NCEA National Center on Elder Abuse

RESEARCH BRIEF

Social Isolation, Loneliness, and Elder Maltreatment

Social isolation and loneliness are pervasive public health issues that adversely impact the health and wellness of individuals across the life span. Social disconnection and associated distress can result in a multitude of harms including increased morbidity and mortality. Older adults, who experience age-related physical, cognitive, psychosocial, and financial deficits, are particularly susceptible to these conditions.[1] Social networks and opportunities for engagement erode in advanced age, and older people with fewer reserves and resources are less able to access opportunities for meaningful engagement. Both social isolation and loneliness have been identified by the World Health Organization as neglected social determinants of health in older age.[2] They are also significant risk factors and consequences of elder maltreatment.[3]

Key Points

- Social isolation and loneliness are well-established predictors of maltreatment.
- Social exclusion can lead to negative medical, mental health, and cognitive health outcomes that are independent risk factors of abuse.
- Social isolation and loneliness are social problems that require integrated interpersonal, societal, and systemic responses.
- Primary, secondary, and tertiary interventions may alleviate social isolation and loneliness and reduce the associated risk of abuse.

What is social connection and why does it matter?

Social connection refers to the quality, measure, and diversity of an individual's social network.[4] People are driven by a fundamental need to connect that is core to human survival.

Interpersonal relationships, community integration, and supportive structures impact individual and community health, wellbeing, and quality of life.

The depth and breadth of the social connection desired varies among individuals. Some older people may prefer less contact, while others seek or need greater connectivity, either in the quality or diversity of exchange. When there is a gap between an elder's preferred level of social connection and their present degree of social interaction or lack thereof, vulnerabilities can ensue, exposing older adults to a heightened risk of abuse.

What is social isolation and loneliness?

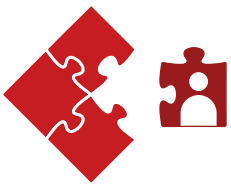
Social isolation is defined as "the objective state of having few social relationships or infrequent social contact with others."[5]

Loneliness is described as the subjective feeling of disconnection and distress that results from insufficient social relationships.[6]

Social isolation and loneliness are distinct constructs, though they are often conflated and the terms used interchangeably.[7] An individual may have numerous social connections, but still experience the subjective feeling of loneliness. Alternatively, someone may be alone but not feel lonely. Social isolation may be a risk factor for loneliness. Notwithstanding definitional distinctions, social isolation and loneliness are related and frequently co-occur.[8]

How prevalent are social isolation and loneliness among older adults?

Older adults experience the highest rates of social isolation as compared with other subpopulations.[9]



Approximately **25% of community-living older adults** aged 65 and older are socially isolated.[10]

50% of people aged 60 and over are at risk of social isolation.[11]

According to one study, **43% of those 60 or older** reported loneliness. Another study found that 19% of elders cited frequent loneliness and 29% felt occasional loneliness.[12]

At least **one-third of older people** will experience loneliness in later life.[13]

What are risk factors for social isolation and loneliness?

Older adults encounter many life changes that may increase vulnerability and expose them to an increased likelihood of experiencing social isolation and loneliness.

Age-related conditions may include chronic medical, mental health, and cognitive issues. Other compounding factors include retirement, the loss of loved ones, lack of social supports, living alone, poor socioeconomic status, and challenges with mobility and transportation.[14,15] Higher healthcare costs have also been deemed an associated risk factor.[16] Historical trauma, ongoing oppressions, and few accessible and available culturally responsive resources contribute to social disconnection and loneliness. Some have posited the adverse impact of broader societal changes as risk factors, such as decreased inter-generational living, family dispersal, geographical mobility, and disaggregated communities.[17]

Among older people, which characteristics and communities are at greater risk of experiencing social isolation and loneliness?

Though all older adults may experience some degree of social isolation and loneliness, underserved and vulnerable elders are at highest risk, among them minorities, immigrants, LGBTQ+ elders, and victims of elder maltreatment.[18]

- Lower income is associated with an increased risk of social isolation.
- One study reported that loneliness was 10% higher than those living in higher-income homes. Similar patterns have been observed for social isolation.[19]
- African American older adults with limited social and economic reserves have increased exposure to abuse and neglect.[20]
- Immigrant and refugee communities living in socially isolated conditions and subjected to disrespect are at higher risk.[21]
- Older adults who identify as LGBT are two times more likely to live alone, four times more likely to not have children, and are more likely to be estranged from biological family compared with married heterosexual counterparts who rely on family support as they age.[22]
- Though men and women experience loneliness across the lifespan proportionately, studies vary on the prevalence of loneliness among men and women, respectively, in older age.
- Older adults who have recently stopped driving are at greater risk of social isolation; those who have not driven in the past year have a two-fold increased risk of social isolation.[23]
- Elders with hearing loss or poorer visual acuity are more likely to become socially isolated, especially women.[24]

Highest risk older adults:

Minorities

Immigrants

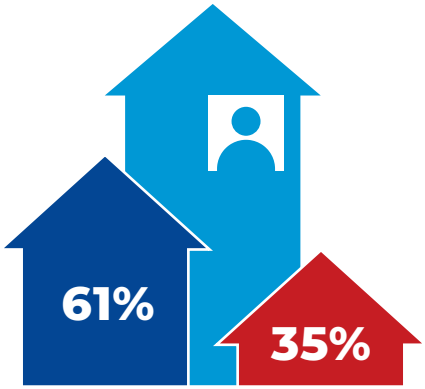
LGBTQ+ elders

Victims of elder maltreatment

What is the impact of social isolation and loneliness in long-term care settings?

Limited studies have addressed the prevalence of social isolation and loneliness in long-term care facilities. Of the research that has been conducted, few have included residents with dementia, a significant constituency within nursing homes. One study found that 61% of older facility residents may be moderately lonely and approximately 35% may be severely lonely.[25] Given the heterogeneity between studies, the findings are variable but nevertheless reflect the significance of social exclusion within care homes.

LTC residents:

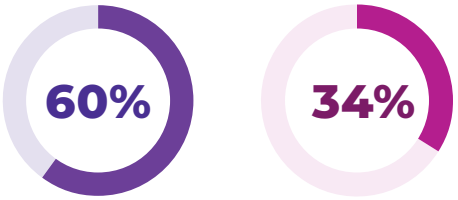


What is the nexus between social isolation, loneliness, and elder maltreatment?

Social isolation is a well-established predictor of elder maltreatment.[26,27] Similarly, loneliness and the lack of social support are risk factors for abuse. Limited social support is associated with over triple the likelihood that mistreatment would be reported.[28] In addition, abuse among isolated older adults is often undetected.[29]

Evidence suggests that emotional vulnerability attendant to loneliness may increase susceptibility to fraud and scams.[30] One study reported that nearly 60% of respondents who reported doorstep scams lived alone. Of those surveyed, 34% experienced recent bereavement.[31] Scammers may attempt to exploit elders by strategically contriving relationships within the emotional void experienced by elders who are lonely.

Victims of doorstep scams:



Isolation and loneliness are also common consequences of abuse, and have significant impacts as addressed in the following section. Older victims of abuse are more likely to feel isolated and lonely than older people who have not experienced elder abuse. They are less likely to report abuse and access supportive resources.[32]

Social disconnection may serve as a coping mechanism for older people in the aftermath of maltreatment, one that unwittingly compounds abuse-related adversity.[33]

Similarly, offenders who consider themselves socially isolated, lonely, and deprived of social supports are at higher risk for committing abuse.[34,35]

What are the impacts of social isolation, loneliness, and elder maltreatment?

As a precipitating risk factor and resulting harm of abuse, social isolation and loneliness are associated with greater morbidity and mortality, chronic medical conditions, cognitive decline, and mental health issues.[36]

One study reported a 29% increased risk of death for persons who are lonely and 26% increased risk of mortality for those who experienced social isolation.[37]

Evidence also links social isolation and loneliness with a 50% increased risk of developing dementia, and accelerated progression of cognitive decline in older adults.[38] Dementia is an independent and compounding risk factor associated with abuse.[39]

Studies have found associations between isolation and loneliness with diminished quality of life, harmful health-related behaviors, poor nutrition, decreased physical activity, and suicidality.[40]

Social connection is associated with health recovery and reduced healthcare utilization. Patients with limited social support who had been discharged from the hospital following heart attacks experienced increased mortality, hospital readmission, and subsequent infarctions.[41]

Limited social engagement may drive significant economic costs to individuals, communities, and society. Social isolation among older adults costs an estimated $6.7 billion in additional Medicare spending each year, primarily due to increased hospitalization and nursing home expenditures.[42]

Associated risks:

Morbidity and mortality

Chronic medical conditions

Cognitive decline

Mental health issues

How does Ageism cause social isolation and contribute to abuse?

Ageism is defined as prejudice, stereotyping, and discrimination on the basis of age.[43] Ageist attitudes towards older people often result in social rejection, exclusion, loneliness, and loss, all predictors and agitants of elder maltreatment.[44] On an interpersonal level, age prejudice contributes to the dehumanization and devaluation of older people.[45,46] At the societal level, ageist attitudes are embedded in practices, policies, and procedures that reinforce and perpetuate biases.[47]

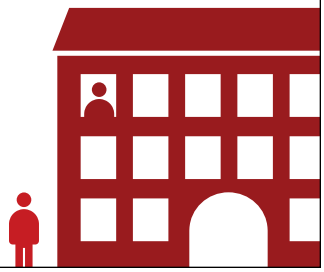
Ensuing social and emotional harms deprive older people of critical connections in elderhood, increase the felt experience of loneliness, and expose individuals to myriad negative health outcomes, and an increased risk of elder abuse.[48]

What was the impact of pandemic social distancing protocols?

The COVID-19 pandemic magnified the adverse impacts of social isolation and loneliness already prevalent among the older population.[49]

Though studies are rife with examples of societal harms, the most significant impact occurred within long-term care facilities. Restrictions on visitor and ombudsman access to nursing homes contributed to unprecedented social isolation and overwhelming loneliness for many vulnerable residents, with severe consequences. Social disconnection among nursing home residents was associated with accelerated mental and physical health decline.[50]

In the first six months of the pandemic lockdown, it is estimated that more than 40,000 nursing homes deaths were attributable to despair and the lost will to live experienced by residents, rather than the virus itself.[51] Socially isolated caregivers of older people also experienced heightened risk factors for abuse.[52]



What are some protective factors for social isolation and loneliness?

Social integration can be protective against isolation and loneliness and serve as a buffer to abuse.

As a prevention, supportive networks, mobility, exercise, and technological resources may be associated with reduced communal separation and resultant loneliness.[53] Familial connection, marriage/partnership, parenthood, and closeness with others in proximity can offer a sense of belonging. Similarly, community engagement, employment, and volunteerism can enhance meaning-making and reduce isolation in later life. Access to transportation can help facilitate social interaction and the attainment of needed resources. Education and awareness about the harmful medical and mental health impacts of social exclusion may also be protective for older people.[54]

In the aftermath of abuse, the presence of a supportive social network can help victims feel less isolated and lonely.

Social connections may promote help-seeking and attainment of vital emotional support. Socialization may also facilitate the development of new relationships and networks that can alleviate distress and enhance wellbeing.[55]

Interventions

Many interventions have been associated with a reduction in isolation and loneliness, but the efficacy of a proposed remedy is often person-specific and difficult to measure. An individual's subjective expectations of and experience with a particular intervention may impact its effectiveness. For example, socially prescribed interventions like book groups, exercise classes, or group therapy may reduce loneliness. In some instances, however, they may induce stress and social anxiety, or they may reduce loneliness but not serve to increase supportive networks. Given the subjective nature and perceptions of isolation and loneliness, person-centered, tailored, and context specific interventions are optimal.[56] More research is needed to affirm the benefits of these and other interventions.[57]

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Additional practice-based approaches may include:

- Engaging multidisciplinary professionals in efforts to screen and assess lonely and socially isolated older adults and address social isolation.[58]
- Enlisting health care professionals to detect, prevent, and decrease health adversities associated with social isolation and loneliness in older adults.[59]
- Strengthening primary care collaboration with multidisciplinary health and non-health care professionals to provide referral pathways to holistic community-based resources and continued follow-up for lonely and socially isolated older adults.[60]
- Addressing underlying conditions, such as sensory loss, cognitive impairment, insufficient mobility and exercise, and loss in later life, is essential to alleviate loneliness, and can be directed at specific populations.
- Addressing health inequities and social determinants of health that may lead to social disconnection.[61]
- Encouraging social engagement and identity within long-term care.[62]
- Vetting promising practices like animal therapy and multicomponent interventions.[63]
- Facilitating access to interventions through transportation or affordable options.[64]
- Designing targeted primary, secondary, and/or tertiary preventions that focus, respectively, on curating environments conducive to social interaction (primary), outreach and screening for individuals who have experienced recent losses or are otherwise at risk (secondary), and engaging isolated and lonely elders in counseling and programs that promote social exchange (tertiary).[65]

Resources

Eldercare Locator

Disability Information and Access Line

Commit to Connect

Loneliness and Social Isolation – Tips for Staying Connected (NIA)

National Resource Center on LGBTQ+ Aging

SAGE Connect

The National Caucus and Center on Black Aging

Friend to Friend America

Engaged – National Resource Center for Engaging Older Adults

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National Center on Elder Abuse

Keck School of Medicine of USC

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