people based on their age (Burnes et al., 2019). They suggested combined interventions with education and intergenerational contact, which showed the most prominent effects on people's attitudes toward age.

Dionigi (2015) also completed a literature review to report findings on the effects of stereotypes of aging on health outcomes related to older adults, such as physical and mental functioning (specifically) and overall well-being and perceived quality of life (more broadly). This review found that stereotypes of aging affect older adults' holistic health outcomes, including physical, mental, social, and emotional, because they are oppressed and biased against by others, and also self-stereotype as being old, frail, and useless. This process highly impacts older people's physical performance and cognitive functioning, triggering their previous traumas and making them more traumatized. Therefore, there are higher chances of having cumulative emotional and psychological traumas over the lifespan of older adults, but not as much attention is given as to children's and younger adults' traumas (Ramsey-Klawnsnik & Miller, 2017).

This section brought a new understanding for exploring the connection between LLT and older adults' mental health and overall well-being. Ageism could be one of the main reasons that older adults' traumas are not prioritized in the literature. Sometimes, older adults' perceived ageism also plays a significant role as a barrier to asking and addressing their sufferings. The WHO (n. d.) highlights that 50% of the world's population are ageists who are prejudiced against older adults knowingly or unknowingly. When older adults' traumatic experiences are not

addressed appropriately, they could create toxic stress and impact their psychological, emotional, physical, and subjective well-being. The following section will discuss further details regarding the impact of LLT on older adults' mental and overall well-being.

Impacts of Trauma in Later Life

Later life trauma impacts older adults' mental and subjective well-being in multiple ways. Like ACEs have negative consequences on children's healthy growth and overall well-being, adverse older adulthood experiences similarly influence older adults' coping capacities, cognitive and physical performances, abilities to recover from disease, and their holistic health (Danielson & Ray-Degges, 2022; Dionigi, 2015). Older adults are prone to exposure to trauma triggers due to the intersection of different kinds of adversities in their later lives, including health, disabilities, loss and grief, and many others that connect their life course adversities and traumatic experiences in their later life and impacts their mental and subjective well-being (Lou, 2021; Yang et al., 2022).

For example, Lou (2021) proposes a study that not only analyzes older gamblers' psychological and behavioural problems but also depicts a live picture of who they are, going into the deeper reasons. This study was conducted in Canada from a cultural life-course perspective, and it included five principles: human agency, lifelong development, historical time and place, timing, and linked lives. The data were collected through in-depth interviews with 15 Chinese Canadian older adults recruited using purposive and snowballing techniques to understand their gambling behaviours in late life. As part of a bigger qualitative study, it interviewed participants to explore their traumatic past and its impacts in later life. Connecting trauma with negative behaviours like gambling among Chinese Canadian older adults, this study presents that lifelong PTSD, poor interpersonal skills, and a lack of proper intervention impact

older adults' health and overall subjective well-being. The study findings indicate that trauma has played a role in this group's lifelong development of gambling behaviour (Lou, 2021). This study provides a new understanding of LLT, as trauma may impact older adults differently. As the gambling habit may be one issue with these older adult research participants, it is crucial to explore other trajectories of their lives to understand the root causes. The findings also show that trauma may impact older adults' holistic lives diversely, meaning LLT should be addressed from a trauma-informed lens. Trauma in later life impacts older adults' mental and subjective well-being in diverse ways. The research showed that gambling behaviours impact Chinese Canadian immigrant older adults due to their unaddressed post-traumatic stress disorder (PTSD). This learning widens the areas to explore in connection to LLT and its impact on older adults' overall well-being. Although some studies have been conducted on older adults' trauma, they are not specific enough to explore and find the connection between their LLT and mental and overall well-being.

O'Malley et al. (2023) proposed a study to provide an overview of the prevalence and effect of PTSD among older adults and veterans to identify gaps in trauma-informed care practices in long-term care and highlight the value of implementing trauma-informed care practices in those settings. They reviewed the effect of trauma and PTSD in later life, the impact of medical settings on PTSD, and presented a framework for implementing trauma-informed care in long-term care settings. They argued the long-lasting psychological consequences of trauma may manifest in later life even due to the normative experience of aging, such as medical illness, loss of loved ones and so on, and the impacts of trauma may trigger if they do not get appropriate trauma-informed practices in nursing homes or long-term care settings. It is very

important to understand the impacts of LLT in community settings because many older adults live in these communities and may be triggered by trauma in their later lives.

A highlight from this section provides a better understanding of the research topic of LLT and its impacts on older adults' mental health and overall well-being in multiple ways. Like ACEs negatively affect children's healthy growth and overall well-being, adverse older adulthood experiences may similarly influence older adults' coping capacities, cognitive and physical performances, abilities to recover from disease, and holistic health.

Summary of the Literature Review

This literature review started with exploring the information on adverse childhood effects and trauma. Evidence shows that ACEs could have lasting adverse effects on impacted individuals including in their later life. The next section focused on trauma across the lifespan, showing that trauma is equally deleterious in every period of human life, including early, mid, and later life. The literature reviewed in the section on elder abuse, victimization, and LLT helped this researcher understand that elder abuse could create significant traumatic experiences in older adults, impacting their overall well-being and increasing the mortality rate. The loss and grief and LLT section supported learning that loss and grief could also have very negative traumatic experiences on older adults by impacting their overall well-being. The ageism and LLT section enhanced the understanding of how ageism may impact the care received by older adults who have traumatic experiences. Finally, the literature reviewed in the last section contributed to the researcher's knowledge that trauma can have diverse impacts on older adults' mental health and overall well-being.

Despite these learnings, it was evident that there are scant studies specifically on LLT and its impact on older adults. In considering the complexities of trauma and its impacts on older

adults' mental health and overall well-being, it is crucial to conduct more in-depth research on LLT and adopt trauma-informed approaches to create healthier and more compassionate aging experiences. This researcher believes that the areas of LLT and its impact on older adults can be explored in more diverse and detailed ways by listening to social workers' experiences and using these perspectives of those who have been working with older adults with traumatic experiences. Because one social worker must have worked with multiple older adults with histories of trauma, this process represents a profound, broad, and rich understanding of the impacts of LLT on older adults.

Purpose Statement and Research Questions

The purpose of this research is to explore social workers' perspectives regarding the connection between LLT and older adults' mental health and overall well-being. The following research questions will be addressed: 1) What are social workers' perspectives on LLT and its impacts on older adults' mental health and overall well-being? 2) What are social workers' perspectives on the supports and services that benefit older adults with histories of trauma? 3) What are the roles of social workers in enhancing, changing, and/or informing better policy to ensure appropriate support and services for older adults?

Literature reviews and findings indicate a dearth of research on LLT. It is crucial to conduct studies on this topic because it has the significant potential to impact older adults' mental health and overall well-being. As the number of older adults is growing locally and globally, it has become critical to understand LLT and address them from the policy level appropriately to support this population group to live and thrive meaningfully and to help entire communities function better. This study believes that better policies in this area help to generate better programs, services, and skilled professionals to support older adults with diverse traumatic

histories as per their individual needs. Supporting older adults to mitigate the impacts of their traumatic experiences helps them live and thrive in the overall health system. This process may act as prevention because it may stop this growing population from reaching hospitals and other healthcare settings looking for support as they find the solutions to their issues before this is necessary. In addition, it is anticipated that this research will help community systems and family lives function more positively because older adults will find a sense of belongingness in their communities when they are respected for who they are, and services are provided through a trauma-informed lens.

CHAPTER 3: METHODS

I utilized a qualitative research design to investigate my research questions.

A qualitative research approach focuses on studying participants' perceptions and experiences and how they make sense of them (Creswell & Creswell, 2018). Highlighting the nature of a qualitative research approach, Tenny et al. (2022) also stated that, unlike quantitative methodologies that emphasize numerical measurement, qualitative research attempts to explore study participants' experiences, perceptions, and behaviours, seeking to answer questions about how and why related to the topic of investigation. Qualitative research respects, honours, and prioritizes study participants' viewpoints and seeks access to their experiences, meanings, and perspectives (Hammarberg et al., 2016). This research paradigm becomes relevant when an issue or problem arises in a specific context, when identified variables cannot be easily measured, and when there is a need for a complex and detailed understanding of the issue (Creswell & Poth, 2018). In addition, Kim (2016) points out the recognition accorded to qualitative research as how “researchers acknowledge that complex human concerns cannot be understood by testable observation, general principles, and standardized knowledge” (p. 5).

Creswell and Poth (2018) also state that qualitative researchers are interested in empowering people and minimizing the power relationships between the researcher and the participants to enable people to share their stories and for their voices to be heard. In their book, Creswell and Poth (2018) identify some characteristics of qualitative research that include a natural setting for the study, the researcher as a key instrument in data collection using multiple methods, participants' multiple perspectives and meanings, context-dependent, reflexivity/researcher's position, holistic account of the issue under study and complex reasoning

through inductive and deductive logic. This understanding supports me in strengthening my use of qualitative research design for my research.

Research Methodology

My Positionality

Being born, raised, and even educated in a collective culture, I acknowledge that my positionality is impacted by my interpretation of my social locations. My understandings and perceptions are inspired and guided by my cultural and social backgrounds. Sometimes, it may happen directly; other times, it may happen indirectly. Respecting senior members of the communities as experienced, wiser, and knowledgeable people is a core of my cultural values and practice, much like how Indigenous communities in Canada view older adults. Older members are not only the head of their families but also taken as the head of the community and key persons to make significant decisions for their families and communities. I think my cultural values have played an essential role in making me choose this topic related to older adults' trauma.

In the same context, Walter & Andersen (2013) assert that “no matter how much we empathize and engage, we cannot be ‘the other’ nor can we inhabit that social space, however much we think it is or wishes it were so; we remain irretrievably our specifically located selves” (p. 47). This makes perfect sense for me as I reflect on my collective cultural background and respect for older adults and the thesis topic that I have chosen. My direct work experience with this group of population informs me that loss, grief, and trauma they experience are commonly assumed by health professionals to be normal/natural, and the impacts of the trauma on older adults' mental health and overall well-being are not as recognized, understood or addressed by health care providers and Canadian communities to the extent that they should be. My own

observations as a social worker and my deepening concerns for older adults with trauma histories prompted me to explore how ageism, social assumptions and stereotypes of aging contribute to older adults, their trauma and subjective well-being.

Philosophical Stance

My worldview for this research is guided by social constructivism because I believe knowledge is socially and culturally constructed, and its manifestation is also mediated and determined socially. Social constructivism means knowledge creation and the making of meanings of the social world are not individual actions; instead, it is combined by individuals acting in various group settings in their communities (Andrews, 2012). This paradigm perceives reality as a social construction from the subjective experiences of everyday living rather than the objective reality of the natural world (Andrews, 2012). Individuals create their meanings based on mutual interactions with others and their environments. This worldview believes that meaning is multiple and varied because the "construction of knowledge is the product of social interaction, interpretation, and understanding" (Vygotsky, 1962, as cited in Adams, 2006, p. 245). Boyland (2019) emphasizes Vygotsky's seminal concept of social constructivism and states that knowledge is a product of the interaction of social and mental functions, whereby each individual mentally constructs a world of experience through cognitive processes. These statements connote that knowledge is part of the interaction between the human mind and the real world, and there is no separate learning in the social context.

Therefore, social constructivism helps my research topic when I explore the impacts of LLT and its impacts on older adults' mental health and overall well-being. For example, the common assumptions that LLT, losses, and grief among older adults are normal and natural are socially constructed and serve as a barrier to recognizing that suffering arising from LLT does

not have to be inevitable. This worldview informs my ethnographic research approach because it also studies social interactions among cultural groups, whether they are defined as societies, communities, organizations, or professional teams (Reeves et al., 2013). I chose social constructivism based on my assumption that study participants have already constructed their own subjective meanings associated with LLT based on their professional interactions with older adults over time and their interpretations of the interactions and experiences older adults have shared with them. In addition, the research participants and their older adult clients are part of their communities and the information they share during their interviews for this study is related to their social contexts (Boyland, 2019). Hence, I believe this study's information, ideas, and findings help all stakeholders understand the impacts of LLT on older adults' overall well-being and the need to support them in navigating this.

Although social constructivism helps us perceive that knowledge is the product of social interaction, understanding and interpretations, I know that it also has some limitations. Some critics regard it as too subjective and criticize its tendency to avoid conflicts (Ratner, 2006). Walter & Andersen (2013) also discuss the limitations of social constructivism and argue the researcher (in social constructivism) plays a critical role in determining how research is perceived, conceptualized, and practiced.

Theoretical Perspectives

This study utilizes an ecological systems theory (EST) and trauma-informed theory (TIP). These theories help explore and understand why LLT and older adults' issues are ignored and neglected at the systemic level and imply the potential to support older adults in their environments. EST was founded by Bronfenbrenner (1979), who introduced it as consisting of four environmental levels- the microsystem, the mesosystem, the exosystem, and the

macrosystem with each level impacting differently the development of each person (Onwuegbuie, et al., 2013). These levels of context include the microsystem, which contains activities and interaction patterns in individuals' immediate surroundings; the mesosystem, which involves connections among microsystems; the exosystem, which consists of settings that do not contain the individual directly yet still affect them; the macrosystem, which is a broader systems of values, laws, customs, and resources, and the chronosystem, systems and markers of time, such as life transitions (Greenfield, 2012). It shows why EST appropriately applies to exploring older adults' issues and concerns, such as LLT. Development occurs as the result of persons' being embedded within overlapping multilayered environmental factors that are assembled in nested structures, each inside the other, just like a perfect machine (Greenfield, 2012). This theory clearly demonstrates how the systems and environments are impacting older adults with LLT and why it is important to address this issue from multiple levels, from policies to practice.

Although Bronfenbrenner focused on children and the impacts of the different kinds of environments on their brain development, the studies have presented that it can be aptly applied to all people as they are part and products of their environments (Grainger et al., 2022). As older adults are part of their communities and environments, their environments impact them differently and uniquely. EST examines the relationships, interactions, and interdependencies among individuals and their environments (social, physical, and cultural) and considers intervention in one or more systems to enhance the goodness of fit among them (Teater, 2022). As this study explored the impacts of LLT on older adults, EST was the best theoretical framework to apply because it helped researchers understand the systemic issues and ways to address them appropriately for this population group.

Trauma-informed practice (TIP) is another critical theoretical framework that it utilized because TIP focuses on how principles including “safety, trust, choice, collaboration, and environment should be consistently interwoven and applied” to the care of any individuals to support them to cultivate resilience in response to their traumatic stresses and avoid re-traumatization (Levenson, 2022, 196). TIP is conducive to providing supportive and nurturing environments for older adults to navigate their choices and decisions in their later lives. In this context, this theory was suitable for this research because it explored LLT and its impacts on older adults. Greer (2024) also asserts that TIP as a theory could be applied to everyone in seeking proper care and safety. This study presents the potential to build on existing conceptualizations of TIP to create frameworks and TIP principles that pertain to LLT and consider the characteristics and circumstances of older adults with LLT. Thus, these two complementary theoretical perspectives work together to contribute a balanced perspective that considers both individual factors and contextual and structural factors that influence experiences of LLT, enabling a more nuanced exploration of LLT and other factors impacting older adults’ mental health and overall well-being.

Methodological Approach

Although I was initially interested in utilizing a phenomenological research approach and then a narrative inquiry approach, my rigorous examinations of the research approaches as per my research plan helped me to understand that ethnography is the best approach for my research topic and plan. It was because the more I read and thought about my thesis topic, ideas, and area, the more I was clear about the perspectives, concepts, and even limitations of my research approach and overall thesis journey. As I have limited time and resources to complete this research as a part of my MSW degree journey, I decided to modify my research topic and

participants from 'The Connection Between Later Life Trauma and Older Adults' Mental and Subjective Well-being (older adults as research participants)' to 'Social Workers' Perspectives on the Connection Between Later Life Trauma and Older Adults' Mental Health and Overall Well-being (social workers as research participants).' This was a thoughtful and practical revision that I envisioned would help me to deal with the ethics application process efficiently and quickly, support me in getting research subjects rapidly, and make my research outcome broader and more profound. Instead of only exploring a couple of older adults' lived experiences and their stories, it opened doors to explore multiple older adults' experiences, issues and struggles through professionals who have interacted with hundreds of older adult clients from the past to the present during their professional journey. Further, this modification also expanded the focus of my research to understanding the available supports in the communities (if there are any) and the kinds of support and services social workers realize older adults with the experiences of LLT are in need of in their caring journey. I decided to utilize an ethnographic research inquiry because it was a better fit for my modified research topic and population and because I am exploring the perspectives and professional culture of a group/team about LLT and its impacts on older adults.

My continuous examination of the ethnographic research approach helped me to determine that it was better applicable to my new research goal than other approaches because the main motive of my research is to study the social interactions of social workers (a professional team) who are working with older adults to understand their perspectives about LLT and its impacts on older adults. Regarding ethnography, Reeves et al. (2013) assert that it is the study of the social interaction of cultural groups, whether these groups are defined as societies, communities, organizations, or teams. Ethnographic research inquiry is the most appropriate

because my research questions prompt exploration of the perspectives of members of a professional team (social workers) regarding their perspectives on LLT and its impact on older adults' mental health and overall well-being. This approach helped me to study the meaning of the interaction among members of the culture-sharing group and how they define LLT and express their views and ideas related to LLT. Discussing cultural groups for an ethnography, Creswell and Poth (2018) clearly state that this cultural group may be a small group of teachers or social workers.

Ethnographic research has proven to be an effective approach to examining the experiences and perspectives of health professionals. For example, Kaldal et al. (2023) used a social constructivist worldview and an ethnographic research approach to study a group of new graduate nurses working in acute care hospitals to explore the factors influencing direct care delivery. They recruited participants (newly graduated nurses) using purposive sampling and utilized semi-structured interviews to understand the participants' experiences and perspectives. Similarly, Johnson (2023) also applied ethnographic research design to understand the insider views of the residential care settings for older adults. Hence, I agree with Merzali, Celikoglu & Hamarat (2022) that ethnographic methods in research provide worthy data for gaining an in-depth understanding of any particular situation. My selection of ethnographic research methods follows a similar avenue of inquiry and features social workers as the health professionals of interest. As one of the purposes of my thesis research is to explore the impacts of LLT on older adults due to systemic discrimination for this population group at all levels (micro to macro), this research applied critical ethnography because critical ethnography is a type of ethnographic approach in which researchers can play their roles for the emancipation of the marginalized groups such as older adults (Creswell & Poth, 2018).

The Application of Critical Ethnography

As a professional team and a culture-sharing group, social workers express their professional behaviours, ideas and beliefs through language regarding later life trauma, which can be studied using ethnography. It is interesting to know that ethnography can describe institutions or organizations and social life within them at a mezzo level (Thyer, 2001). This approach positions me to obtain detailed and nuanced answers to my research questions that consider multiple and interrelated mezzo-level systems, including the organizations and healthcare settings where research participants (social workers) are employed. Ethnography affords me (as a researcher) the flexibility to explore contextual and structural factors related to organizational policies and procedures and how these factors influence participants' perspectives and experiences. The potential to understand the role of context in shaping social workers' and older adults' experiences convinced me that ethnography better fits my research project than other qualitative research methodologies. Beyond the positive potential, I am also aware that ethnography also has some limitations because the researcher generally utilizes purposive sampling to recruit the participants, which leads to the possibility of being biased while collecting data (Morgan-Trimmer & Wood, 2016). Some critics also argue that ethnography lacks research rigour because it relies upon vague, common-sense knowledge and makes it difficult to probe the findings (von Koskull, 2020).

As mentioned, ethnography also helps to further the aim of my research project. I have decided to recruit social workers as research participants for this research project because it allows me to explore in detail the knowledge, understandings and meanings social workers have developed from their experiences serving older adults. A social worker who has served older adults for two or more years can illuminate the issues of multiple older adults. In fact, the six

social worker participants have collectively been able to access, learn from and draw on the voices of hundreds of older adults experiencing LLT. As Reeves et al. (2013) stated, ethnographic research is exploratory in nature. This approach provided me with tools to explore research participants shared cultural views, interactions, beliefs, and language. It also helped me to explore the answers to my research questions through the research participants in a deeper and more precise way (Reeves et al., 2013, p. 1367).

My further readings about ethnography also informed me that this approach "studies the meaning of the behaviour, language, and the interaction among members of the culture-sharing group," which is very important for my research plan as I am studying the perspectives of a professional cultural sharing group (social workers) (Creswell & Poth, 2018, p. 187). Moreover, this research approach also supports my secondary research motive of planning specific directions for advocacy on behalf of older adults to the macro systems (policy level) to demand appropriate support for the impacts of LLT on older adults (Creswell & Poth, 2018). It also helps the mission of my research because "this approach is in response to current society, in which the systems of power, prestige, privilege, and authority serve to marginalize individuals who are from different classes, races, and genders" (Creswell & Poth, 2018, p. 191).

As aforementioned, I realized that my research goal is more aligned with critical ethnography among different ethnography approaches because critical ethnography is a type of ethnographic research in which the authors advocate for the emancipation of marginalized groups in society (Creswell & Poth, 2018). LLT and related issues that impact older adults are routinely marginalized, and critical ethnography is oriented to illuminating and elaborating on the forms of oppression and discrimination older adults encounter and to applying research to advocacy on behalf of these populations. The research findings from this study inform advocacy

by identifying specific advocacy points and practical recommendations for improving services for older adults with LLT and formulating recommendations for specific changes to policy and legislation that shape the realities of this vulnerable population. In the process of illuminating older adults' and service providers' realities, this study challenges prevalent assumptions that trauma in later life is normal, natural and inevitable and reinforces social justice, equity, and human rights for this population group.

Recruitment and Data Collection

As the aim of qualitative research is to feature some contextualized, information-rich cases that can respond in detail to research questions, I used purposive sampling to recruit study participants for this research. This technique helped me to carefully recruit research participants who aligned with the purpose of my study, with the expectation that each participant would be in a position to share unique and rich information and experiences (Suen et al., 2014). As the primary purpose of my research is to understand social workers' perspectives on the connection between LLT and its impacts on older adults' mental health and overall well-being, I recruited social workers using purposive sampling from those who had experience working with older adults with trauma history. These participants have experience working in older adult serving programs with different agencies in Calgary.

Purposive Sampling

Purposive sampling supported my research aim by allowing me to select participants deliberately based on the qualities that they possess. In this context, Andrade (2021) posits that “a purposive sample is one whose characteristics are defined for a purpose that is relevant to the study” (p. 87). The participants in my study graciously shared their interpretations of interactions with older adults with trauma histories by capturing generalities in a way that protected the

confidentiality of individual older adults they have worked with. Their proximity to older adults with trauma histories facilitates their understanding of the relationships between LLT and older adults' mental health and overall well-being. My decision to recruit social workers who serve older adults rather than older adults themselves was a prudent and practical one. I determined that recruiting social workers would be practical, considering my timeline for completing my study. The ethics application requirements are far more intensive for studies that involve recruiting vulnerable healthcare service users, and researchers are also required to seek permission from the provincial healthcare organization, which can take considerably longer. Purposive sampling that focused on recruiting social workers from community organizations suited the timeline for my study while fulfilling the potential to further understanding of LLT.

To recruit research participants, I emailed a recruitment invitation and informational poster to leadership representatives of older adult-serving organizations in Alberta, asking if they would circulate the recruitment notice among the social workers employed by their organization. When I received responses from potential participants, I sent them the details about what participation in my research would involve and obtained their consent to be the participants in this research. Participants were sent the consent form (Appendix A), which was created in accordance with CFREB requirements and outlined the purpose of the study and participants' rights and options. When they decided to participate in the study, I again reviewed the consent form at the time of the interview before the interview began, and they were reminded of all options and rights. After that, I asked for their verbal consent, explaining to them their verbal consent means they understood to their satisfaction the information provided to them about their participation in the study, and they agree to participate as a research subject. To confirm their information for the study, the participants were given an opportunity to review their interview

transcript, and they were informed about the timeframe in which they could return it with their feedback if they had any questions or concerns. For this study, six participants were recruited, a sample size that is congruent with critical ethnography.

Inclusion/Exclusion Criteria

I used exclusion and inclusion criteria to make my research participants homogenous according to their professional roles and amount of social work experience in the field. I excluded social workers who had not worked with older adults for at least two years and included those with the required experience. Andrade (2021) explains that the greater the number of inclusion and exclusion sample selection criteria set for the essential purpose of the research, the more purposive the research sample becomes. One of the advantages of the purposive research technique is that it lets us study populations of specific interest.

Data Collection Tools and Methods

To fulfill the purpose of this study, the interview protocol (Appendix B) for semi-structured interviews was created, and the process was followed to collect the desired data. The data collection steps included setting the boundaries for the study through sampling and recruitment, gathering information through individual interviews (unstructured/semi-structured), observation of non-verbal communications, documents, and visual materials, and establishing the protocol for recording information (Creswell & Creswell, 2018). I completed the semi-structured interviews in my participants' workplaces or online via Zoom at their convenience.

The principal data collection tool I used for this study was semi-structured interviews because it allowed me to explore in-depth social workers' experiences, perceptions, and ideas regarding LLT and its connection with older adults' mental health and overall well-being. According to Kallio et al. (2016), a semi-structured interview is one of the most common and

user-friendly mediums of data collection in a qualitative study that can be utilized for the purpose of objectivity and trustworthiness if it is developed according to rigorous protocols. As an interviewer, I spent time and skills establishing relationships with participants by explaining the purpose of the interviews and ensuring a safe, friendly, and non-judgemental environment. As Lopez & Whitehead (2013) recommended, I created an interview guide with (a total of sixteen in five different sections) open-ended questions for the discussion. The interview guide helped to guide the interaction with participants, and the structure helped to ensure that the study objectives and research questions were addressed during each interview. The semi-structured interviews were developed to sequence questions thoughtfully from general to specific and from less to more sensitive ones. For example, ‘What are social workers’ perspectives on later-life trauma and its impacts on older adults’ overall well-being?’ was a sensitive question aimed to understand the participants’ trauma-related experiences and ‘Is there anything else about this topic that we still need to discuss, or you feel is important for me to know?’ was asked to understand their general perspectives about the topic.

As with all other data collection tools, the semi-structured interview has pros and cons. This is the most appropriate method for this study and provided me opportunities to explore the perspectives, experiences, ideas, and views of social workers working with older adults about LLT and its impact on them using open-ended and closed questions and some probing. Adams (2015) also indicates that semi-structured interviews are the most appropriate method of data collection for extensive studies, but it may be quite time and resource-consuming. My careful attention to the formulation of my interview protocol questions and allowing space to ask additional probing questions and for participants to build on and diverge from responding to pre-determined questions optimized the effectiveness of my semi-structured interviews.

Approach to Data Analysis

I started data analysis by reflecting on my own positionality and relationship to the topic because it was vital to understand both the subjectivity and objectivity of my position as a researcher. Peter Gabor (personal communication, March 13, 2023) explained that “analysis is an art, not a science” and proposed dividing data analysis into three stances: literal, reflective, and interpretative. The analysis in this study followed these stances from literal to interpretative to go towards increasingly abstract concepts of the data. My approach involving outlining my process of systematizing the descriptive data through coding, categorizing, and interpreting meaning. As I wanted to understand the connections between LLT and older adults’ mental health and overall well-being from social workers’ experiences, perspectives, and ideas, I utilized the coding and categorizing the transcribed interviews to bring the abstract meanings connected to the purpose of my study.

Thematic Analysis

For this process, I used thematic analysis (TA) for all the data collected, mainly using NVivo software. I chose TA as my approach to data analysis because my readings about this approach informed me that it is “a clear, uncomplicated and straightforward qualitative study” which does not need more training or theory to utilize (Javadi & Zarea, 2016, p. 38). It is also the most common and simple form of qualitative data analysis that provides flexibility to the researcher but still establishes the depth of analysis. It is a method for identifying, analyzing, and interpreting patterns of meaning (themes) within qualitative data that provides systematic procedures for generating codes, the smallest units of analysis that capture interesting data features (Clarke & Braun, 2017). Nowell et al. (2017) argue that TA is a qualitative research method that can be widely used across a range of epistemologies and research questions because

a rigorous TA can produce trustworthy and insightful findings. As with all other approaches to analysis, it also has some limitations like “unprofessional and simplistic view sometimes destroys the value and validity of TA in a way that the result becomes desired and positive and thus leads to serious damage” (Javadi & Zarea, 2016, p. 38).

Establishing Credibility/Trustworthiness

Although it is impossible to have a neutral and objective research outcome, I tried my best to establish the credibility of my research by being transparent and making my positionality clear by disclosing all possible conflicts of interest in advance. For this process, I sought feedback from my colleagues and thesis supervisors regarding the appropriateness and consistency of my tools and procedures. I also sought feedback from my research participants and validated the codes, creating a codebook and audit trails. For example, I created codes as per the five sections of the field question guide from the final interview transcriptions that I sent to the research participants for their feedback. A sample page of my codes from the NVivo software is included (Appendix C) for review. I agree with Cutcliffe & McKenna (1999) that researchers should “make explicit what attempts/methods they have used to establish the credibility of their data interpretations” (p. 379). Literature states that the reliability and validity of findings for qualitative research depends on the data handling and interpretation of them for the meaning (McMillan, 2009). To establish the validity of the data, I also sent the transcribed interview data to each participant to confirm their agreement that transcripts captured the meanings they intended to convey.

Ethical Issues

The moral obligation of research is to provide maximum benefits to the research participants. This study also must ensure that the research processes do not directly or indirectly

harm any research subjects. Regarding the research policy guidelines in Canada, *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (TCPS 2, 2022) clearly presented the core principles for this process, which are respect for persons, concern for welfare and justice, and asserts that “respect for human dignity requires that research involving humans be conducted in a manner that is sensitive to the inherent worth of all human beings and the respect and consideration that they are due” (Government of Canada, 2022, Core Principles, para. 2). This study is guided by ethical principles to maintain research integrity and avoid any misconduct during this research journey. It is important to note that since all participants are professional social workers, they are also accountable for upholding high standards of professional conduct and adherence to professional ethics and standards of practice that are closely aligned with the aforementioned research ethics core principles.

Informed Consent

I agree with Artal & Rubenfield (2017) that human research subjects should obtain voluntary consent and withdrawal options and that the research should be terminated if subjects are harmed. Hence, this research process provided all information to the research participants so they could make an informed decision and consent to participate. As all the participants of this research were professionals and the researcher did not have any direct or indirect administrative or managerial power to control or influence their decisions, they were free to make their informed consent. Similarly, when organizations agreed to distribute the research poster, prospective participants were informed that participation in the study was voluntary and that officials from their organization would not be informed about who participated in the study.

Privacy and Confidentiality

Data privacy and confidentiality are the primary ethical issues to consider for this study because of the potential for social workers to disclose identifying information about the service users they have worked with. During the research interview process, the researcher/the interviewer explicitly reminded participants not to disclose any information or describe experiences that might identify clients, and rather to focus on generalities and insights and understandings gleaned from overall experiences. If there was any identifying information, even after that attempt, it was removed from transcripts to maintain anonymity. For this purpose, the transcriptions and data were reviewed multiple times, changing, disguising, or removing the direct identifiers and less direct potential identifiers, including specific geography/locations, dates, etc. This emphasis and the practice of establishing privacy and confidentiality-related boundaries with research participants align with Yip et al. (2016), who posit that “researchers have a duty to protect the life, health, dignity, integrity, right to self-determination, privacy and confidentiality of personal information of research subjects” (p. 884).

In addition, research data management and retention are crucial parts of any research. This followed the University of Calgary research data management policy and system for this process that I outlined in my approved ethics application and consent forms (Appendix A). It carefully removed all direct identifiers of participants and their clients to ensure that all shared data does not reveal confidential information. Not only this, but it also ensures that the data is stored and backed up for future use and reuse in terms of research collaboration, participants, and overall community benefits. As indicated under privacy and confidentiality, pseudonyms or numbers were used to mask the participants' identities in the data collection process. The participants were informed that the only people to have access to the data collected from them would be my supervisors and me as the researcher. The audio recordings of the interviews and

other written records are secured in a password-protected device and locked cabinet when not used by the researcher. Electronic copies of the data are stored in the researcher's University of Calgary secure encrypted OneDrive account in a password-protected folder. Once the transcription and verification of the accuracy of the transcripts have been completed, the audio recordings will be deleted.

Risk-benefit Identification and Analysis

One of the ethical issues in this study was the possibility of vicarious trauma to the research participants since recalling experiences and practice examples could activate or re-activate their own trauma responses. It was presumed that this risk during the interviews would not be greater than the risk they encounter in their professional lives, bearing witness to traumatic stories their clients disclose in everyday practice. Being professionals in the field, social workers are likely to have established personal self-care practices and access to wellness and mental health support through their employers. To convey concern about participants' wellness and about the potential to experience vicarious trauma, each participant was asked about their experience and the possibilities of traumatic triggers or feelings of distress during the semi-structured interviews and provided support. During the interview, if deemed necessary, I reminded participants that they were not required to delve into reflections of specific cases, only to comment on the totality of their experiences responding to LLT. In addition, they were provided phone numbers and other information for counselling and other trauma support if they felt distressed and wanted to utilize them. (Appendix F).

After reviewing these ethical risks, I calculated there are more benefits to research participants/social workers than risks. There exists the potential for participants to apply the findings of this research to their own practice at micro, mezzo and macro levels and for their

understanding of LLT to be deepened. Participants may feel professional fulfillment knowing they are contributing to new knowledge about LLT. Participants are in the ideal position to apply study findings and recommendations to direct practice and their advocacy efforts. The research findings highlight common issues related to LLT and identify supports and services that might be beneficial to help their vulnerable clients thrive and improve their mental health and quality of life.

Conclusion

My methodological choice for this qualitative study included a non-probability purposive sampling method that recruited homogeneous research participants (who will be social workers working with older adults for at least two years) using some inclusion and exclusion criteria. Semi-structured interviews were used to collect the primary data for this study. I tried to understand the research participants' perspectives, experiences, and ideas regarding the connection between later life trauma and older adults' mental health and overall well-being. After collecting data, I used thematic analysis and adopted rigorous protocols to analyze interview data. Disclosing and confirming all the processes and my positionality from the outset of the study encouraged me to make credibility a priority throughout the data collection and analysis. As all other methodologies and tools have some limitations, I was aware that my chosen methods and tools also had some issues. Attuning to the limitations of my methodologies encouraged me to strive to achieve the highest possible standard of ethical research practice,

This study presented minimal ethical risks because participants were social workers/professionals who are also responsible for upholding high ethical standards and because risks were intentionally mitigated through explicit researcher actions during the interview process. Participants were provided with information about the study during the informed

consent process and knew they had the right to terminate their consent at any time. The research participants were free to act without any influence or feelings of obligation throughout the research (Harper et al., 2018).

CHAPTER 4: MANUSCRIPT 1

Understanding Later Life Trauma and Its Impacts on Older Adults' Overall Well-being from Social Workers' Perspectives

Abstract

Later life trauma (LLT) and its impacts on older adults is an essential discussion and research topic because this issue is marginalized, and the number of older adults is growing at an unprecedented rate locally and globally. Limited studies have explored LLT and its impact on older adults' mental health and overall well-being compared to their younger counterparts. Using purposive sampling, semi-structured interviews, and critical ethnography, this study explores the connection between LLT and older adults' mental health and overall well-being from social workers' perspectives. The study findings implicated discrimination, ageism, stereotypes, social/self-stigma, systemic barriers, and limited programs and services as major barriers to providing LLT-related support and services for older adults. This article proposes a novel definition of LLT based on participants' perspectives and elaborates on social workers' experiences responding to LLT to promote understanding of the impacts of trauma in later life.

Keywords: Impacts, later-life trauma (LLT), older adults, perspectives, practice, social workers

Introduction

Although research specifies that "up to 70% of older people have experienced at least one potentially traumatic event in their lives" that impacts their physical, cognitive, and emotional well-being, there is a dearth of literature on the impacts of trauma on older adults (Cations et al., 2020, p. 425). Authors note that traumatic experiences impact people across the lifespan equally, yet the impact of trauma on older adults has not been focused on to the extent that it should be (Pfluger et al., 2022; Ramsey-Klawnsnik & Miller, 2017). Later life trauma is important to discuss and research for the sake of all vulnerable older adults who suffer from the cumulative impacts of trauma.

According to Statistics Canada (2022), 7 million people aged 65 and older in 2021 represent nearly 1 in 5 Canadians (19.0%), up from 16.9% in 2016. The number of older adults is growing rapidly in Canada, and Canada's senior population is predicted to grow by 68% over the next 20 years (Canadian Institute of Health Information, n. d.). United Nations (n. d.) also presents that the population aged 65 and over is growing faster than all other age groups globally for the first time in its history and indicates that by 2050, one in six people in the world will be over age 65 (16%), up from one in 11 in 2019. This reinforces the need to give attention to older adults' marginalized issues, such as LLT, for the sake of older adults and entire communities globally because this issue is more and more related to community health and well-being.

Trauma has been defined as an individual's deep and distressing experience that often has lasting impacts on a person's sense of safety, sense of self, and ability to regulate emotions and navigate relationships (Canadian Mental Health Association [CAMH], n. d.). The American Psychological Association [APA] (n. d.) also defines trauma as "any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings

intense enough to have a long-lasting negative effect on a person's attitudes, behaviour, and other aspects of functioning" which may be caused by human behaviour or nature that challenge an individual's feelings of safety and security (trauma, para. 1). Research on trauma also proposes that traumatic experience results from a singular event, a series of events, or circumstances that an individual experiences as harmful or life-threatening and which have lasting adverse effects on a person's mental, emotional, social, and subjective well-being (Centers for Disease Control and Prevention, n. d.; Levenson, 2022). Thus, the experiences and impacts of trauma can be very unique to each person, with different individual responses and symptoms for the same form of traumatic experiences.

Traumatic experiences can happen at any stage, from childhood to elderhood. Substance Abuse and Mental Health Services Administration [SAMHSA] (2017) identifies that 61% of men and 51% of women report being exposed to at least one lifetime traumatic event. Danielson & Ray-Degges (2022) also assert that literature about the impacts of trauma revealed that trauma could stem from adverse childhood experiences (ACEs) and adverse adult experiences (e.g., domestic violence, substance use disorder, military trauma). Aging and living longer increases the number of years older adults encounter traumatic experiences and causes the impact of earlier traumatic experiences to compound. Just as ACEs have negative consequences on children's healthy growth and overall well-being, LLT impacts older adults' coping capacities, cognitive and physical performances, abilities to recover from disease and holistic health.

The experiences of LLT vary from person to person and impact older adults' health, mental health, and overall well-being, which can include sleep disturbances, nightmares, depression, intrusive ideation, isolation, and other overt and covert impacts on their subjective well-being and overall health (Lou, 2021; Yang et al., 2022). Hence, these researchers illuminate

how LLT is a traumatic trigger for older adults due to the intersection of different forms of adversity in their later lives, including health, disabilities, loss and grief, and many others. These life-course adversities and traumatic experiences accumulate and impact their overall well-being in later life. Although the literature has furthered understanding of LLT, there is a lack of a clear definition, and this study aims to fill that gap.

The limited but profound evidence clarifies that research on LLT is vital to informing trauma-informed practice with older adults and supporting them to live and thrive. Social workers who serve older adults with traumatic experiences and histories are in an ideal position to advance understanding of the impact of trauma in later life, evaluate the efficacy of evidence-informed approaches to intervention and propose recommendations for social work practice with this vulnerable population. This study hypothesized that social workers who work with multiple older adults with histories of traumas could contribute richer, deeper, and broader perspectives regarding LLT and its impacts on older adults than are currently represented in the scholarly literature. This study recognizes that social workers who work with older adults have valuable cumulative front-line service experience and practice wisdom to share that will benefit the older adult practice community. It examines social workers' professional perspectives to understand the connection between LLT and older adults' mental health and overall well-being. Social workers who respond to LLT have direct access to lived experiences of LLT and their impacts, so their perspectives are based on practice realities.

The outcomes of studies like this should be utilized to make practice recommendations and advocate to counter-ageism and address disparities in the macro-level social work practice to change policies and procedures related to this vulnerable group down to the micro level to ensure that older adults live and thrive in their communities more meaningfully.

Accordingly, the overall goal of this study is to explore the impacts of LLT on older adults through social workers' perspectives and present the value of trauma-informed practices for social workers and other health professionals to serve their clients, despite ongoing and pervasive stereotyping, marginalization, and ageism in the communities that assume LLT to be natural and normal. This study is intently focused on social justice, equity, and human rights for this population group. The results of such studies on LLT can be utilized for practice recommendations and advocacy to counter ageism and other disparities from the micro to macro levels in terms of support and services for older adults: to make social work practices more trauma-informed and age-friendly at the micro level and to demand better policies from the macro level to ensure that older adults live and thrive in their communities more meaningfully.

Research Questions

This article explores the following research questions:

1. What are social workers' perspectives on LLT and its impacts on older adults' mental health and overall well-being?
2. How do social workers who serve older adults define LLT?

The researcher conducted this study in Calgary, Alberta, exploring the perspectives and experiences of registered social workers (who have been working with older adults for two or more years) regarding the connection between LLT and its impacts on older adults' mental health and overall well-being.

Theoretical Perspectives

This study utilizes an ecological systems theory (EST) and trauma-informed practice (TIP). These theories help explore and understand why LLT and older adults' issues related to

trauma are ignored and neglected at the systemic level and how this population group can be supported in their environments.

Ecological Systems Theory

EST examines the relationships, interactions, and interdependencies among individuals and their environments (social, physical, and cultural) and considers intervention in one or more systems to enhance the goodness of fit among them (Teater, 2022). As this study explored the impacts of LLT on older adults, EST was among the most suitable theoretical frameworks to apply because it helps researchers understand LLT according to systemic issues and informs ways to address them appropriately for this population.

Trauma-Informed Practice

Trauma-informed practice was utilized in this study because TIP focuses on how principles, including safety, trust, choice, collaboration, and environment, should be consistently interwoven and applied to the care of individuals to support them to cultivate resilience in response to their traumatic stresses and avoid re-traumatization (Levenson, 2022). Emphasizing person-centred care, TIP is conducive to providing supportive and nurturing environments for older adults to navigate their choices and decisions in their later lives. In this context, this theory was suitable for this research because it explored LLT and its impacts on older adults.

These two complementary theoretical perspectives work together to contribute a balanced perspective that considers both individual and identity factors, and contextual and structural factors that influence experiences of LLT, enabling a more nuanced exploration of it and other factors impacting older adults' mental, social, emotional, spiritual health and overall well-being.

Methods

Ethnography studies social interaction and cultural groups, whether these groups are defined as societies, communities, organizations or teams (Reeves et al., 2013). This approach captures the professional interactions and perspectives of social workers (a team) working with older adults with histories of trauma. This method enhances and widens top-down perspectives, enriches the inquiry process, and generates new analytic insights by engaging in interactive, team exploration of often subtle arenas of human difference and similarity (Genzuk, 2003).

Ethnographic research inquiry is the most appropriate approach for this study because the research questions are mainly intended to explore answers from social workers regarding their perspectives on LLT and its impact on older adults' mental health and overall well-being. This approach is conducive to accessing meanings that are influenced by participants being part of a professional culture and interaction among members of the culture-sharing group when they express their views, ideas and interpretations of LLT. By discussing what constitutes cultural groups within ethnography, Creswell and Poth (2018) clarify that a cultural group may be a small group of teachers or social workers.

Since ethnographic research is exploratory in nature, this approach provides tools to explore research participants' shared cultural views, interactions, beliefs, and language. This approach helps explore the answers to research questions more profoundly and precisely, through the research participants (Reeves et al., 2013). Creswell & Poth (2018) further explain that ethnography studies the meaning of the behaviour, language, and interaction among members of the culture-sharing group, which is very important for this research as it studies the perspectives of a professional cultural-sharing group (social workers). Ethnography also has some limitations, including purposive sampling for participant recruitment, which leads to the

possibility of bias while collecting data (Morgan-Trimmer & Wood, 2016). Some critics also argue that ethnography lacks research rigour because it relies upon vague, common-sense knowledge and makes it difficult to probe the findings (von Koskull, 2020). Among different ethnography approaches, the approach adopted in this study is congruent with critical ethnography because critical ethnography is a type of ethnographic research in which the authors advocate for the emancipation of marginalized groups in society (Creswell & Poth, 2018).

Reflexive Statement

This statement reflects upon the main researcher's positionality. I was born, raised, and even educated in a collective culture in Nepal. I acknowledge that my collective culture and social location guide my positionality and influence my interpretation of participants' contributions. Respecting older adults as experienced, wiser, and knowledgeable is at the core of my cultural values. Older members are not only the heads of their families but also taken as the heads of the community and key persons who make significant decisions for their families and communities. I utilized continuous self-reflexive practice throughout my research process as an important tool to identify my cultural biases, beliefs, values, and other assumptions to ensure the quality and transparency of my research. I maintained awareness that my cultural values and assumptions played a significant role in choosing this topic for my thesis research.

Recruitment and Data Collection Process

The primary purpose of this research is to understand social workers' perspectives on the connection between LLT and its impacts on older adults' mental health and overall well-being, and to propose recommendations for social work and healthcare practice. Purposive sampling was utilized to recruit study participants for this thesis research. This method guided the recruitment of social workers who have experience working with older adults with trauma

histories. Purposive sampling allowed research participants to be deliberately selected as per the qualities they possess that are relevant to the study (Andrade, 2021). A total of six research participants were recruited. Regarding recruitment of research participants for an ethnographic study, Reeves et al. (2008) clarify that it investigates a small number of cases, sometimes just one case, in detail.

Data Collection

Semi-structured interviews were the principal data collection tool to access social workers' detailed commentaries on their experiences, perceptions, and ideas regarding LLT and its connection with older adults' mental health and overall well-being. The interviewer allocated time and effort to establish relationships with participants before embarking on the interview by explaining the purpose of the interviews and establishing a safe, friendly, and non-judgemental environment.

Inclusion/Exclusion Criteria

Exclusion and inclusion criteria ensured homogeneity of research participants according to their professional roles and amount of social work experience in the field. Social workers with two or more years of experience serving older adults in a social work capacity in a clinical or community setting were included, and those who had not worked with older adults for at least two years were excluded. Andrade (2021) explains that the greater the number of inclusion and exclusion sample selection criteria set for the essential purpose of the research, the more purposive the research sample becomes. One of the advantages of the purposive sampling research technique is that it allows study of populations of specific interest (Sibona et al., 2020). Similarly, Nyimbili & Nyimbili (2024) also indicate that purposive sampling reduces expenses,

saves time, and reduces chances of data collection inconveniences in places where researchers cannot be welcomed.

Data Analysis Process

This study started the data analysis process by reflecting on the author's position in the study, to understand the subjectivity and objectivity of the author as a researcher. This study systematically coded, categorized, and interpreted the data for the meaning the study sought, utilizing thematic analysis, a qualitative research method, to analyze the data. Thematic analysis is instrumental for examining the perspectives of different research participants and generating unanticipated insights from them (Braun & Clarke, 2006). Data were transcribed verbatim, including spoken and unspoken data such as pauses, silence, and laughs. All identifying information was then removed from the transcripts and coded using NVivo version 14, a qualitative data analysis software package produced by QSR International. An inductive thematic analysis was used to identify patterns and themes present in the data.

Thematic content analysis was a flexible and comprehensive approach emphasizing similarities and differences to produce unanticipated insights. It followed the six steps of data analysis proposed by Nowell et al. (2017) to maintain rigour and trustworthiness. These steps included reading the transcripts multiple times, generating initial codes, categorizing codes into categories, generating initial themes, reviewing, defining, and identifying themes related to the research objectives, and contextualizing the analytic narrative with existing and current literature.

This study implemented several measures to enhance the credibility of the research. Transcripts were provided to participants, so they had the opportunity to review and confirm their intended meanings in their own words. Regular meetings were held with thesis supervisors

to discuss and verify the coding names and themes, which were independently reviewed by supervisors to validate their accuracy. The research included peer debriefing with a social work colleague who works in the field serving older adults to identify emerging themes and minimize researcher bias, ensuring confidentiality by sharing transcripts with participant names removed. Pseudonyms (e.g., Participant 1, Participant 2, and so on) were used to maintain confidentiality and anonymity during the analysis and write-up stages. As this study seeks to understand the connection between LLT and older adults' mental health and overall well-being from social workers' experiences, perspectives, and ideas, it utilized the coding and categorizing of the data (transcribed interviews) focused on participants' interpretations of their experiences and meanings they associated with LLT. Those interpretations represent participants' subjective meanings connected to this study's purpose. Throughout the study, the researcher maintained a reflective journal to develop an awareness of the researcher's positionality and understanding of the research process.

Findings

This qualitative study utilized ethnography as its methodology, so it has a small sample size. With a small sample size in a qualitative study, it is important to protect the confidentiality of the participants. Therefore, minimal identifying demographic information has been provided. The gender of all participants is the same (100% female-identifying), and their practice experience with older adults with histories of traumas ranges from three to six years.

Thematic analysis generated four themes and multiple related subthemes. Table 1 outlines the representation of the main themes (i.e., the number of respondents that mentioned each theme) and the number of times each theme appeared in transcription coding. Codes were analyzed using thematic analysis, which derived the four main themes.

Table 1

Themes and their features under social workers' perspectives and understanding of LLT and its impacts on the elderly

Theme	Description (What it represents)	Cases (No. of Participants)	Counts (No. of Empirical Indicators)	Empirical Indicator (Evidence)
1. Forms of pervasive discrimination against older adults	This theme represents from micro to macro levels of biased perceptions of LLT and older adults in general-ageism, stereotypes, and social assumptions play dominant roles in older adults' health, mental health, and overall well-being.	6	72	"...ageism- later life trauma is real, but unfortunately, I have noticed that it is oftentimes overlooked. Like importance is given to younger children's trauma, but I have noticed that when it comes to older adults, generally, the perception is like; oh they are towards at the end of their lives, or they don't have the capacity to reform their mind to change those thinking patterns or those impacts of trauma..." (P1)
2. Intersecting impacts of LLT on older adults	This theme depicts how the impacts of LLT intersecting in diverse aspects of older adults' lives, including their mental, physical, social, and emotional health. Identity factors influence their coping capacities, cognitive and physical performances, abilities to recover from disease and holistic health.	6	61	"...when you've experienced trauma, your body ages quickly. I think that a lot of people, when they're experiencing trauma or dealing with the effects of trauma, their health really suffers. They're not sleeping well. They're not coping well. Um, they experience a lot of chronic illnesses. They might not be eating well. I think that's quite a significant impact..." (P3)
3. Stigma: Internalized and externalized	This theme encompasses how older adults are subject to stigma, self-stigma, and other elements of shaming and labeling.	6	19	"...I would say the biggest one that I found as a challenge is stigma..." (P5)
4. Strengths	This theme represents the strengths, resilience, and coping strategies that older adults employ to deal with their later-life trauma.	5	12	"... some people may be a little more resilient than others right off the bat and have some coping strategies that they've already used from previous traumas in their life, whereas other people, because it's so new to them and so fresh, guess that sometimes they come in with no coping skills or are really struggling to pick themselves up..." (P2)

Theme 1: Forms of Pervasive Discrimination Against Older Adults

The research participants most frequently mentioned this theme. The main subthemes that are associated with this theme are ageism, assumptions, biased perception, internalized ageism, elder abuse, lack of attention/marginalization of older adults' issues, and biases toward immigrant older adults. The first subtheme, ageism, was mentioned by all participants multiple times. For example, Participant 1 explained:

Ageism, the regular population's views of older adults as a burden on society, not being that contributing to society is, I would say, such a big negative assumption of society on older adults [...] ageism is the biggest factor that hinders the changes in social policies and behaviours, not taking later-life trauma as something as significant. (Participant 1)

This participant emphasized very clearly how ageism plays a vital role in marginalizing and creating vulnerabilities for all older adults in Canada. They emphasized how macro level, or the systemic factors in Canada, perpetuate the domination and marginalization of older adults.

Similarly, another participant shared how ageism is embedded within contemporary capitalistic ideology, policies, and procedures:

It (ageism and social assumption) is because we focus so much on how much time a child has left so we can fix this, and then they'll be productive members of society. Whereas a senior they are 80 years old, maybe they have 15-10 years left, and they're not in the workforce anymore. So, what's the point of working on this?... Yeah, capitalism and who will contribute more to the economy and consumerism culture. (Participant 6)

The participant spoke very clearly about how larger systems and dominant ideologies like capitalism bias policymakers to create policies in their favour that disadvantage and marginalize older adults.

Another subtheme was an assumption that participants often mentioned during the interviews. They highlighted the prevalent assumption of communities, older adults themselves, and even of some service providers that take for granted that loss, grief, and trauma experiences among older adults are normal and natural, assumptions that prevent older adults from getting appropriate support and services to navigate their issues. They also noted that assumptions play pivotal roles from micro to macro levels, impeding the availability of appropriate policies and procedures.

I think policy or more so assumptions, people just assume that elder abuse or trauma doesn't exist, and there's not a lot of awareness that it exists, so I think that is changing, but it needs to continue to change. And yeah, the social policy part is a big one. I think a lot of the challenges that we see are people experiencing trauma and experiencing abuse, but there aren't policies to support them. (Participant 3)

During this part of the interview, participants emphasized that there is a significant impact of trauma and related issues on older adults, but capitalism-centric policies neglect these issues, which renders this population more and more vulnerable. Participant 3 shed some light on the reason behind this biased assumption about the vulnerable older population: “*Many people don't value older adults because they don't see them as contributing to society anymore.*”

Participants also highlighted that there are two kinds of ageism, internalized and externalized, and elaborated on how both have impacted older adults. Participants described how ageism is so pervasive that it has become embedded in culture and, further, how many older adults do not understand it and do not want to talk about their needs. For example, Participant 1 said, “*It's that culture, especially with the age that they were growing up with, where mental health wasn't nearly.... We talked about it, but it wasn't accepted. It was just shoved under the*

rug; get over it.” This participant reinforced the reasons why there are internalized and externalized ageism regarding LLT, mental health, and older adults’ other issues. This quote alludes to a reason why many older adults are not vocal about their need to manage their LLT and overall well-being. For example, Participant 6 reported, *“One of the biggest things is I’ve seen clients that have experienced a lot of trauma sort of give up on the idea of addressing it because they have that internalized ageism or externalized.”*

Other subthemes (elder abuse, marginalization of older adults’ issues, and biases toward immigrant older adults) were also mentioned very frequently in participant responses, expressing concern about elder abuse, relating it to ageism and negative social assumptions that diminish respect for older adults as valuable persons. Participant 2 reported that older adults *“can easily fall victim to elder abuse....., and if later-life trauma happens, it leaves a very deep imprint of grief and loss, which stays with them for a very long time, especially if they are isolated.”*

Participants also mentioned that older immigrant adults are more susceptible to ageism and social assumptions because they do not know ways to navigate systems. They are mentally and emotionally more likely to feel isolated and overwhelmed. For example, Participant 1 pointed out:

When it comes to immigrant older adults, I feel like they are double jeopardized. They have a double impact on these trauma histories because of language and unfamiliarity with the new culture. These things further isolate them, which impact severely on their overall health, both physical and mental. (Participant 1)

Theme 2: Intersecting Impacts of LLT on Older Adults

The second most frequently mentioned theme is the intersectional nature of the impact of LLT on older adults. Study findings present multiple and intersecting impacts of LLT that

coalesce over the life span and impact older adults' mental health and overall well-being. The main subthemes related to this theme are impacts on mental, emotional, physical, social, and overall well-being; constant feelings of fear; challenges to impact on life stressors; individual reaction to trauma; isolation; lifelong trauma; risk of being victimized; and unique impacts of trauma. The participants indicated that these impacts intersect and often overlap, adding extra challenges in older adults' lives to manage their lives, including everyday activities.

Recognizing that trauma is subjective and its impacts are unique for individuals, the participants reported that the impacts of LLT are revealed in many different forms. For example, Participant 5 explained:

The greater the trauma, the more impact on physical health as a result [...] cardiovascular incidents, lower immune systems, and even the structure of the brain can change, especially if you look at when the trauma happened, which can have lasting impacts on the brain [...] they've even talked now about, like, higher rates of trauma can lead to higher rates of dementia, like pieces like that. (Participant 5)

With respect to the impacts of trauma, Participant 3 reported that they had seen many older adults who experienced LLT and described how its impacts intersect as they age, contributing to frailty and difficulties with various aspects of functioning.

I think that's overlooked a lot - the trauma plays a huge part. Aging, on top of that, impacts their ability to think clearly and be able to move forward logically. So, we help clients a lot with obtaining housing; sometimes, they're just immobilized. They can't think of that next step. They're stuck with the emotions, and the experience they're feeling [...] has so many negative impacts. (Participant 3)

Participants frequently expressed that LLT and its impacts can overwhelm older adults.

It [LLT] significantly impacts older adults' mental health and overall well-being. So, they feel like they see themselves as incapable of managing or going through the experiences they are facing... sometimes they feel down as they age... it's tough for them sometimes to overcome because they feel they're old and don't have enough time to live. So, I feel it enormously impacts their mental well-being. (Participant 4)

These quotes demonstrate the unique nature of the impacts of LLT and represent the perspective of several participants who described how LLT trauma impacts individuals differently, even older adults who have had similar traumatic experiences. Therefore, they argued it is very important to provide individualized support and services in trauma-informed ways while working with older clients.

Participants also reflected on unique and compounding impacts of their clients' LLT as they age, and as their traumatic experiences intersect in their lives. From participants' perspectives, older adults' hoarding issues, mental health, and other functions are often related to, or stem from, unresolved traumatic experiences. For example, Participant 4 described their experience working with an older adult in a seniors' housing organization who was evicted due to food hoarding issues. They explained how the seniors' housing organization authorities never considered or tried to understand this older adult's trauma and the impact of trauma on their life. Rather, the client was unjustly evicted because of the hoarding behaviour.

There was one of the seniors; she was in her 80s, and she was from Europe. She'd been through the war and during that time. When I spoke with her, she reported that she lived in a cave for a while without any foodstuffs. And then she immigrated to Canada anyway. So, when she moved to Canada, she was doing fine. But later in life, she moved into one of the lodges and was evicted from the lodge in her 80s. Why? Because she feels insecure

about food. So, when the housekeeping came into her room, they found that she was keeping all the food from the dining room in her cupboard, under her bed, under her pillow, and they were rotten. So, they evicted them from her housing, but nobody addressed why she was doing that because she lived in a cave and had the trauma of food insecurity, but they evicted her for that reason. (Participant 4)

This quote is a poignant example of how the impacts of LLT are very complex and unique, and how older adults need appropriate support that recognizes how trauma influences their behaviour.

Theme 3: Stigma: Internalized and Externalized

As participants shared profound experiences serving older adults with trauma histories and their perspectives on the connection between LLT and older adults' mental health and overall well-being, they expressed deep concern about the layers of stigma and related factors that hinder older adults in navigating support and services in their lives. Subthemes associated with this theme are negative social perception, self-stigma, hindering factors, and barriers.

Participants implicated social assumptions, ageism, and different prejudices, stereotypes, and discriminations as externalized stigmas. They identified these externalized stigmas play vital roles in creating barriers. For example, Participant 1 highlighted, *“It’s not only among the older adults, but it is also from the society in the form of ageism [...] play a dominant role in stigmatizing older adults in the communities.”* Participants frequently explained how layered forms of stigma become barriers for older adults to address the impacts of traumatic experiences in their lives and discourage them from seeking counselling and other resources.

Discussing internalized stigma, participants hypothesized that older adults have accepted the stigma associated with trauma and mental health struggles and internalized those negative

perceptions about LLT themselves. They concede that self-stigma or internalized stigma creates barriers to reporting and diagnosing trauma and responding to the impacts. They also suspected that most older adults' trauma goes unreported and untreated, which places this population at risk for poor mental and physical health outcomes and threatens their overall well-being. For example, Participant 5 speculated how cultural contexts, when and where older adults grew up, and that time and place (and embedded culture) play a vital role in understanding and utilizing traumas and resources to manage their impacts on their lives.

I think older adults are generally very hesitant to talk about it. It's that culture, especially with the age that they were growing up with, where mental health wasn't nearby. We talked about it, but it wasn't accepted. It was just shove it under the rug, get over it... especially senior men, of course. And so, I think they're generally very hesitant to talk about it. Or if you try to label it as trauma... so, I think, in general, for older adults, it's really hard because of the stigma they grew up in and the culture they grew up in.

(Participant 5)

Participants reported that the stigma is exacerbated when many immigrant older adults have been born and raised in more conservative communities and cultures where trauma and mental health are taboo topics or stigmatized. Participants shared about their experiences with immigrant older adult clients, who overtly and covertly associated their mental health and trauma with judgement, shaming, and stigma. For example, Participant 1 expressed concerns about immigrant older adults and elaborated on how these forms of stigma present challenges to providing support and services to these vulnerable older adults.

I would say the biggest one that I found to be a challenge is stigma. Like older adults, I have noticed there are more, what I say, conservative when it comes to trauma, when it

comes to being open about their trauma histories. So, this is the biggest challenge. Once they are open and willing to take counselling or any other mental health support, then it becomes a little bit easier...unfortunately, stigma is such a huge issue, especially if you would talk about immigrant seniors. I would say it is double. (Participant 1)

As a generational issue, participants elaborated on how conversations about mental health and trauma can be taboo for older adults to share or discuss. Participant 2 shared how there are connotations of shame for older adults to share their trauma associated with their cultural affiliations and age cohorts. as they are the product of the culture of their era.

There's like a generational kind of thing in there where people don't talk about their mental health. There's a lot of shame. And so, kind of opening up those seams is very difficult, making someone, you know, understand that it's okay to talk about mental health and mental illness. But also, the fact that I could be working with someone who is in their 80s, who has trauma stemming from being five years old that has never been processed or never been touched on. And so, I'm not just working on a trauma that happened recently. I'm working on a trauma that's lifelong. (Participant 2)

Theme 4: Strengths

Although participants mentioned many negative impacts of LLT during the interviews, they also highlighted some strengths and coping strategies older adults employ to navigate their lives and cope with their trauma. The main subthemes associated with this theme are perseverance, resilience, and coping strategies. Participants pointed out this theme to recognize the resourcefulness of some older adults and how older adults with histories of trauma benefit from resilience factors.

I have also seen clients overcome trauma as they've gone through the life span, and they've experienced other setbacks and gotten over them. It's given them, through the natural lifespan, a way to see I can get over my past trauma, usually a lot of times with like childhood trauma or marriage breakdown, loss of a child, that kind of trauma within their life. I've seen clients go the other way and get over it because they've experienced so much more since then and have shown themselves they can get through it. (Participant 6)

This participant detected perseverance in some older adults even though they had endured traumatic experiences in their lives. They stated that some people may view their traumatic experiences as lessons learned that strengthened their perseverance and resilience.

Participants also highlighted that it is critical to understand what makes some older adults resilient. They identified natural supports such as positive and connected families, age-friendly community cultures, and individuals' abilities to access supports as playing significant roles in their lives and contributing to resilience. Participants spoke very clearly about the relationship between having and not having those natural supports and capabilities of access to older adults' strengths and coping skills (resilience).

I've experienced some clients who are incredibly resilient and have had some of the worst lives I can imagine in terms of what they've had done to them and what they've experienced and gone through, but they still remain positive and try to look on a positive and optimistic note of things. I do think when it comes to that, two big things come to mind: that person's ability to access natural supports. (Participant 2)

The participant is clear in this excerpt that protective factors can help older adults survive the impacts of LLT and other traumatic experiences. Another participant also focused on how

protective factors help older adults to bounce back from their traumatic experiences and move on in life.

I think when we look at trauma for older adults, I see it as resurfacing a lot when people are older adults because I think when you look at trauma, a lot of it is your traumatic event. Then, people typically find some form of resilience and some protective factors and move on in life. (Participant 5)

Discussion

This study is one of the first qualitative studies in Canada that explores social workers' experiences and perspectives on LLT and its impacts on older adults' mental health and overall well-being. The study highlights the lack of research on this crucial social issue for health professionals to draw on to inform practice. The findings expose and reinforce the extent of harm and marginalization that results from pervasive discrimination against older adults from various angles, such as ageism, capitalism, and related social assumptions.

This qualitative study identifies, elaborates on, and challenges specific forms of discrimination, assumptions about LLT, and biased perspectives on LLT and advocates. Participants' interview data and findings have proven that the study took a prudent approach to generating new knowledge about LLT. During their semi-structured interviews, participants elaborated in detail on this research topic and confirmed that studying LLT and its impacts on older adults via the perspectives of service providers was the best decision to illuminate the realities of a marginalized population.

Although scholarly literature features some recognition of and discussions about LLT, surprisingly, no explicit definitions were found in the literature. However, Ramsey-Klawnsnik & Miller (2017) asserted poly victimization in later life triggers older adults' chronic traumas,

multiple traumas over the lifespan, and historical traumas and impacts their overall well-being. Similarly, Yang et al. (2022) stated earlier life adversities such as ACEs and combat exposures may result in LLT impacting older adults' engagement in social activities and subjective well-being. Although these authors and researchers have explored LLT and identified contributing factors and nuances, the absence of explicit definitions impedes a shared understanding of exactly what LLT is. Formulating a definition has the potential to conceptualize LLT clearly and provide a foundation for future research.

Defining LLT

By accessing the perspectives of social workers who respond to LLT and have access to older adults' commentaries on their experiences with trauma, this study presents an opportunity to formulate a definition of LLT that will enrich and complement the descriptions of LLT featured in academic literature. Thus, this study culminates with articulating a novel definition of LLT that offers a nuanced social work professional perspective. From a gerontological social work perspective, LLT can be defined as *traumatic experiences older adults have encountered throughout their lives, and their cumulative intersecting impacts, which coalesce with interrelated individual, identity, and contextual structural factors, including pervasive discrimination against older adults and internalized and externalized stigma*. Despite the extent of suffering and adversity arising from cumulative trauma over the life course, there remains hope to harness older adults' strengths to promote resilience and healing. This definition captures study participants' perspectives, experiences and understandings of LLT and underscores an urgent need for age-friendly trauma practice and care to respond to the complex needs of a marginalized older adult population. The study has illuminated how it behooves gerontological social workers and other health professionals who work with older adults to consider intersecting

identify factors and other individual and contextual factors when assessing and responding to trauma. Participants' commentaries have reinforced the urgent need for LLT services to respond to the specific needs and circumstances of older adults that are distinct from other age populations. Although trauma-informed social practice (Levenson, 2017) is a relevant framework to apply to social work practice with older adults, participants have vividly elucidated how older adults with LLT have distinct needs to consider in the application of trauma-informed practice and allude to the potential to create a specialized framework for trauma-informed practice with older adults that recognizes the unique nature of LLT, with a definition of LLT to anchor it.

Recognizing Factors that Contribute to LLT

Another crucial finding in the study is the significance of intersectionality theory (Hill Collins, 2019) and its relevance to understanding the impacts of LLT on older adults, since trauma can significantly impact several aspects of their lives. The study findings elaborate on how older adults are pervasively discriminated against according to age, ability, and culture/ethnicity (e.g., capitalistic culture/materialism) and how specific identity factors influence older adults' LLT, mental health, and overall well-being. As the impacts of LLT are diverse and very unique (participants shared that the same trauma might cause different responses for different individuals), its impacts are influenced by intersecting mental, emotional, social, and physical health as well as their overall well-being.

The findings also revealed that interactions among micro, mezzo, and macro factors, such as organizations, laws, policies, governments, media, and even public institutions, play dominant roles in creating and functioning interdependent forms of power, privilege, and oppression. Situations involving elder financial abuse demonstrate how trauma can compound in later life. For example, if older adults' legal representatives abuse them by restricting who they can visit

and what they can spend their money on, that situation may trigger trauma that has accumulated throughout their lives. Interacting with the legal system, contending with complex legal processes, and seeking protection from abuse can exacerbate vulnerable older adults' trauma. This example may sound isolated, but in my own social work practice, I frequently encountered older adults who were vulnerable to systemic discrimination and whose LLT compromised their capacity to navigate organizations and systems. It is crucial for social workers to consider how the impact of LLT is influenced by social location, power relations, colonialism, imperialism, racism, homophobia, ableism, and patriarchy because "interactions between social categories occur within a larger context of connected systems and structures of power" (Shimmin et al., 2017, p. 3).

When we see older adults and their responses to trauma from an intersectional lens, we need to understand that the impact of trauma might also diminish one's ability to respond to health interventions in their lives, because trauma can impact various aspects of overall well-being, including cognitive capacity. This study alerts social workers and other service providers to the influence of internalized stigma while serving clients and supporting them from a trauma-informed lens. The example one participant shared of a client who was evicted from their housing for hoarding behaviour elucidates the tragic consequences that can result from internalized stigma. One significant finding is the role of internalized stigma in LLT, which encompasses how older adults are victims of social stigma, self-stigma, and other elements of shaming and labelling, often making them reluctant to share their issues related to LLT. Discussing the reasons for self-stigma among older adults, Mackenzie and Pankratz (2022) assert that public stigma, lack of mental health literacy, experiential avoidance, self-reliance, perceived control, and high neuroticism significantly contribute to the internalized stigma that plays as a

greater barrier to accessing supports and services, as well as their responsiveness to health interventions. The insights participants shared about internalized stigma encourage social workers and other health professionals to be intentional in their approach to addressing internalized stigma and its implications in assessment practices and developing interventions for individuals.

Strengths and Limitations of the Study

This study significantly contributes to the literature on LLT and its impacts on older adults' mental health and overall well-being. It highlights the marginalized topic of LLT and presents a compelling rationale for addressing its implications in social work and healthcare policy and practice. Participants' narratives support this rationale for challenging problematic assumptions about LLT. The results implore healthcare professionals to recognize that LLT should not be accepted as normal and natural, and to aspire to an individualized trauma-informed approach to serving older adults.

Although this study presents a serious social issue related to LLT and its impacts on older adults, using the critical ethnographic approach and exploring social workers' perspectives and experiences, it did not directly capture the lived experiences of older adults with LLT. The sample size was limited, and participants were from only one city in Canada, which might affect the generalizability of the findings. However, the study findings have significant implications for constructing important practice recommendations for social workers and other stakeholders working with older adults and promoting social awareness to understand LLT and its impacts on their mental health and overall well-being.

Directions for Future Research

This study can inform future research that incorporates the voices of older adults as research participants. Consulting older adults who have lived experiences of LLT in future studies could further expand understanding of LLT and inform the development of effective interventions that support this vulnerable population in navigating the impacts of their traumatic experiences and related issues in their later lives.

Implications and Conclusion

This study highlights the marginalized issues (LLT and its diverse/unique impacts) of the vulnerable population group (older adults) and makes all stakeholders, including older adults themselves, aware that neglecting LLT is a serious social issue that needs to be addressed from micro to macro levels. This study on LLT and older adults significantly contributes to an area where there is a dearth of literature and lack of precise definitions. As older adults are a rapidly growing segment of the population, and they should be supported to thrive in their communities more meaningfully by providing individualized trauma-informed approaches to address their unique issues.

As findings identified that there is pervasive discrimination against older adults and their issues related to LLT, it is indispensable to address this through new education, policies, and practices. The intersecting impacts of LLT on older adults should be acknowledged, and older adults should be supported to navigate appropriate services according to individuals' unique needs. Stigma, self-stigma, and other social and systemic barriers play pivotal roles in making older adults with traumatic experiences more vulnerable, which must be addressed through individualized trauma-informed approaches initiated by specialized programs and services.

This study explored the impacts of LLT on older adults' mental health and well-being and identified evidence-informed approaches to intervention through social workers' perspectives and experiences. Further research on LLT and its impacts on older adults is necessary to explore their lived experiences to understand and meet the needs of diverse older adults. In addition, future research should also critically evaluate the programs and services that are available for older adults with histories of trauma to understand and improve them as per the needs of evidence-informed intervention from a trauma-informed lens.

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CHAPTER 5: MANUSCRIPT 2

Social Workers' Perspectives and Experiences on Support and Services for Older Adults to Navigate the Impacts of Later-life Trauma

Abstract

Trauma is very subjective and may impact older adults' overall well-being in various ways, but there is very limited support, services, and resources for them to navigate their trauma impacts. Negative attitudes, stereotypes, stigmas, and discrimination for older adults and their later-life trauma (LLT) are prevalent in communities. The objectives of this study are to explore social workers' perspectives and experiences on support, services, and resources available to older adults with LLT, and apply the findings to formulating policy and practice recommendations to meet the specific needs of these vulnerable older adults. Using purposive sampling, social workers with two or more years' experience working with older adults with histories of traumas were recruited from agencies in Calgary. Qualitative research methods were employed to explore social workers' perspectives on the support, services, and resources that meet the needs of older adults with LLT. Findings identified that older adults with LLT are discriminated against, and there is a scarcity of resources for them because of capitalism-oriented unfair social policies, which are responsible for ageism, stereotypes, negative attitudes, stigmas, and systemic barriers.

Keywords: impacts, later-life trauma (LLT), older adults, perspectives, policies, practices, resources, services, social workers

Introduction

The Canadian Association of Social Workers (CASW) Code of Ethics, Values, and Guiding Principles (2024) clearly guides all social workers in Canada to engage in lifelong learning and professional development through research, self-reflection, scholarship, or creative activities so they can provide evidence-informed inclusive services to diverse service users and enhance their professional knowledge, skills, and expertise. Being a registered social worker in Canada and witnessing the gaps in available support, services, and resources for older adults with trauma histories, the author selected this study to explore other geriatric social workers' perspectives on this issue to better understand LLT and capture some insights from those who directly serve older adults with LLT. This study highlights the need for advocacy for improvements in age-friendly and trauma-informed policies to address the gaps in support, services, and resources as per older adults' unique needs, and presents policy and practice recommendations for addressing this critical social issue in contemporary communities.

Later-life trauma refers to cumulative traumas (i.e., historical traumas; traumas triggered from grief, loss, and abuses; chronic traumas; and other multiple traumas over the lifespan) that older adults experience in their later phase of life, impacting their mental health and overall well-being. The Centre for Addiction and Mental Health (2023) defines trauma in later life as the emotional and psychological response that arises from experiencing a distressing event or series of events or circumstances. It indicates the need for services and resources for older adults to manage their traumatic experiences. Beck et al. (2015) also highlight that violence, abuse, crime, and financial exploitation of older adults may result in trauma, which can be resolved by adopting restorative justice which may help mediate all trauma-related conflicts. O'Malley et al. (2023) argue that the likelihood of all older adults experiencing a traumatic event over their

lifetime is great and highlight the immense value in bringing support, services, and resources to long-term care settings and communities for the sake of this population group.

As the population aged 65 and over is growing more rapidly than all other age groups globally for the first time in its history, Canada's older adult population is also expected to grow by 68% over the next 20 years (Canadian Institute of Health Information, n. d.). Statistics Canada (2024) indicated that out of a population of 40.1 million, about 7.6 million Canadians are aged 65 years and older, which is 18.9% of the total population. More than ever, these reports emphasized the need to focus on LLT-related programs, support, services, and resources for older adults because most older adults are likely to experience at least one traumatic event in their lifespan (Russell et al., 2024). Older adults live a long life, which naturally indicates more chances of going through multiple traumatic experiences.

There are not enough programs, support, services, and resources for older adults to navigate the impacts of their LLT on their mental health and overall well-being in Calgary, Alberta. A recent search shows that Community Geriatric Mental Health Services by Alberta Health Services is the primary service available for older adults with LLT, but it only accepts older adults aged 70 and over (Alberta Health Services, n.d.). This program also has an extensive waitlist and accessibility issues, as it is available only in four locations in the city: Sheldon M. Chumir Health Centre, Bridgeland Seniors Health Clinic, South Calgary Health Centre, and Sunridge Medical Gallery. As some people may start functioning as geriatric early, they are taken as older adults after 55 years of age in different systems. For example, the Government of Canada, in its Housing for Older Canadians guide, clearly defines older Canadians as anyone who is 55 and over (Canada Mortgage and Housing Corporation, 2020). Where does a huge

population group between 55 and 70 go to find age and symptom-appropriate services in the city of Calgary?

Although some other local resources are available in Calgary from other agencies such as Carya, Jewish Family Service Calgary, and other not-for-profit and private counselling centres, most organizations charge fees from a sliding scale to the total cost of each session that older adults may not afford or are reluctant to accept because there are intersecting stigmas related to trauma and mental health at their age, and negative perceptions towards trauma and mental health. Hansen et al. (2020) found that older adults' ease of access to social healthcare, financial resources, skill-building resources, and safety provides them with more positive attitudes toward the treatment of their trauma-related concerns and benefits from those services.

Additional research on LLT and related support, services, and resources is vital to helping older adults live and thrive. Friedman et al. (2017) assert that older adults should be able to access trauma-related resources in their own place, whether that is in their community or in a residential setting. Danielson & Ray-Degges (2022) also highlight that permanent supportive housing and community support are critical, among other services, for older adults with LLT and mental health concerns. However, there is not enough research on LLT and responses to LLT to adequately understand what services and resources will improve health outcomes and quality of life for older adults with LLT. Social workers who serve older adults with traumatic experiences are in an ideal position to advance the understanding of the significance of services and resources for older adults to manage the impact of LLT, evaluate the efficacy of evidence-informed approaches to intervention, and propose recommendations for best policies to guide the practices to serve this vulnerable population. This study illuminates social workers' (working with multiple older adults with histories of traumas) perspectives regarding programs, services, and

resources that are vital for older adults with LLT. Hence, the objectives of this study are to explore social workers' perspectives and experiences to understand the quality of support, services, and resources available and needed for older adults to navigate their LLT and its impacts on their mental health and overall well-being. The results of this study are intended to inform significant policy and practice recommendations.

Research Questions

This study explores the following two research questions: 1) What are social workers' perspectives on the supports and services that benefit older adults with trauma histories? 2) What are the roles of social workers in enhancing, changing, and/or informing better policy to ensure appropriate support and services for older adults with trauma histories?

Theoretical Perspectives

This study utilizes an ecological systems theory (EST) and trauma-informed practice (TIP). These theories help explore and understand why LLT and older adults' issues related to trauma are ignored and neglected at the systemic level and how this population group can be supported in their environments.

Ecological Systems Theory

EST examines the relationships, interactions, and interdependencies among individuals and their environments (social, physical, and cultural) and considers intervention in one or more systems to enhance the goodness of fit among them (Teater, 2022). As this study explored social workers' perspectives on the support, services, and resources that meet the needs of older adults with LLT, EST was among the most suitable theoretical frameworks to apply because it helps researchers understand LLT according to systemic issues and informs ways to address them appropriately for this population.

Trauma-Informed Practice

Trauma-informed practice was utilized in this study because TIP focuses on how principles, including safety, trust, choice, collaboration, and environment should be consistently interwoven and applied to the care of individuals to cultivate resilience in response to their traumatic stresses and avoid re-traumatization (Levenson, 2022). Emphasizing person-centred care, TIP is conducive to providing supportive and nurturing environments for older adults to navigate their choices and decisions in their later lives. In this context, this theory was suitable for this research because it explored social workers' perspectives on the support, services, and resources that meet the needs of older adults with LLT.

These two complementary theoretical perspectives work together to contribute a balanced perspective that considers both individual and identity factors, and contextual and structural factors that influence experiences of LLT, enabling a more nuanced exploration of it and other factors impacting older adults' mental, social, emotional, and spiritual health and overall well-being.

Methods

As ethnography is the study of social interaction of communities, organizations, or professional teams, this study utilized this approach to capture the professional interactions and perspectives of social workers working with older adults with trauma histories regarding support and services (Reeves et al., 2013). Genzuk (2003) also states that this method enhances and widens top-down perspectives, enriches the inquiry process, and generates new analytic insights by engaging in interactive, team exploration of the focused topic to which the study wants to contribute. Therefore, ethnographic research inquiry is the most appropriate for this study because the research questions are mainly intended to explore answers from a professional team

(social workers) regarding their perspectives on better support and services for older adults with trauma histories. This approach helped study the meaning of the interaction among members of the culture-sharing group when they expressed their views and ideas on older adults' trauma-related support and services. When discussing cultural groups for an ethnographic study, Creswell and Poth (2018) clarify that this cultural group may be a small group of teachers or social workers. Ethnographic research is exploratory in nature, which gives tools to explore research participants' shared cultural views, interactions, beliefs, and language; this approach helps explore the research questions through the research participants in a deeper and more precise way (Reeves et al., 2013).

Among different ethnographic approaches, this research is closely related to critical ethnography because it is a type of ethnographic research in which the authors advocate for the emancipation of marginalized groups in society (Creswell & Poth, 2018). Hence, the critical ethnography approach tightly aligns with my study because its motive is to explore the impacts of LLT on older adults through social workers' perspectives and make advocacies against the ongoing stereotyping, marginalization and ageism that assumes LLT as natural and normal, and contribute to assuring social justice and equity, and human rights for this vulnerable group of population.

Recruitment and Data Collection Process

This study utilized a purposive sampling method to recruit social workers with experience working with older adults with trauma histories. The purposive sample was chosen to find the appropriate research participants to enrich the knowledge of LLT and support and services that benefit older adults. A purposive sample is one whose characteristics are defined for

a purpose that is relevant to the study, so this technique allowed deliberate selection of research cases based on the qualities participants possess (Andrade, 2021).

This study utilized semi-structured interviews as the principal data collection tool to gather social workers' experiences, perceptions, and ideas regarding LLT and the support and services from which this population group benefits. As an interview protocol and interviewer, the researcher spent time and skills establishing relationships with participants by explaining the purpose of the interviews and ensuring a safe, friendly, and non-judgemental environment.

Inclusion/Exclusion Criteria

This study used exclusion and inclusion criteria to ensure homogeneity based on participants' profession and experience in the field because it excluded all other social workers and included only those working with older adults for at least two years. Andrade (2021) explains that the greater the number of inclusion and exclusion sample selection criteria set for the essential purpose of the research, the more purposive the research sample becomes. It is one of the advantages of the purposive research technique because it lets us study populations of specific interest, which helps make the sample case more homogenous and maintain the data's integrity.

Data Analysis Process

I started the data analysis process reflecting on my position in the study because it is vital to understand the subjectivity and objectivity of the position as a researcher. This journey was followed by the process of systematizing the descriptive data through coding, categorizing, and interpreting them for the meaning my study sought. Therefore, this study utilized qualitative research methods to analyze the data collected from interviews with social workers who have

been working with older adults with histories of traumas for at least two years in Alberta, Canada.

Data were transcribed verbatim, including spoken and unspoken data such as pauses, silence, and laughs. Then, all identifying information was taken from the transcripts and coded using NVivo version 14, a qualitative data analysis software package produced by QSR International. Inductive thematic analysis was used to identify patterns and themes presented in the data. Using thematic content analysis was a flexible and comprehensive approach emphasizing similarities and differences to produce unanticipated insights. It followed the six steps of data analysis proposed by Nowell et al. (2017) to maintain rigour and trustworthiness. These steps included reading the transcripts multiple times, generating initial codes, categorizing codes into categories, generating initial themes, reviewing, defining, and identifying themes related to the research objectives, and contextualizing the analytic narrative with existing and current literature.

This study implemented several measures to enhance the credibility of the research. Transcripts were provided to the respective participants so they could review and confirm their intended meanings in their own words. Regular meetings were held with my thesis supervisor to verify the coding names and themes, which were independently reviewed to ensure data accuracy. Peer debriefing with one of my colleagues in the field was conducted to identify emerging themes and minimize researcher bias while ensuring confidentiality. Pseudonyms (i.e. Participant 1, Participant 2, and so on) were used to maintain confidentiality and anonymity during the analysis and write-up stages. As this study sought to understand the support and services that benefit older adults with trauma histories from social workers' experiences, perspectives, and ideas, it utilized data coding and categorizing to interpret the transcribed

interviews and bring forward the abstract meanings connected to the purpose of the study.

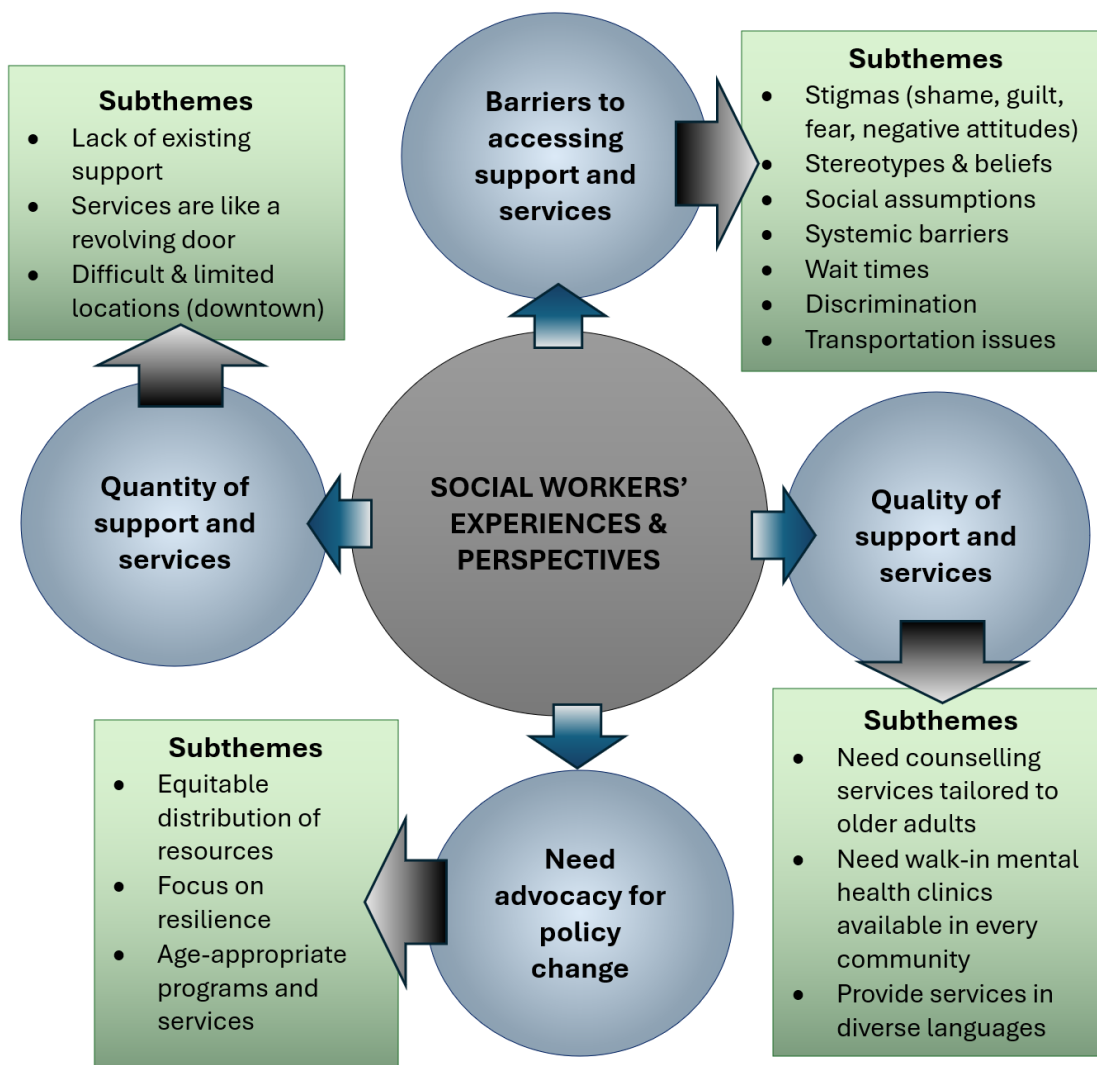
Throughout the study, I maintained a reflective journal to develop an awareness of my positionality and understanding of the research process.

Findings

The data analysis of the identified codes in the interview transcriptions to the research questions were analyzed using thematic analysis that generated four main themes and multiple related subthemes (as shown in Figure 1), which are presented in order below.

Figure 1

Findings



Theme 1: Barriers to Accessing Support and Services

This theme is mentioned most frequently during the interviews. It indicates the intersecting multiple barriers that older adults face in their communities when they struggle with the impacts of LLT and other issues (e.g., income, mobility, physical health, transportation, and systemic issues). This theme's major subthemes are stigmas (shame, guilt, fear, and negative attitudes), stereotypes, beliefs, social assumptions, systemic barriers, wait times, discrimination, and transportation issues.

According to the research participants, social assumptions and negative attitudes regarding older adults as a whole play crucial roles in generating these forms of stigma, which is one of the major barriers to accessing support and services. For example, Participant 5 highlighted the community culture and overall policy regarding older adults and their stigmas because when and where they grew up play pivotal roles in generating stigma in utilizing trauma (and mental health)-related resources.

I think older adults are generally very hesitant to talk about it (trauma and mental health). It's that culture, especially with the age that they were growing up with, where mental health wasn't nearby... it wasn't accepted. It was just shove it under the rug, get over it... if you try to label it as trauma, I think a lot of people are resistant to that. It makes them feel like there's something wrong with them. It's some sort of label. So, I think, in general, it's really hard for older adults because of the stigma they grew up in and the culture they grew up in. (Participant 5)

This participant identified why and how stigma plays a pivotal role when it comes to older adults accepting the impacts of the trauma they have experienced and accessing support and services for their needs. Participants frequently expressed concerns about the layers of stigma because

they become barriers for older adults to address the impacts of traumatic experiences in their lives as they make them hesitate to access counselling and other resources to manage the LLT impacts.

Similarly, participants frequently highlighted other subthemes, such as negative attitudes, beliefs, social assumptions, and stereotypes, in their interviews. They emphasized that negative attitudes towards older adults play a crucial role in allocating and distributing funding and resources among diverse groups of people in the communities. For example, Participant 1 reported:

The regular populations' views of older adults as a burden on society, not being that contributing to society is such a big negative assumption of society on older adults. I think that's where the idea comes in: they do not need any resources. Younger people, like children, need more. Maybe if we change that belief, we may get social policies more in favour of older adults when it comes to the distribution of resources or allocation of funding. (Participant 1)

This excerpt presents how negative social assumptions, attitudes, beliefs, and views play significant roles in creating policies and providing support and services to older adults. As these negative beliefs are prevalent in communities, this excerpt alludes to how they impact policies, and explains the need for policy change to ensure appropriate funding and resources for older adults to support them with the services.

Participants highlighted how there are multiple intersecting systemic barriers for older adults to access the support and services they need to address their issues related to LLT and the impacts on their mental health. It is essential to change policies to address those systemic barriers.

A person might be dependent on a caregiver, so that could be an older child or something like that, but then this caregiver is abusing them... if someone's power of attorney is being abused, they have to go through a whole legal proceeding and a whole thing, too, to be able to revoke that power of attorney... They're unable to advocate for themselves or to be treated well. (Participant 3)

The participant in this excerpt states that the bigger system is indirectly perpetuating older adults' issues.

Similarly, some participants mentioned that all support and services for older adults are very complex, from the intake process to getting services and the transportation system to accessing those services. They noted there are multiple intersecting barriers, and services are often located at the core of the cities which older adults struggle to access, which makes this vulnerable group feel mentally and emotionally more isolated and overwhelmed. For example, Participant 6 pointed out:

I find it's very hit-or-miss. Sometimes, the intake process can even turn people off. That can be hard to navigate. Sometimes, I feel like the services we hear about with mental health are almost overpromising, and this is how seniors can access them. This is what we do. Then, you have a client who wants to pursue that, and you help them start trying. And there's a lot of roadblocks. (Participant 6)

Participant 6 indicated how roadblocks always exist for older adults, even though they want and attempt to access support and services for LLT, mental health, and other needs.

Theme 2: Quality of Support and Services

Although there are some supports and services for older adults to respond to their LLT, mental health, and other needs, participants questioned the quality of those programs because

they are complicated to access and are not older adult friendly with respect to modes of delivery, locations, and other issues. They emphasized that support and services are not sensitive enough to address the LLT, mental health, and other counselling needs of older adults. The main subthemes for this theme are recommendations related to appropriate counselling support for the unique needs of older adults, walk-in mental health/counselling clinics in every corner of the communities, and services in their own languages for immigrant older adults. For example, Participant 4 explained:

I had a couple of clients who declined the support because it was over Zoom or it was only one time. It was unavailable as they needed it... the problem is when they need to talk to someone, they have to call another agency or counsellor. They have to go through the whole story repeatedly instead of working with one specific person or counsellor [...] we need to understand human beings, especially seniors, because we're talking about seniors. They're not machines like one and two; it's, again, they're human beings. You know, we need to provide empathy to them so that we can support them. (Participant 4)

Participants indicated that services and support were not available for older adults when needed and that service did not have the components to meet the needs of this population group.

Participants also reported that many services and resources are not trauma-informed for older adults because they have to repeat their traumatic stories, again and again, during intakes and appointment bookings just to see the counsellors.

Participants acknowledged that having quality support and services in the communities is crucial to assisting older adults in managing and navigating their LLT and its impacts on mental health and overall well-being. For example, Participant 1 described:

Having more counselling services and mental health support, especially walk-ins, would be helpful. I would really emphasize the walk-in services because I have noticed that by the time seniors or anybody gets an appointment for their mental health support, they might have already stabilized (negatively and sometimes positively) a little bit, and they don't find any point in meeting or seeing a mental health clinician, right? So, I think timely provision of services is extremely helpful. (Participant 1)

This excerpt reinforces the importance of providing trauma-related mental health services and support on a walk-in basis to ensure older adults can access them when they need them. This participant highlights the importance of having services in every community, such as walk-in clinics, so that people can use them at their time of need rather than waiting and exacerbating their concerns.

Similarly, participants emphasized that having older adults' services in their own languages (services other than English) is vital to providing quality LLT and mental health support. Participant 4 described, *“My experience is that non-English speaking people are struggling here in Canada due to the lack of support for them in their own languages.”*

Participants suggested that older adults need to have services in a language they can understand and are comfortable with to support them in their journey of healing their trauma and mental health.

Theme 3: Need for Advocacy for Policy Change

Participants identified specific policy issues associated with older adults' support and services. They explained ways to address these policy gaps by focusing on age-friendly policies and procedures, because they indicated policymakers and program developers have been focusing on the younger population more in comparison. The main subthemes for this theme are

equitable distribution of resources for all age groups, focusing on resilience factors, and age-friendly programs and services. For example, Participant 1 described:

I would say, as a social worker, it is our job to make advocacies at the mezzo and macro levels to bring that shift, which is required in the social policies or at the high bureaucratic level, to make that change happen. Yeah, advocacy is the best one on every level. (Participant 1)

This participant clearly pointed out that as service-providing professionals, social workers need to advocate for better policies that bring equity of services among people in the communities. Participants highlighted that older adults would not be able to advocate for themselves as they are struggling and using all their energies to survive in their situations. They argued that it is the social workers' role to advocate on behalf of older adults to make needed changes at the policy level.

I think we all have a responsibility to do as much advocacy as possible as we are the ones who work directly with clients firsthand. As I said, the ones who talk to clients who are so anxious about calling services tell you this is why I'm worried. This is why I don't want to do this... therefore I think we do have a big responsibility to advocate because if you leave it for people to advocate for themselves, they're probably not going to [...] as social workers, we have the information and the ability to advocate. So, we should be doing that and not asking more of people who are just trying to get by. (Participant 5)

The participant in this excerpt described the reasons why social workers need to be involved in advocacy on behalf of their vulnerable clients. They reported a gap between policymakers and frontline work/service needs, and that it is the social workers' job to fill that gap by reporting the needs of struggling people (e.g., older adults) in the communities. They also highlighted that

sometimes better policies do not function in practice, and it is social workers' job to report that issue at the policy level and help fix it appropriately.

Moreover, participants reported that policy and practice recommendations should be focused on older adults' resilience factors, since they witnessed how some of their clients bounced back and were able to lead meaningful lives in their communities when they connected with their natural supports and felt a sense of belonging. For example, Participant 2 noted, *“I’ve experienced they have a higher resiliency and are still very connected with family or culture... they're very involved with their culture or their community.”*

Another participant reinforced the value of resources and added that it is essential to advocate for a policy that understands this fact in older adults' lives. The participant described:

The factors contributing to their (older adults) resiliencies are definitely resources. Now, these resources could be your social capital, practical support available to you, and your connections. All these things contribute to your resiliencies. Like putting it into simple words, being connected with people is a huge factor that contributes to resiliencies. Having resources, like food and medical resources, and even looking at our volunteer program is a massive support for seniors. (Participant 1)

This excerpt highlights specific factors that contribute to older adults' resilience, underscores the importance of resources in their lives, and urges all stakeholders to contribute to the policy that ensures older adults get those resources. However, participants acknowledged the tendency of policymakers, program developers, and society as a whole to marginalize older adults and their issues and experiences with LLT. Hence, they focused on how to engage collectively to advocate for better policies as a profession:

Together, try to advocate so that this doesn't happen to someone else by trying to get more resources in place or better health care policies and things like that [...] I don't know where this idea came from within society, that it's one or the other, and that we have to prioritize people across the lifespan of who's more important to have an intervention on because everyone contributes to society in different ways and so they're all equally important to address. (Participant 6)

This participant clearly argues older adults should have equal rights and attention because all age groups play equal roles in making the community vibrant and providing a sense of belongingness.

Similarly, participants also emphasized that the programs, support, services, and resources for older adults should be age-friendly. For example, Participant 2 reported: *“In my experience, many people still struggle with just accessing technology, let alone navigating, like Zoom meetings and online workshops. So, the accessibility piece is a huge thing as well.”*

Participants acknowledged that it is urgent to advocate for better policies and practices that encourage the agencies and older adults’ program developers to offer their interventions, services, and resources in a more age-friendly manner.

Theme 4: Quantity of Support and Services

The main subthemes in this theme are the lack of existing supports and services for older adults’ LLT and mental health concerns, including problems like revolving doors and city core-centred services. They emphasized advocating up to the policy level, demanding more funding to address the needs in the communities on behalf of this population group. Participants identified that the available support and services are insufficient for the growing numbers of older adults in

the communities and recommended advocating for more of them to address their dire needs. For example, Participant 3 described:

I think that the existing support is not sufficient. And I think there's a long way to go with the support that we have and then the support that we need. One example is the geriatric mental health program with AHS; they're receiving too many referrals, a lot of referrals, more than they can take on. And so, they've had to increase their age to 75 plus. And so, we see clients who are 55 plus and require support, and that's like a 20-year gap.

(Participant 3)

In this excerpt, the participant emphasized the shortage of services and the need for new policies, funding, and services to address that. Highlighting an example of AHS community mental health support reveals the extent of the gap between the available services and real community needs.

Reporting that support and services for older adults are very short-term and have not been hitting their needs, they are instead in and out of a revolving door, participants suggested enhancing the number of programs so that this vulnerable population gets as long as they need. Participant 2 noted, “*Some of the feedback that's been given is that they felt like it (trauma and mental health-related services) was a revolving door. I was in and out.*” Using the feedback of their older adult clients, this participant stated that services were very limited and establishing continuity of care was impossible. The service providers attempted to accommodate as many older adults as possible in their programs, which led to the discharge of patients without meeting their patients’ needs.

Participants also pointed out that trauma-related mental health support and services should be available in every community, just like walk-in physical health clinics, so that the stigma of seeking mental health services would be minimized. They proposed that having walk-

in mental health clinics in every community would normalize seeking mental health support, just as similar clinics do for physical health issues. Community clinics would mean that people who need services would not have to face lengthy commutes to inner-city centres. According to participants' experiences and perspectives, only having services that respond to LLT in city centres creates issues for older adults. They emphasized that it is important to advocate for access to mental health support and services in every city community. For example, one participant described:

They (LLT-related mental health services) should be available in local medical offices because they are easily available in each and every community. Each and every community has more than at least two medical clinics. Right? Imagine how easily accessible those services would be [...] driving for 40-45 minutes; I do not think that an older adult going through some severe mental health issues can manage that or have the capacity to drive for that or use public transit. Hence, I would really advocate for that.

(Participant 1)

This participant clearly described the issues of city-centre-concentrated LLT-related mental health support for older adults and focused on advocating for providing more of those services in every community, just like walk-in medical clinics.

Discussion

This study is one of the first qualitative studies in Canada to explore social workers' experiences and perspectives regarding support, services, and resources for older adults to navigate LLT and its impacts on their mental health and overall well-being. The findings clearly identify a pervasive gap between the support, services, and resources that older adults need and are available. Research shows it is important to provide all services and resources for older adults

to manage their traumatic experiences because communities cannot thrive without including and meeting the needs of diverse older adults (The United Nations Organization, n. d.). Discussing the same issue, Pomeroy et al. (2023) also argued that long-term social and senior services are critical in supporting older adults who lack informal support. Therefore, the findings of this study indicate the need for older adult-friendly policies so that more funding would be allocated for programs, support, and services as per this growing population group's needs.

One of this study's most crucial findings is the intersecting barriers for older adults to access support, services, and resources for their LLT, mental health, and overall well-being. Participants emphasized that there are stigmas, shame, negative attitudes, guilt, and fear among older adults to access LLT-related mental health services in the communities. They identified a dominant negative social assumption in the communities that accept older adults' traumas as normal and natural. This concept is so prevalent that members of the communities, including the older adults themselves, have internalized it, which has created a significant barrier for this population group to seek resources needed to navigate their LLT impacts and mental health. Pless Kaiser et al. (2016) also acknowledged it when they conducted a trauma-related impact study on older adults and asserted that treatment-related stigma and barriers are one of the main issues among all older adults, which have impacted their quality of life significantly.

The findings highlighted older adults' issues such as LLT are not getting attention in the communities due to widespread negative attitudes and discrimination against them; for example, if a person in their 30s or 40s lost their partner, many people pay attention and try to support them, but if a person in their 70s or 80s lost their partner, people do not provide the same attention. Because death is seen as "normal" in later life, support persons forget that the person may have lived with their partner for several decades and might be struggling to cope with that

irreplaceable loss. Society has much prejudice towards older adults, which creates stereotypes, stigmas, and barriers to accessing support and services even if they *are* available. However, those services are usually minimal due to the prejudice and stigmas against LLT at the policy level. Studies on the impacts of trauma identified that social support, in its multiple forms, is paramount in the response to trauma (Vallieres et al., 2021). This study strongly advocates for older adults-friendly policies so that negative social assumptions/attitudes, stigmas, and barriers would be mitigated in their communities for older adults, and more support, services, and resources would be generated, which would help older adults to live and thrive in their communities more meaningfully.

As findings show, stigma can easily be internalized by older adults (being part of the same community and culture) and become a source of shame, guilt, fear, and negative attitudes towards seeking support and services in the process of navigating their LLT (or related PTSD), mental health, and other needs. In this context, stigma double jeopardizes older adults' lives through internalized and externalized barriers. Aligning with the people and culture in their communities, older people often have perceived stereotypes regarding themselves and their issues that led to struggle, mental health, and other intersecting health concerns. The findings suggest that a lack of social support, stigmas, and barriers lead to hopelessness, depression, and physical health issues among older adults. As Arbore (2019) stated, such layered hurdles in seeking treatments for mental health and trauma-related concerns may even lead to extreme outcomes such as suicide.

Therefore, the participants highlighted that these LLT and other older adults-related issues are rooted in the policy level, creating layers of systemic barriers that need to be fixed with appropriate new policies. They argued that the policies were very biased against this

population group because of the impact of capitalism and materialistic culture that measures human beings as goods as per their usefulness in the workforce. In the same context, Shimmin et al. (2017) state that interactions among social categories occur within a larger context of connected systems and structures of power, which connotes that the discrimination against LLT and older adults is the result of the interaction of these different social locations, power relations, and experiences mainly guided by colonialism, imperialism, racism, homophobia, ableism, and patriarchy. Ageism also refers to stereotypes (what we think), prejudice (what we feel) and discrimination (how we act) and impacts an individual's perception and action (WHO, 2021). It is the reason many negative attitudes, stereotypes, and assumptions regarding LLT and older adults exist in the communities that have been creating multiple levels of systemic barriers to support and services for this population group. There is a dire need for appropriate policies to address this burning contemporary social issue so those policies will help lead to better practices. Hence, this study has come up with some policy and practice recommendations.

Policy Recommendations

Study findings clearly emphasize that the capitalistic framework influences policy. It has affixed negative labels to older adults such as “useless tax-eaters,” “hospital bed occupiers,” “old fogeys” or “senile” and fails to allocate funding proportionately for their programs and services. Participants highlighted how biased, inhuman, capitalism-oriented social policies are the root cause of negative attitudes, stereotypes, discrimination, and negative assumptions towards older adults and their LLT in the communities by all members (including the older adults themselves). The findings indicated that being able to contribute meaningfully has double benefits: the older adults find a sense of belongingness that helps them to live and thrive more meaningfully, and communities get contributions from all their members that makes their communities more

vibrant and resourceful. Therefore, this study believes that policies should be age-friendly and trauma-informed so that older adults find a sense of belongingness in their communities.

Additionally, one major issue to address to reduce and prevent the ongoing discrimination against older adults is the pervasive negative attitude towards older adults and aging perpetuated at the policy level. Critical analysis of existing policies and legislation related to elder abuse, health care for older adults, and age-friendly communities has the potential to confront bias and discrimination inherent in existing policies and legislation, introducing changes that will improve service provision and mitigate harm and oppression.

It is essential for social workers and all other stakeholders to engage in advocacy from micro to macro levels, demanding age-friendly-trauma-informed services and support to guarantee a healthy, vibrant, equitable, and socially just society that helps older adults with LLT to thrive in their communities. At the macro level, with respect to provincial legislation, participants emphasized the need to advocate for changes that consider the impacts of LLT. They highlighted how the Government of Alberta should have low-barrier options to revoke the designated power of attorney in The Power of Attorney Act because older adults with LLT can face significant barriers with legal processes if their power of attorney is abusing their decision-making power.

This study requests all social workers, policymakers, community dwellers, and all other stakeholders understand this critical social issue and be actively involved in advocating for new age-friendly and trauma-informed policies and make the following policy recommendations:

- 1) Federal, provincial, and municipal governments should create new policies to respect older adults as valued members of the communities,
- 2) The provincial and Municipal governments should launch public awareness campaigns to make the general public aware of the unique nature/impacts of trauma on individuals so

that LLT is not taken as normal and natural, and intersected stigmas on it would be eliminated gradually,

- 3) Funding should be allocated proportionately by all governments to expand new age-friendly and trauma-informed programs, supports, and services,
- 4) The provincial government should bring better policies and invest more budget in mental health and trauma-related programs to address the current needs in the communities. For example, walk-in mental health clinics should be available in various geographic locations similar to walk-in physical health clinics, to address the current health needs and normalize the stigmas on mental health and trauma responses,
- 5) The provincial government should create new policies to deliver mental health and LLT-related services in non-English (older adults' own native) languages to make it more impactful and help them heal better and quicker, and
- 6) New policies from all levels of government should focus on providing older adults opportunities to contribute to their families and communities as long as they can.

Practice Recommendations

The findings of this study also translate to specific practice recommendations that can be applied to social work practice with older adults with LLT. The following recommendations highlight and build on recommendations study participants shared.

- 1) Social workers and health professionals should acknowledge the layers of barriers for older adults to access trauma-related services and be prepared to support them in navigating the options. Findings identified that many older adults cannot access counselling for their trauma and other mental health concerns due to the increasingly common, long waitlists for mental health services. Transportation is a barrier because many older adults have mobility issues,

and mental health and support services are often concentrated in the core of the city (i. e., downtown). Increasing options and availability of telephone, virtual, and crisis services tailored to the needs of older adults could provide urgently needed support for older adults who face barriers and who are waiting for mental health programs or counselling. Providing walk-in counselling clinics just like walk-in medical clinics that provide mental health services in every quadrant of cities or communities would be beneficial because services embedded in communities can cater to community demographics and take targeted approaches to reducing stigma and addressing accessibility issues.

- 2) Programs and services should respect older adults' languages and cultures in tangible ways to be more trauma-informed. For example, providing services to older adults in their own languages or ensuring prompt availability of translators for non-English speaking older adults would make services more accessible, thus maximizing the benefits of the services.
- 3) Older adults need to be offered direct assistance with identifying and connecting with their natural supports and creating more opportunities to involve them in their own communities. Social workers should advocate for the active participation of older adults with their families and communities to provide them with a sense of belongingness and better overall well-being. Intergenerational programs can be one option that may play significant roles in this purpose, and it is worth bringing more intergenerational programs where coming generations (children) and going generations (older adults) meet and interact meaningfully.
- 4) More targeted work should be done to develop and implement trauma-informed care as evidence-informed practice in continuing care residential settings through staff education and training. Since older adults with LLT have specific needs, trauma-informed practice training should be customized to consider the specialized needs and characteristics of older adults and

elaborate on how trauma-informed principles apply to older adults in ways that may differ from other populations. Although there is a wide variety of general trauma-informed practice courses and certifications offered to social workers and other health care professionals, there are few learning resources or training that focus exclusively on LLT. If organizations enforce mandatory training and if trauma-informed care competencies are integrated into performance management for healthcare professionals who serve older adults, it will ensure that all health professionals, including social workers, achieve a common standard of trauma-informed care education.

Also, findings from this study indicate that opportunities to participate in family and community matters actively support older adults in boosting their health, mental health, and overall well-being. For example, an intergenerational connection has diverse reciprocal benefits because grandparents love their grandchildren unconditionally, and spending quality time with them helps them forget their pain and live happily (Frydenberg et al., 2023). Research also states that older adults should get meaningful participation with their families and communities for their sense of belongingness and overall health and well-being. Chun et al. (2023) assert it is vital to develop supportive environments and specific opportunities for meaningful and valuable social engagement for older adults to promote their health and healthy aging.

Social policies and guided practices informed by professionals and all other stakeholders lead to desired support, services, and resources for older adults in a community. Narushima et al. (2018) assert that older adults should get lifelong learning and participation opportunities by developing inclusive, equitable, and caring active ageing societies through the strategic and unequivocal promotion of community-based efforts via special policy. This study strongly advocates for better older adults-related policies and practices and recommends some crucial

ones which should incorporate older adults as valued members of their communities and provide opportunities to actively engage in all community activities to enhance their sense of belongingness and get the benefits of healthy aging and overall well-being.

Strengths and Limitations of the Study

This study indicates that older adults' issues are deeply connected with policies at the macro level and practices at the micro and mezzo level, and significantly contributes to the literature on the LLT and its impacts on older adults' mental health and overall well-being with new policy recommendations to address the concerns with appropriate support, services, and resources in their communities. Most importantly, it highlights the marginalized topic of LLT and presents a compelling rationale for addressing the core issue through new policies and better practices because older adults' related negative social assumptions, attitudes, discrimination, stigmas (shame, guilt, fear, etc.), and all other systemic and social barriers to services are the outcomes of the same biased policies and practices. Research participants were social workers with working experience with older adults who attribute the vulnerability of these older adults to specific factors, including ageism, stereotypes, systemic barriers, and quality and quantity of resources, which directly contribute to the toll on their overall well-being. Social workers working with older adults (and all other related stakeholders) need to acknowledge this study's findings and actively advocate for the recommended new policies and practices to quickly resolve them, because their impacts on older adults are enormous and connected with many other aspects of social lives. It proposes new policies and practices to help change the derogatory attitudes towards older adults and contribute to bringing age-friendly and trauma-informed programs, support, services, and resources for their issues. By doing that, it hopes to bring a new

era of social inclusion, equity, connection, and happiness for older adults and all community dwellers.

Although this study highlights such a serious social issue related to support, services, and resources to navigate LLT and its impacts on older adults, using the critical ethnographic approach and exploring social workers' perspectives and experiences with hopes of contributing to better policies, it did not fully capture the lived experiences of older adults. Even the sample size was limited, and participants were from only one city in Canada, which might affect the generalizability of the findings. However, the study findings have significant implications for better policy recommendations and promoting social awareness to understand LLT and its impacts on older adults' mental health and overall well-being. Further research is important, incorporating older adults themselves as research participants to validate these findings and to develop strong policy recommendations that support this vulnerable population. Being better able to navigate the impacts of their traumatic experiences and other related issues in their later lives will enable older adults to live more meaningfully in their communities.

Conclusion

Despite some limitations, the study has remarkable strengths. It highlights the important policy, systemic, and social issues related to vulnerable older adults and provides clear policy and practice recommendations to resolve them for the sake of older adults and all other stakeholders. It demonstrated how capitalist-oriented policies and societies have marginalized this population's issues (such as resources and services for LLT and its diverse/unique impacts) and made all stakeholders, including the older adults themselves, aware that this is a serious social issue that needs to be addressed from the macro level to actualize positive impacts on mezzo and micro levels. As there is a dearth of literature discussing the support, services, and

resources for older adults to navigate their LLT and its impacts, it significantly contributes to this area. Findings identified that there are insufficient resources in the communities because LLT and its impacts on older adults are assumed to be normal and natural, and it has not been paid attention locally and globally due to derogatory social policies toward this population group. As older adults are the fastest-growing population group, it is vital to incorporate them into community building, bringing new inclusive and age-friendly policies so they can thrive in their communities more meaningfully with respect and dignity.

The findings identified significant negative attitudes against older adults and their issues in the communities, programs, and services due to the biased policies from the macro level (such as allocation of Healthcare budgets to older adults vs their younger counterparts that is directly connected with their programs, services, and resources), which is indispensable to address through new policies, awareness, and practices. The new policies and practices should be older adults-friendly and trauma-informed. The intersecting impacts of LLT on older adults should be acknowledged and supported at the policy level. The findings noted there are intersecting barriers for older adults with LLT to access services and resources. Further research on support, services, and resources to navigate LLT and its impacts on older adults is necessary to explore their lived experiences to understand and meet the needs of diverse older adults. In addition, the upcoming research should also evaluate older adults-related policies and practices because they play pivotal roles in generating the programs, services, and resources as well as the general public's positive/negative attitudes towards them. If age-friendly and trauma-informed policies and practices are guaranteed, they will help to build evidence-informed intervention from a trauma-informed lens for all older adults in need of support and services for their health, mental health, and overall well-being.

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CHAPTER 6: CONCLUSION

Although the research shows that trauma impacts each individual in unique ways, there is a shortage of literature on LLT and its impact on older adults. The available research on older adults with trauma histories does not explore the intersecting aspects of LLT in this population group in detail because the cumulative impacts of LLT on older adults' mental, emotional, social, physical, and overall well-being are not investigated as they should be. The primary objective of this research is to fill this gap by bringing forward experienced gerontological social workers' perspectives on this matter. Given their experiences with and proximity to multiple older adults with histories of trauma, social workers have brought rich information regarding the impacts of LLT on older adults' mental health and overall well-being. The findings of this research are instrumental in understanding the impacts of LLT on this population group and contribute to the existing knowledge about the impacts of LLT on older adults' overall well-being. They provide compelling rationales for developing age-friendly and trauma-informed support and services so that older adults can live and thrive in their communities more meaningfully. It recommends better services with skills and insights and better policies with advocacy.

This study has the potential to make significant contributions to multiple fields, such as gerontology, ageing and health, elder abuse and neglect, ageing and trauma, trauma and mental health, and social work practice. It is a rare study in Canada that has brought social workers' practice experiences and perspectives regarding LLT and its impacts on older adults' mental health and overall well-being. Discussing and researching LLT is a great contribution to the body of knowledge because there is a lack of literature on this topic. It addresses remarkable gaps in the existing literature by exploring social workers' perspectives on the impacts of LLT on older

adults' overall well-being and the available support and services that benefit them in Calgary, Alberta. This unique area of research sheds light on an understudied issue of a rapidly growing population group and offers significant knowledge useful for social workers, policymakers, and all other related stakeholders involved in supporting older adults and the entire community in more meaningful ways.

Forms of Pervasive Discrimination against Older Adults

Participants reported pervasive discrimination against older adults from micro to macro levels, which has created negative perceptions regarding older adults and their traumas. Ageism, stereotypes, and social assumptions play dominant roles in creating layers of discrimination against older adults. Discrimination is the negative behaviour resulting from prejudice. Findings noted that discrimination about trauma and mental health can hurt older adults' ability to access support/services and build relationships with other individuals that significantly impact their mental health and overall well-being. Discrimination about trauma and mental health can make things more difficult for them; for example, it creates barriers for finding a place to live - many older adults' subsidized buildings want older adults to submit their functional/medical assessment along with their housing applications and often get rejected by those housing bodies if they have shared any trauma or mental health concerns. For example, Silvera for Seniors is a leading affordable housing body for older adults in Calgary, and its application highlights that the applicants must submit their current health assessment from their medical professionals, and their eligibility for the accommodation is determined as per their health assessment report (Silvera for Seniors, 2024).

Consequently, the stigma and discrimination on trauma and mental health increase isolation, secrecy, the risk of suicidal behaviour/thoughts, and many other negative health

outcomes rather than trauma and mental illness themselves. LLT and its impacts on older adults are taken as normal and natural rather than acknowledging scientific research findings about how trauma can have unique impacts on each individual, and supporting them accordingly. These social assumptions significantly impact older adults because they come out of discrimination such as ageism and prejudices.

Barriers to Accessing Support and Services

As LLT impacts their mental, emotional, social, spiritual, and physical health, it creates multiple intersecting barriers for older adults in accessing and utilizing available support and services. The findings indicated that it also creates barriers for older adults to access and respond to healthcare interventions, community resources, transportation, and other systems because there are layers of stigma about trauma and mental health. Stigma (internalized and externalized) plays a dominant role in creating barriers for older adults with LLT as it is the negative stereotypes/prejudice that someone believes. It may generate shame, guilt, fear, and negative attitudes towards older adults.

Intersecting Impacts of LLT on Older Adults

LLT can lead to different intersecting complicating factors in older adults' lives, such as mental health disorders or other negative health outcomes. These complicating factors influence their coping capacities, cognitive and physical performances, abilities to recover from disease, and holistic health. The findings indicate that these impacts intersect and often overlap, adding extra challenges to managing their lives, including everyday activities. Research participants emphasized that social assumptions and negative attitudes regarding older adults as a whole play crucial roles in generating stigma, which is one of the major barriers to accessing support and services. Older adults often internalize stigma towards their LLT themselves and do not explore

or access support and services, whereas social assumptions and stigma from the general public prevent them from getting available support and services in the communities.

Need to Engage in Advocacy for Systemic and Practice Change

Another major finding of this study was the extent of systemic and practice gaps in the support and services to older adults, specifically related to trauma/mental health and its impacts on older adults in comparison to their younger counterparts. Therefore, social workers should use their core social work professional tool, advocacy, for these vulnerable older adults to bring the most required systemic change at the macro level so that better trauma-informed and age-friendly policies and procedures are developed to include and address issues related to older adults at the micro/practice level.

All participants identified that policy issues are directly connected to older adults' support and services. They explained ways to address these policy gaps by focusing on age-friendly and trauma-informed policies and procedures and enhancing public awareness through education and media campaigns regarding these policy gaps and their impacts. They indicated that policymakers and program developers have historically marginalized older adults' issues. It is important to ensure equitable distribution of resources to all age groups, focusing on resilience factors and age-friendly programs and services.

Similarly, this study also focuses on a social issue marginalized by the mainstream system and society. It strongly advocates for older adults who demand fair treatment, equity, and the right to live and thrive in their communities. It tries to fill the gap of literature and practice knowledge in the field of LLT and its impacts on older adults by discussing and researching it. This study's outcomes from professional social workers' experiences and perspectives and policy/practice recommendations significantly contribute to a social work lens and social justice

because the main aims of the study are to increase awareness of all stakeholders regarding this marginalized issue, advocate for the appropriate policies, and share crucial social work practice knowledge as practice recommendations.

Social Work Lens and Contribution to Social Justice

This study has multiple significant contributions to social work and social justice because the findings have important implications for social work practice in supporting older adults with trauma histories and bringing equity and social justice to communities. For example, the study highlights the impacts of LLT on older adults due to ageism, discrimination, and negative assumptions. It was also noted that policymakers, communities, and even service providers marginalized the LLT and its impacts on older adults in comparison to their younger counterparts, such as adverse childhood experiences. Social workers recognize the urgency of providing age-friendly and trauma-informed training for social workers and all other stakeholders and enhancing the capacity of existing older adults-related programs in their organizations to deliver appropriate services for older adults with trauma histories. The findings indicate that it is essential for social workers and all other stakeholders to engage in advocacy from micro to macro levels, demanding age-friendly-trauma-informed services and support to guarantee a healthy, vibrant, equitable, and socially just society that includes older adults fully.

Similarly, the findings report multiple intersecting barriers for older adults accessing LLT and mental health-related support and services in their communities. It is critical to understand these ageist barriers and support older adults to address their trauma from every level for the sake of their overall well-being and the well-being of the entire community. Social work practitioners working with older adults with trauma histories should focus on strategies to meet the trauma-sensitive and age-appropriate support needs of their clients. For example, the participant shared

that even a small rule of compelling older adults to wear slippers in their older adults' living facilities triggered the older adults, and they felt a loss of dignity and sense of belongingness. It is indispensable for social work professionals to implement more trauma-informed strategies and skills to support older adults with trauma histories so that their clients feel worthy of respect, equity, and freedom, which is the core of the social work code of ethics in Canada.

Additionally, this study emphasizes how stigmas and social assumptions impact older adults and their LLT. Self-stigmatization stops older adults from readily addressing the impacts of LLT and mental health in their lives, whereas stigma from their communities and other people stops them from accessing vital resources to live and thrive. Special training and community awareness campaigns regarding how stigma can play a critical roles in impacting older adults with trauma and mental health is essential. Social workers and other professionals should work to build and launch those strategies to address the layers of stigma and assumptions in communities and help older adults utilize the services and resources they need to function and thrive in their communities.

Study findings also suggested that older adults with LLT and mental health concerns may benefit from having walk-in counselling centres in each corner of the community, just like walk-in physical health clinics, so they can easily access support when they need it, without dealing with downtown transportation, complex healthcare systems, navigating phoning, and staying waitlisted for months. Participants noted that in addition to crucially enhancing convenience, such walk-in clinics minimize stigma because trauma and mental health become less scary topics to discuss with services available everywhere. This study strongly recommends that social work practitioners working with older adults use their core professional skills to advocate in their workplace to the policy level, demanding such resources for older adults in their communities.

This study's findings have multiple implications in the field of social work. It brought a new perspective to understanding issues of LLT, its intersecting impacts on older adults, and the kinds of interventions that benefit older adults in living and thriving in their communities. It is anticipated that social workers and policymakers utilize the outcomes of this study to build better trauma-informed, age-friendly policies and strategies to support older adults' psychological and emotional trauma and approach them from trauma-informed practice perspectives. This new knowledge is also anticipated to support social workers working with better hands-on skills and strategies while serving older adults to manage their LLT-related impacts on their health and overall well-being. This study hopes that social work practitioners, policymakers, and all other stakeholders will utilize its valuable findings to help older adults and their families locally and globally so that they live and thrive in the communities more meaningfully.

General Summary

This study explored the impacts of later-life trauma (LLT) on older adults' mental health and overall well-being from gerontological social workers' perspectives. It has made a comprehensive analysis of older adults' LLT-related issues in their communities. It also analyzed the programs, supports, and services available for older adults with traumatic histories and other complicating factors to access the available resources. Chapter one provided an overview of the topic and presented the importance of conducting this research on the given topic.

Chapter two supplied a review of the literature on the connection between LLT and older adults' mental health and overall well-being, identifying that there is limited research on this topic. As the number of older adults is growing rapidly worldwide, the findings indicate it is critical to understand the impacts of LLT on this population group and support them in managing their trauma.

Chapter three described the methodological decision, positionality, philosophical stance of the study, theoretical perspectives, and ethical issues. This study utilized social constructivism as its philosophical stance to guide the research and critical ethnography as its research approach.

Chapter four discussed the impacts of LLT on older adults' mental health and overall well-being. This chapter identified discrimination, ageism, stereotypes, social/self-stigma, systemic barriers, and limited programs and services as major barriers for older adults with LLT and proposes a definition of LLT based on participants' perspectives and elaboration on social workers' experiences responding to LLT to promote understanding of the impacts of trauma in later life.

Similarly, chapter five explored the social workers' perspectives and experiences regarding supports and services available for older adults with LLT. Although findings identified that older adults with LLT are significantly impacted in their mental health and overall well-being, there is a big program, service, and resource gap in their communities. The results highlighted that capitalism-oriented unfair social policies, ageism, stereotypes, negative attitudes/assumptions, stigmas, systemic barriers, and discriminations are responsible for these gaps. Therefore, this study makes some important recommendations for new age-friendly and trauma-informed social policies, hoping to minimize and ultimately eradicate this older adults-related social issue.

This study utilized critical ethnography as its research approach, which was advantageous for understanding the perspectives of social workers who work with older adults. However, it has some limitations, such as the small sample size from one city in Canada, reliance on self-reported data from social workers, and potential differences in how social workers perceive and interpret older adults' experiences, compared to the older adults themselves. Further research

using diverse samples and data collection methods could provide detail and a deeper understanding of social workers to understand LLT and its impacts on older adults.

Conclusion

Although trauma impacts all individuals across their lifespan uniquely, there is limited research about its impacts on older adults. This qualitative study revealed that ageism, discrimination, prejudices, negative attitudes, assumptions, stigma, and many other concepts, such as capitalism-oriented materialistic culture, play dominant roles in marginalizing older adults and their traumas in Calgary, Alberta, Canada. To address this issue, this study identified that approaches should be fixed from micro to macro levels by policy and legislative changes and service delivery improvements to address layers of problems and barriers. It is crucial to make arrangements for age-friendly and trauma-informed programs, support, services, and resources supporting older adults with histories of traumas. Therefore, this study has made essential policy and practice recommendations to promote age-friendly, inclusive, and trauma-informed services for all older adults with histories of trauma for their unique needs. This study believes that implementing its recommendations would help improve the experiences of older adults with LLT in terms of healing and recovery, as they would get appropriate support and services to live and thrive in their communities more meaningfully.

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APPENDIX A: CONSENT FORM



Consent Form and Research Overview

Name of Researcher(s), Faculty, Department, Telephone & Email:

Laxman Shrestha BSW/RSW, MSW Thesis Student

Faculty of Social Work, the University of Calgary

T: +1 (403) 608 2787

E: laxman.shrestha@ucalgary.ca

Title of Project: Social Workers' Perspectives on the Connection Between Later Life Trauma and Older Adults' Mental Health and Overall Well-being

This consent form, a copy of which has been given to you, is only part of the process of informed consent. We will review the consent form and ask for your verbal consent. If you want more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The University of Calgary Conjoint Faculties Research Ethics Board has approved this research study.

Participation is completely voluntary and confidential.

Purpose of the Study

This research aims to explore social workers' perspectives and experiences regarding the connection between later life trauma and older adults' mental health and overall well-being. The study will focus on:

1. Capturing perspectives and experiences of social workers working with older adults with histories of traumas to understand the supports, services, and issues of this area of social work practice will help social workers working in this field to decide on appropriate interventions to support their clients.
2. Exploring the supports and services available to help older adults with traumatic histories and understanding the lack of them may be due to systemic issues, ageism or other causes.
3. Share findings, recommendations, and issues with the professionals and support them in making advocacies in this critical area.

4. Contribute knowledge to the limited body of research on later-life trauma and its impacts on older adults' mental health and overall well-being.

What Will I Be Asked To Do?

Your participation in the interview is completely voluntary. Your choice to participate or not participate will not affect your professional practice and relationships.

Participants for the study will be recruited for interviews through email invitations. Interviews will be conducted in person or by Zoom, the electronic meeting platform.

Your participation will involve meeting the researchers for an interview in person or on Zoom. Interviews will last approximately 45 minutes. You will be asked to respond verbally to a series of open-ended questions related to your experiences and perspectives about later-life trauma, its impacts on older adults' mental and overall well-being, and support and services that are available and lacking that you encountered while supporting your clients with trauma histories. You may decline to answer any of the interview questions.

You be given the opportunity to review the analysis of your interview transcript. This is optional. You may choose to review and comment on your transcript by the deadline date indicated in the email message, but you are not obligated to respond.

You may withdraw your data from the study at any time prior to the deadline date given to review your transcript.

It is important that you know that:

- The name of the agencies will be identified in the dissemination of study findings.
- No identifying information (names, roles, or titles) will be included in the written record/recording transcript or findings. No names, titles, or roles will be associated with specific quotes. Data will be presented in aggregate form.
- The recording will be destroyed immediately after it is transcribed.
- You can choose not to answer any question or end participation in the interview at any time.

You will be asked questions about your perspectives as per the totality of your experience working with older adults with histories of traumas, how your trauma impacted older adults' overall well-being, any supports or services that are lacking and any specific social policy that you want to advocate for to support this vulnerable group of population?

What Type of Personal Information Will Be Collected?

Should you agree to participate, you will be asked to provide your name and the email you would like to use for correspondence with the researcher about the review of your interview transcript. Only the researcher and the researcher's thesis supervisors will have access to identifying information and interview recordings and transcripts.

The researcher is abiding by the CASW Code of Ethics and ACSW Standards of Practice and will ask the participant to commit to abiding by these in the context of the study (e.g., confidentiality principles).

The screen name you use will be visible during the recorded Zoom meeting. Any identifying data collected in the interview, including names, roles or titles, will be de-identified after the transcription review deadline and will not be used in data analysis, reports, publications, or any other study outputs.

The information you provide during the interview will be audio/video recorded for the purposes of transcription and analysis. Selected quotes will not be associated with participants' names. Information you share will be presented as aggregate (summarized). Individual quotes will be included in dissemination material but will be anonymous with a generic identifier (e.g., "One participant said...").

Are there Risks or Benefits if I Participate?

There are no foreseeable risks associated with participating in this study. As you have been working with older adults with trauma histories for two or more years, this is the opportunity to share your totality of experiences and perspectives, but your participation is completely voluntary. The risks and discomfort associated with participation in this study are no greater than those ordinarily encountered in daily life, work, or professional involvement. Potential benefits of participating in the study include opportunities for you to reflect and discuss your learning, perspectives, and experiences throughout the social work professional career related to later-life trauma. Another potential benefit is that by voicing your experiences, feedback, and recommendations, you may have an opportunity to play a part in shaping the future development needed policies, supports, and services in this area which contribute to professional growth regarding recommendations, findings, and promising practices within the social work practice related to older adults and later-life trauma. You also may have the opportunity to contribute knowledge to the limited body of research on later-life trauma and social work.

What Happens to the Information I Provide?

Any information you provide will be confidential. Results will be presented in the aggregate format to protect participant confidentiality, and no names will be associated with the data after transcript review. However, because study participants may know each other and may recognize the words/phrases of one another, absolute anonymity cannot be guaranteed.

Only the researcher and the researcher's supervisor's assistant will be allowed to watch the interview recordings and have access to study data. The recordings and transcribed data will be encrypted and stored on a private One Drive folder on the University of Calgary server for five years, at which time it will be permanently erased. All hard copies of information used in the study, such as interview transcripts, will be stored in a locked cabinet until the study is completed.

You are free to discontinue participation at any time during the study. If you choose to withdraw from the study prior to the transcription review deadline, your contributions will be withdrawn. Once data analysis has begun, your contributions to the point of withdrawal will be retained for inclusion.

If you choose to withdraw from the study before the transcript review deadline, your video recording and transcript will be destroyed, and any data you have contributed to the findings will be eliminated.

Verbal Consent

Verbal consent will be requested and recorded at the start of your interview. Your verbal consent at this time indicates that you 1) understand to your satisfaction the information provided to you about your participation in this research project and 2) agree to participate as a research subject.

I consent to have the interview recorded: _____ [verbal consent given]

I “do not” consent to having the interview recorded: _____

This does not waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

Questions/Concerns

If you have any further questions or want clarification regarding this research and/or your participation, please contact:

Laxman Shrestha BSW/RSW, MSW Thesis Student
Faculty of Social Work, The University of Calgary
403-608-2787, laxman.shrestha@ucalgary.ca

Yeonjung Lee, PhD, MSW, RSW
Faculty of Social Work, The University of Calgary
403 220 2031, yeonjung.lee@ucalgary.ca

Cari Gulbrandsen, PhD, RSW
Faculty of Social Work, The University of Calgary
Carolyncari.gulbrand@ucalgary.ca

If you have any concerns about the way you've been treated as a participant, please contact the Research Ethics Analyst, Research Services Office, University of Calgary at 403.220.6289 or 403.220.8640; email cfreb@ucalgary.ca. A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.

APPENDIX B: SOCIAL WORKERS' INTERVIEW GUIDE

Interview Field Guide

1. What are social workers' perspectives on later-life trauma and its impacts on older adults' overall well-being? (**SWs Perspectives on later-life trauma (LLT) and its impacts on the elderly**)
 - a) What are your perspectives on later-life trauma and its impacts on older adults?
 - b) What are your (as a social worker working with older adults for more than two years) perspectives and understanding about later life trauma and its impacts on the elderly?
 - c) How do you view older adults' life experiences (i.e., elder abuse, loss, and grief) impacting their mental health and overall well-being?
 - d) What challenges have you experienced while working with older adults with trauma histories?
 - e) What approaches do you take to mitigate those challenges?

2. Support and Services
 - a) What are your perspectives on the support and services that benefit older adults with trauma histories?
 - b) What is the quality of available support and services for the growing number of older adults?
 - c) What are your experiences and perspectives about resilience in older adults to deal with their traumas? What are the factors that contribute to resilience?

3. Assessment and Intervention Skills

- a) Based on your experience working with older adults with histories of trauma, what are those social work skills valuable to support these vulnerable people?
- b) What evidence-based intervention skills do you recommend for all social workers working with older adults with trauma histories?
- c) Are there any other specific approaches that you believe social workers should have to work with older adults with histories of traumas?

4. Policies and Social Assumptions

- a) What are your experiences and perspectives on social policies and assumptions on later life trauma?
- b) What is the role of social work to enhance, change, and/or inform better policy in these areas?
- c) What social factors do you think hinder appropriate social policies and behaviours in this area?

5. Final point

- a) Is there anything else about this topic that we still need to discuss and that you feel is important for me to know?

APPENDIX C: NVivo CODEBOOK

Name	Memo Link	Files	References	Created on	Created by	Modified on	Modified by
(RQ1) SWs Perspectives on Later-Life Trauma (LLT) and Its Impacts on the Elderly		6	122	Nov 26, 2023 at 4:45:03 PM	LS	Nov 26, 2023 at 9:20:11 PM	LS
Ageism		3	4	Nov 26, 2023 at 9:06:27 PM	LS	Dec 13, 2023 at 1:43:54 PM	LS
biased perception		5	7	Nov 26, 2023 at 9:09:13 PM	LS	Dec 15, 2023 at 12:20:04 PM	LS
Connection support		1	3	Nov 28, 2023 at 10:18:53 PM	LS	Nov 28, 2023 at 10:20:15 PM	LS
coping strategies		1	1	Nov 27, 2023 at 10:14:50 PM	LS	Nov 27, 2023 at 10:15:47 PM	LS
immigrant older adults		1	4	Nov 26, 2023 at 9:18:06 PM	LS	Nov 27, 2023 at 10:08:24 PM	LS
Impact of life stressors		4	4	Nov 26, 2023 at 5:45:25 PM	LS	Dec 15, 2023 at 12:12:31 PM	LS
Impacts		5	34	Nov 26, 2023 at 9:12:58 PM	LS	Dec 15, 2023 at 2:49:49 PM	LS
Impacts of trauma is unique		3	10	Nov 27, 2023 at 10:22:06 PM	LS	Dec 12, 2023 at 2:11:45 PM	LS
impacts physical ...		4	8	Nov 27, 2023 at 10:35:23 PM	LS	Dec 13, 2023 at 9:58:30 PM	LS

Individual reaction on trauma		5	12	Nov 27, 2023 at 10:11:44 PM	LS	Dec 15, 2023 at 12:14:59 PM	LS
Internalized ageism		3	3	Nov 28, 2023 at 10:07:18 PM	LS	Dec 15, 2023 at 12:05:39 PM	LS
isolation		3	5	Nov 26, 2023 at 9:19:57 PM	LS	Dec 2, 2023 at 10:12:33 PM	LS
Lack of attention		2	2	Nov 26, 2023 at 5:31:17 PM	LS	Nov 28, 2023 at 10:16:33 PM	LS
Lifelong trauma		2	2	Nov 28, 2023 at 10:05:58 PM	LS	Dec 15, 2023 at 12:16:02 PM	LS
Professional skills required		4	14	Nov 27, 2023 at 10:17:31 PM	LS	Dec 15, 2023 at 10:19:54 AM	LS
Risk of being abused		3	4	Nov 26, 2023 at 9:29:13 PM	LS	Dec 15, 2023 at 12:22:05 PM	LS
Strengths		2	4	Dec 13, 2023 at 12:01:53 PM	LS	Dec 15, 2023 at 12:08:55 PM	LS
(RQ2) Mental health and overall well being.		6	57	Nov 26, 2023 at 4:52:43 PM	LS	Nov 26, 2023 at 9:43:35 PM	LS
Ageism-Mental health		3	3	Nov 26, 2023 at 10:00:48 PM	LS	Dec 11, 2023 at 12:46:46 PM	LS
Challenges		5	25	Nov 26, 2023 at 9:51:40 PM	LS	Dec 15, 2023 at 12:28:20 PM	LS
Mitigating challenges		5	11	Nov 26, 2023 at 10:07:00 PM	LS	Dec 15, 2023 at 12:32:36 PM	LS

Educate people		4	7	Nov 26, 2023 at 10:10:50 PM	LS	Dec 15, 2023 at 2:55:02 PM	LS
Fear		3	5	Nov 26, 2023 at 9:59:49 PM	LS	Dec 15, 2023 at 10:07:17 AM	LS
Mental health and well-being		4	9	Nov 26, 2023 at 9:42:49 PM	LS	Dec 11, 2023 at 12:49:37 PM	LS
Stigma		2	6	Nov 26, 2023 at 9:58:22 PM	LS	Dec 13, 2023 at 2:06:48 PM	LS
Victimization and abuse		1	2	Nov 26, 2023 at 9:41:21 PM	LS	Dec 13, 2023 at 2:02:35 PM	LS
(RQ3) Supports and Services		6	93	Nov 26, 2023 at 4:56:44 PM	LS	Nov 27, 2023 at 9:37:05 PM	LS
Barriers		2	7	Dec 13, 2023 at 10:27:53 PM	LS	Dec 15, 2023 at 2:26:55 PM	LS
Factors of Resilience		6	18	Nov 27, 2023 at 9:46:14 PM	LS	Dec 15, 2023 at 2:34:12 PM	LS
More mental health services		4	9	Nov 27, 2023 at 7:02:18 PM	LS	Dec 12, 2023 at 2:10:39 PM	LS
Quality of services		6	18	Nov 27, 2023 at 9:45:00 PM	LS	Dec 15, 2023 at 2:34:54 PM	LS
Quantity of services		4	14	Nov 27, 2023 at 10:06:08 PM	LS	Dec 13, 2023 at 10:24:19 PM	LS
Services in local medical offices		2	4	Nov 27, 2023 at 9:39:52 PM	LS	Dec 14, 2023 at 10:39:11 AM	LS

Services other than English languages		2	8	Nov 27, 2023 at 9:33:20 PM	LS	Dec 12, 2023 at 11:16:49 AM	LS
Technology struggle		2	3	Nov 28, 2023 at 10:36:46 PM	LS	Dec 13, 2023 at 10:27:15 PM	LS
Waittimes		5	7	Nov 28, 2023 at 10:32:41 PM	LS	Dec 15, 2023 at 2:27:57 PM	LS
Walk in mental health support		1	4	Nov 27, 2023 at 9:28:31 PM	LS	Nov 27, 2023 at 9:43:55 PM	LS
(RQ4) Assessment and Intervention skills		6	51	Nov 26, 2023 at 9:49:08 PM	LS	Nov 26, 2023 at 9:50:14 PM	LS
Intervention skills		5	15	Nov 27, 2023 at 9:50:29 PM	LS	Dec 15, 2023 at 2:47:50 PM	LS
Issues in assessment and intervention		5	9	Nov 27, 2023 at 9:53:41 PM	LS	Dec 15, 2023 at 2:47:07 PM	LS
Social work skills		6	27	Nov 27, 2023 at 9:49:29 PM	LS	Dec 15, 2023 at 2:41:40 PM	LS
(RQ5) Policies and Social Assumption		6	74	Nov 26, 2023 at 9:50:19 PM	LS	Dec 13, 2023 at 2:01:40 PM	LS
Advocacy		6	17	Nov 27, 2023 at 10:02:12 PM	LS	Dec 15, 2023 at 2:58:04 PM	LS
Ageism		6	24	Nov 27, 2023 at 9:58:15 PM	LS	Dec 15, 2023 at 3:03:46 PM	LS
elder abuse		4	12	Nov 30, 2023 at 9:41:24 PM	LS	Dec 15, 2023 at 3:01:36 PM	LS

equatable policy		5	11	Nov 27, 2023 at 10:00:11 PM	LS	Dec 15, 2023 at 11:32:45 AM	LS
Gender representation		1	3	Nov 30, 2023 at 10:01:31 PM	LS	Dec 9, 2023 at 10:32:03 PM	LS
Hindering factors		2	5	Dec 15, 2023 at 11:47:25 AM	LS	Dec 15, 2023 at 2:57:37 PM	LS

APPENDIX D: INITIAL INTRODUCTION EMAIL

Recruitment: Email introduction to CEOs, Executive Directors, Managers

Dear _____

My name is Laxman Shrestha, and I am an MSW Thesis student at the Faculty of Social Work at the University of Calgary. I am contacting you about my research project, “Social Workers’ Perspectives on the Connection Between Later Life Trauma and Older Adults’ Mental Health and Overall Well-being,” and to seek your consent to recruit social workers from your organization to participate in my qualitative research study.

This study will try to explore and understand the connection between later-life trauma and older adults’ mental health and overall well-being. The impacts of trauma on older adults are an essential topic to be discussed and researched because this issue is marginalized, and the number of older adults is growing locally and globally. Hence, it is crucial to understand the challenges this big Canadian group faces to guarantee a healthy, vibrant, equitable and socially just society.

This research aims to explore social workers (who are working with older adults) perspectives regarding the connection between later life trauma and older adults' mental health and overall well-being. As social workers who work with multiple older adults with histories of traumas in their professional journey, I believe they can bring richer and deeper perspectives regarding older adults’ later life trauma and the kinds of support and services they might be benefitted from. Hence, this research plans to study the perspectives of social workers working with older adults to understand the connection between later life trauma and older adults’ mental health and overall well-being. I hope this research will generate some crucial outcomes, data and more knowledge and skills to understand the impacts of later life traumas on older adults and apply those valuable outcomes in professional practices and use them to make advocacies against ageism or disparities in the macro-level social work practice to change policies and procedures related to this vulnerable group.

I have attached a recruitment poster for your consideration that provides information about the study that can be shared with potential participants. Social workers interested in participating in the study could contact me directly.

I would be happy to meet at your convenience if you have any questions about this study or what participants would be asked to do.

With Kindest Regards,

Laxman Shrestha, BSW/RSW
MSW Thesis Social Work Student
The University of Calgary
The Faculty of Social Work

APPENDIX E: RECRUITMENT INVITATION EMAIL

Email recruitment notice for interviews to be sent to social workers working with older adults invited to participate in the study.

Dear [insert name of the person/social worker]:

As a social worker [working with older adults], you are invited to participate in an interview to reflect on and share your experiences and perspectives about the later later-life trauma and its impacts on older adults' mental health and overall well-being.

This interview is part of a study titled “Social Workers’ Perspectives on the Connection Between Later Life Trauma and Older Adults’ Mental Health and Overall Well-being.” In this research, we aim to explore the social workers' experiences and perspectives to understand the impacts of later-life trauma on older adults’ mental health and overall well-being. We also aim to gain insight into the possible interventions, supports, and services available and/or lacking in this area. We hope to identify some valuable responses to later life trauma so that these practices can be used by social workers to support older adults with traumatic histories.

The interviews will take place in-person or on Zoom as the participants feel comfortable and available, be approximately 45 minutes, and be audio/video recorded for transcription only. We have attached a copy of some questions to help guide the interview, but we are open to a free-flowing conversation. You are free to leave the interview at any time. Upon completion of the interview, a copy of the transcript will be provided for you to review if you wish to do so. You may request to withdraw your contributions and participation in the study up to two weeks after the transcript has been provided to you.

Participation in the interview is voluntary and confidential. Your organization has granted permission for the researcher to invite social workers from your organization to participate in the study. Your decision to participate in the study will not affect your status or your role within your agency. Your organization will not be informed about who participated in the study.

The findings from this study may be used to make recommendations for advocacy and policy changes in the field of social work practice with older adults and may be reported in publications, conference presentations, communities of practice, and other higher education settings. In reporting data and findings, only the name of the agencies and faculty will be identified. No identifying about participants (names, titles or roles will be included in reporting of data and findings, and no names, titles or roles will be associated with specific quotes.

The interview consent form is attached and provides more information about the purpose of this research, how data will be collected and used, and your options for withdrawing from the study.

If you are interested in participating in an interview, please respond to this email so that we can schedule an interview time.

In advance of the interview, you are asked to review the attached consent form. Verbal consent will be requested at the beginning of the interview and will be video recorded.

If you have any questions or concerns about the study or consent forms, please contact Laxman Shrestha, Study Investigator, at laxman.shrestha@ucalgary.ca.

Thank you for considering participating in this research study.

Kind regards,

Laxman Shrestha, BSW/RSW, MSW Thesis Student

Dr. Yeonjung Lee, PhD., MSW, RSW

Dr. Cari Gulbrandsen, PhD., RSW

The University of Calgary Conjoint Faculties Research Ethics Board has approved this study (.....). If you have any concerns about the way you have been treated as a participant, please contact the Research Ethics Analyst, Research Services, University of Calgary, at 403.220.6289 or 403.220.8640; e-mail cfreb@ucalgary.ca.

APPENDIX F: TRAUMA AND MENTAL HEALTH SUPPORT**Mental Health Supports in Alberta**

1. Alberta's Mental Health Support Line is available 24/7. Call **1 (877) 303-2642**
 2. Distress Centre Calgary- **(403) 266-1601**
 3. Distress Line Edmonton- **(780) 414-6300**
 4. Crisis Centre Red Deer _ **(403) 340-1124**
 5. Lethbridge Emergency Centre - **403 388 6111**
-
6. Alberta Suicide Distress Line: **1 (87e7) 321-2747**
 7. 24/7 Emergency Line -**911**
 8. Alberta Health Link- **811**
 9. Talk Suicide Canada: **(833) 456-4566**
 10. Distress Line of Southwestern Alberta: **(403) 327-7905**
 11. Rural Distress Line: **1 (800) 232-7288**
 12. 211 is here to help you find the right community and social services.