Elder Psychological Abuse

Psychological abuse is one of the most commonly occurring, yet infrequently reported and often overlooked, forms of elder mistreatment. Also known as emotional abuse, psychological abuse is nuanced and complex, defined, expressed, and experienced in different ways. It may manifest as verbal or non-verbal behavior, appear as an act or omission, and persist within the context of a lifetime pattern of harm or occur for the first time in later life.

Notwithstanding its variability, the consequences of psychological abuse are frequently profound, undermining an individual's self-worth, disrupting their stability, and compromising wellbeing in later life.[1] [2] While research on psychological abuse is limited and developing,[3] this brief will provide a snapshot of recent literature.

Definition



Psychological abuse is the infliction of pain, distress, or suffering through verbal or non-verbal acts. It includes affirmative acts such as threats, intimidation, isolation, shame, disrespect, and harassment, as well as emotional withholding or coerced silence.[4] The phenomenon has been described as both the deliberate infliction of suffering and the failure to provide for an older person's needs and protect them from harm.[5] Resulting injuries can substantially impact the older person's psyche, medical health, and wellness.

Prevalence

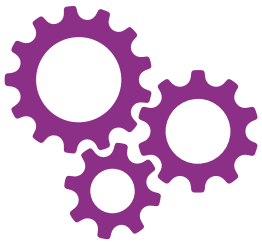
Psychological abuse is described as elusive because it can be difficult to detect and hard to prove.[6] Mistreatment often occurs in private, leaving no visible physical markers of harm. Underreports are common among victims who do not recognize the phenomenon as abuse, fear retaliation, or feel shame or dependency.[7] [8] Even so, psychological abuse is still widely considered to be the most common abuse type reported.[9] [10] Prevalence estimates of psychological abuse in the community range from 4% to approximately 38%, depending upon the study and setting.[11]



According to one meta-analysis of abuse in institutional settings, older facility residents reported a prevalence of 33.4%.[12] Notably, this form of abuse often co-occurs with other abuse subtypes.[13]

Mechanisms of Mistreatment

Psychological abuse may be implemented through overt mistreatment, passive-aggressive remarks, and omissions. Examples are provided below:



- Verbal threats, such as punishment, intimidation, and deprivation
- Demeaning, disrespectful, harassing, and bullying comments
- Coercive behavior and manipulation
- Ignoring or abandoning the person
- Isolating individuals from family, friends, or regular activities
- Inappropriately infringing on someone's privacy
- Infantilizing an older person
- Blaming an older adult for things they can't control
- Placing assistive devices out of reach [14] [15] [16]

Risk Factors



At the victim and perpetrator levels, certain risk factors may expose older adults to increased harm.

Victim

- Chronic illness
- Cognitive impairment
- Functional dependence
- Depression, anxiety, and distress
- Less educated
- Low socioeconomic status
- Women over 70 years old
- Social isolation and loneliness
- Urban living [17] [18]

Perpetrator

- Mental health conditions
- Substance use
- History of family violence
- Financial dependence on older adults
- Caregiver stress
- Social isolation [19] [20] [21]

Studies have found that partners, spouses, and sons were the most frequent perpetrators.

Marriage & Friendship



Psychological abuse is significantly associated with spousal relationships. Indeed, it is the most common form of intimate partner violence.[22] One partner uses insults and threats to control, isolate, or demean the other within a relationship marked by strain and exacerbating violence. Common signs of abuse include public or private humiliation, possessiveness, jealousy, provocation, property damage, and blame.

Vulnerabilities in elderhood, such as physiological changes, social isolation, chronic illness, and cognitive impairment, may make older adults more susceptible to psychological abuse and escalating harm. Accordingly, older people may be at greater risk of psychological abuse even within healthy relationships or lengthy marriages.[23]



Marital mistreatment can result in low self-esteem, stress, life dissatisfaction, sleep difficulty, health conditions, chronic illness, and related complications.[24]

Even friendships, which generally provide support and contribute to autonomy and emotional resilience in older age, if strained, can predict increased risk of physical and psychological mistreatment.[25]

Ageism

Ageism impacts the way we think (stereotypes), feel (prejudice), and act (discrimination) towards ourselves and others based on age. Ageist perceptions that render older adults invisible, infantile, unproductive, dependent, and burdensome foster a culture of disrespect and neglect that tolerates, even normalizes, the victimization of older adults.[26] These harmful attitudes can surface in the form of psychological abuse, impacting physical functioning, cognition, lifestyle, and healthy aging in later life. Ageist rhetoric can also be consumed and internalized by older people, threatening an older person's sense of self and efficacy.[27]

Consequences

Psychological mistreatment is associated with significant, enduring physical and mental health consequences, a high risk of morbidity and mortality, increased healthcare utilization, and decreased response to treatment. It can undermine relationships and erode a victim's sense of safety, security, autonomy, and wellbeing.[28] Additional impacts include:



- Stress responses such as rage, fear, nightmares, depression, suicidality, anxiety, sadness, hopelessness, guilt, and inadequacy
- Physical responses such as numbness, fatigue, physical pain, rapid heart rate and breathing, tight muscles, sleep problems
- Functional and medical responses such as increased cardiovascular risk, accentuated fragility, deteriorated neurocognitive function, chronic pathological deterioration, and higher dependency
- Thought responses such as paranoia and dissociation
- Behavioral responses such as agitation, social withdrawal, reactivity, violence, hypervigilance, and trauma [29] [30] [31] [32]
- Victims may experience learned helplessness, inhibiting them from seeking support.[33]

Psychological abuse can have a profound impact on older adults with cognitive impairment. Though they may not recall the abuse inflicted, older people with dementia may well remember how it made them feel, leading to withdrawal, depression, or fear of the offender.[34]

Interventions

Several interventions have been implemented, and others suggested, to prevent, detect, and respond to psychological abuse.[35]

- Adopt or develop sensitive and valid screening instruments such as the Older Adult Emotional Abuse Measure (OAEAM)[36] to identify patients who are at risk of, and experiencing, psychological abuse, and monitor at-risk geriatric patients for signs of abuse and polyvictimization.[37]
- Embed early and routine assessment of family relationship dynamics in practice to identify emotional ambivalence, dependency patterns, and longstanding conflict, enabling practitioners to better identify older adults who are vulnerable to mistreatment.
- Deliver trauma-informed, person-centered, and age-friendly care considering culture, background, and experiences.
- Provide support, services, and respite care for burdened caregivers to diffuse stressful and potentially harmful family dynamics.[38]
- Curate a multidisciplinary safety net and response system of community-based services, volunteer programs, and cross-sector coordination between healthcare, social work, and legal systems.
- Develop psychoeducation programs to equip healthcare providers, family members, and community caregivers with the skills to better support older adults. For example, through assessment and education, the Comprehensive Older Adult and Caregiver Help (COACH) program, which includes primary, secondary, and tertiary interventions, trains caregivers about risk and comprehensively identified care needs, care planning, and support to prevent and mitigate abuse.[39]
- Empower older adults through community engagement and strengthen friendships to reduce vulnerability and promote emotional resilience.[40]
- Educate families on behavioral interventions to change communication patterns, build emotional regulation, improve family functioning, and encourage empowerment in at-risk caregiver and couple dyads.[41] [42]
- Integrate cognitive reappraisal techniques into clinical interventions, such as emotion-focused therapy, to help victims enhance stress management capacity, improve psychological resilience, and mitigate the adverse effects of psychological distress. [43]

Endnotes

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This publication was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $1,000,000 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS or the U.S. Government. DOCUMENT: AUGUST 2026.