

Department of Health & Human Services, Centers for Medicare & Medicaid Services

LTSS Research: Annotated Literature Review

Elder Abuse in Indian Country

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& Associates
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Executive Summary

Background

Elder abuse is a problem that knows no bounds. People from all walks of life face the potential harms brought by elder abuse—at both the individual and community level. For years, many assumed that elder abuse was not a problem in Indian Country because traditional beliefs that revere elders in Native communities would protect elders against the scourge of elder abuse. However, in the intervening time, evidence has shown that Native elders and communities are no safer from the ravages of elder abuse than any other community. In fact, it may be that elder abuse actually goes unreported more often in American Indian and Alaska Native (AI/AN) communities for a variety of reasons linked to culture and circumstance. Cultural reasons linked to elder abuse generally revolve around the complicated factors of fear, pride, shame, and the need to protect one's family. The circumstantial reasons are rooted in the history of Native communities and their relationship with the federal government.

AI/AN nations have a unique relationship with the federal government unlike any other population in the United States. Part of this relationship stems from treaties negotiated between sovereign Indian nations and the U.S. federal government. These treaties have established a unique government-to-government relationship, based upon the cession of millions of acres of land in exchange for certain promises, benefits, and reserved rights. These treaties have also helped secure the federal obligation to provide health services to AI/ANs. For example, the Snyder Act¹, authorized by Congress in 1921, provides health care access to Indian people throughout the United States. Thirty years later, the Transfer Act² established the Indian Health Service to carry out this responsibility, which includes addressing the health and safety needs of Native elders. As such, this obligation requires the federal government to work with tribal communities to protect elders from, and address wider issues of, elder abuse within the structure of this unique relationship.

Much of the news that comes out of Indian Country speaks to the different challenges that many Native communities face. The information regarding Native elder abuse is no different: it highlights such issues as a lack of long-term services and supports, rampant unemployment and little economic opportunities, drug and alcohol abuse, and poor caregiver support—all of which contribute to the problem of elder abuse in Indian Country. Many of these issues result from long-term structural inequalities with which Native communities have long struggled, but this does not mean that there are no glimmers of hope. AI/AN communities have shown incredible resilience with regard to the challenges they have faced both historically and presently. There is innovative and effective work being done to address the issue of elder abuse in AI/AN communities that deserves attention and support. However, before turning to these efforts to curb elder abuse in Indian Country, it is important to understand the underlying causes and issues that can lead to elder abuse.

¹ Public Law 67–85

² H.R. 303. Public Law 568



Causes of Abuse

It was long believed that elder abuse was not a problem for Native peoples based on the widely held belief across most, if not all, Native cultures that elders were to be honored and respected as knowledgeable keepers of culture (Baker, 2014; Elder Abuse Task Force, 2008; Graves et al., 2005; Hall & Weis, 2007; Hudson et al., 1998; Jackson & Sappier, 2005; Jervis & Fickenscher, 2010; National Indian Council on Aging, 2004; Smyer & Clark, 2011; White, 2004). Further adding to this perception was the interrelational family structure of care generally considered to be a cornerstone of many Native families. It is now widely accepted that elder abuse is a problem in Indian Country, and more often than not, the perpetrators of elder abuse are family members (Anetzberger, 1997; Baldrige & Brown, 2000; Baldrige, 2001; Barton, 2012; Bureau of Indian Affairs, 2013; Smyer & Clark, 2011; White 2004). Some have linked the rise in incidences of elder abuse among AI/ANs to the loss of traditional ways and beliefs and to the imposition of Western cultural values (Baldrige, 2001; Elder Abuse Task Force, 2008; Graves et al., 2005; Jervis et al., 2010; Segal et al., 2004; Smyer and Clark, 2011; White, 2004). The loss of traditional cultural values leads to a depreciation of elders, which then leads to greater occurrences of elder abuse.

Other issues that often contribute to elder abuse in communities in general, and in AI/AN communities specifically, include a lack of employment and economic opportunities and high rates of substance abuse. Many tribes and villages face issues in their communities, such as structural poverty. As the National Indian Council on Aging pointed out in their seminal work on elder abuse in Indian Country, “family economic situations and the level of dependency in intergenerational caregiving situations can be a risk factor for an abusive relationship” (2004, p. 8). This lack of economic opportunity in tribal communities often leads to greater financial interdependency within families; as a result, family members may take advantage of their elders by taking an elder’s money, by moving in with elders, or by overusing elders to provide care for the family member’s own children. Labeling these actions as forms of elder abuse can be difficult, as they fall within the types of strategies families employ to survive economic hardships. But when a family member forces an elder into these situations, it takes on the pall of abuse. The economic poverty faced by many AI/AN communities also contributes to high rates of substance abuse among elders and family members, which can further lead to elders experiencing abuse, such as self-neglect, or abuse at the hands of other family members (Anetzberger, 1997; Graves et al., 2005; Graves & LaCounte, n.d.; National Indian Council on Aging, 2004; Smyer & Clark, 2011; Wilke & Winton, 2005; Hall & Weis, 2007; Mercer, 1996; Segal et al., 2004; White, 2004).

The lack of long-term services and supports in Indian Country is another factor contributing to elder abuse rates in Native communities. With elder care provisions falling on family members, it is crucial that families have access to support in the form of respite care, home health services, and assisted living facilities (Baldrige, 2001; National Indian Council on Aging, 2004; Segal et al., 2004; Acimeo et al., 2010; Jervis et al., 2010; Dong, 2012; Davis, 2013; Gaugler, 2014). Serving as the sole caregivers for elders can take a financial and emotional toll on family members, leading to an increased likelihood of elder abuse. Furthermore, without the oversight of home visits through long-term service and support programs, abusive behavior may go unseen, unreported, and unaddressed for longer periods of time. Services, such as respite care and home health visits, can go a long way to providing more timely identification and reporting of abuse, as well as much needed relief to family caregivers.



Types of Abuse

Elder abuse takes many forms. The Administration on Community Living outlines six forms of abuse, as related to AI/AN communities:

- **Physical abuse:** an intoxicated son hits an elderly parent
- **Emotional abuse:** a drunk and mad relative enters an elder's home, yelling and scaring the elder
- **Neglect:** an elder complains of loneliness and being left alone
- **Sexual abuse:** an elder is "courted" by a young mother
- **Financial exploitation:** a family gambles away an elder's only income
- **Spiritual Abuse:** a family member takes an elder's regalia and personal items (Graves and LaCounte, n.d.)

The National Association of Adult Protective Services Administrators, in contrast, characterizes elder abuse more broadly:

- **Abuse** includes sexual assault, confinement, verbal, psychological, and physical abuse. Obvious symptoms are scratches, cuts, bruises, burns, and broken bones.
- **Neglect** or self-neglect may result in starvation; dehydration; over- or under-medication; unsanitary living conditions; or lack of heat, running water, electricity, medical care, and personal hygiene.
- **Exploitation** is the misuse of an elderly or disabled person's resources for personal or monetary benefit. This includes taking Social Security or Supplemental Security Income checks, abusing a joint checking account, or taking property and other resources (National Association of Adult Protective Services Administrators, 2001, p. 5).

The literature suggests that the most common forms of abuse experienced in Indian Country are neglect and financial exploitation. Neglect often covers both caregiver neglect and self-neglect, which is often linked to substance abuse issues among elders. Financial exploitation takes several forms and can range from a family moving in with an elder and taking advantage of their hospitality to blatantly stealing money from an elder.

Recommendations

The recommendations for addressing the problem of elder abuse in Indian Country include:

- increased efforts to improve education among tribal elders, community members, and service providers about what constitutes elder abuse and how to address or report it;
- more outreach within tribal communities to increase understanding and awareness of the issue;
- Better coordination of services for elders in order to provide more support and oversight of elder care and ensure continued training and supervision through home visits;
- more direct tribal involvement in elder abuse prevention through the creation of tribal codes that specifically address issues of elder abuse among tribal members;
- increased financial support of tribal initiatives to combat elder abuse and protect tribal elders;
- using tribal resolutions to establish and implement elder abuse policies and procedures;



- involving tribal courts and justice systems in addressing elder abuse and processing cases in a manner determined by the tribe;
- tribes creating memorandums of understanding with states to ensure proper procedures and outcomes for tribal members with regard to cultural sensitivity and legal rights; and
- tribes building relationships with state agencies to increase access to much needed resources and trainings available in their states and to ensure that they are accessing everything they are entitled to.

Finally, tribes need to look at ways to fund community-based long-term services and supports, either independently or through programs, such as the Centers for Medicare & Medicaid Services' Money Follows the Person Initiative, which help support families and elders through more robust care provision. By following through on some or all of these recommendations, tribes can work toward protecting all members of their community and stemming the harm and devastation brought by elder abuse in a way that respects their values, history, and sovereignty.



Elder Abuse in Indian Country: An Annotated Bibliography

Administration on Community Living. (n.d.). **Protecting American's Seniors: The Elder Abuse Prevention Interventions Program. Fact Sheet, Department of Health and Human Services. Retrieved March 18, 2015, from http://www.acl.gov/NewsRoom/Publications/docs/Protecting_Americas_Seniors-%20The_%20Elder_%20Abuse_%20Prevention_%20Interventions_%20Program.pdf**

This fact sheet highlights the Elder Abuse Prevention Interventions Program, funded by the Administration on Community Living, Department of Health and Human Services. The program aims to provide select state and tribal programs with grants to test elder abuse and prevention initiatives. It also carries out the Elder Justice Act, as part of the Affordable Care Act.

Tribal programs selected for the program include Tohono O'odham Nation, Poarch Band of Creek Indians, and Winnebago Tribe of Nebraska. The expected results are:

- development of a Multi-Disciplinary Team to address elder abuse in Indian Country;
- development and testing of culturally sensitive, evidence-based screening tools; and
- culturally sensitive train-the-trainer modules to improve skills on addressing and intervening with elder abuse issues.

The work of these programs will aid in reducing negative health impacts that result from abuse, which are important in developing "promising multidisciplinary models and strategies" (p. 1).



American Public Welfare Association. (1995). Addressing Elder Abuse with American Indian Tribes. pp. 1–16. National Center on Elder Abuse. Retrieved March 18, 2015, from <http://ncea.acl.gov/Resources/Publication/docs/telecon.pdf>

The National Center on Elder Abuse teleconference reports on experiences of Adult Protective Services (APS) representatives from various states who have worked with tribes to address elder abuse. The report provides perspectives mainly from Oklahoma and South Dakota on the common struggles and successful approaches APS representatives face when working with tribes. Representatives from other states join during the question and answer portion of the transcript.

The report starts with how APS representatives are working with tribes on elder abuse cases on Indian lands. The APS representative from Oklahoma describes some of the issues faced when APS intervenes for tribal elders. There are political and cultural implications around working with tribes to help reduce elder abuse. The APS representative notes the importance of coordinating and relationship building with tribes to better serve their elders. The APS representative from Oklahoma also discusses the jurisdictional issues between the state and tribes in elder abuse cases (p. 3).

The report also describes developing the Rosebud Sioux's elder abuse laws and procedures on their reservation in South Dakota. The APS representative from South Dakota began responding to elder abuse cases on tribal land. The APS representative provides several examples and offers instruction about creating a model elder abuse code. The representative also discussed the elderly protection team that includes social, medical, and legal professionals. Further, involving tribal elders ensures a culturally relevant approach when working together on elder abuse laws, procedures, and services.

Overall, representatives exchanged experiences and ideas that encourage cooperation when working with tribal communities. The representatives support tribal codes, honoring tribal sovereignty, encouraging tribes to reach out to APS for help create a plan to handle elder abuse and train tribal law enforcement to recognize elder abuse. The suggestions given by the APS representatives also support tribal elders and community leaders to help further educate and raise awareness about elder abuse.

The report provides a list of resources helpful for working with tribes on issues of elder abuse, which include:

- the American Indian Law Center's model elder abuse code,
- information on Public Law 280,
- the Navajo Peacemaker Court Manual,
- an article on traditional Navajo Peacemaker courts, and
- a paper on Elder abuse prevention on the Rosebud reservation.



Anetzberger, G. (1997). Elderly Adult Survivors of Family Violence: Implications for Clinical Practice. *Violence Against Women, 3*(5), pp. 499–514.

In this report, the author studies the impacts of family violence, of which, the report notes, affects women most. The author proposes two timeframes of family violence to distinguish the impact of family violence by the elder's age when the violence occurred: (1) impact of violence experienced earlier in life (age 59 and younger) and (2) impact of violence experienced later in life (age 60 and older) (p. 499). The report also discusses three types of influences that shape how elder abuse survivors identify abuse: generationally, individually, and culturally.

Survivors of family violence will experience specific physical, psychological, behavioral, and social effects. Individuals who experienced abuse earlier in life have chronic muscle tension, anxiety, substance abuse, and isolation, and the effects are long-term (p. 501). While individuals who experienced abuse later in life will experience sleep disturbances, denial, mental confusion, and withdrawal (p. 505). Certain variables shape the intensity of the effects of abuse no matter the age, such as an elder's relationship to the perpetrator, their age when the abuse occurred, and the dynamic of their family roles (p. 501).

A key difference between earlier and later stage survivors of family violence is the generational influence on identifying abuse (p. 502). The report explains the elderly have been "socialized to value family preservation" and will be tolerant of unsafe relations "in pursuit of family stability and cohesiveness" (p. 502). Age and generational influences dictate what actions are seen as abuse. For example, elders who grew up in the World War II era have different attitudes about life experiences and expectations than those growing up during the Internet boom. The report identifies this as peer personality (p. 503).

The report identifies individual influence as the second influence, further explaining that individual influence shapes the perception of abuse for survivors. Elders may tolerate abuse out of fear of losing family support, retaliation, dependency, or protectiveness of and for a perpetrator, especially if the person is a relative (p. 503). A physical inability to seek help and an acceptance of the abuse are other reasons for tolerance (p. 504).

The report suggests that culture is important to understanding family violence on elderly adults. Cultural perspectives influence how certain situations are viewed and the abuse involved (p. 506). Exemplifying how cultural perspectives influence views regarding abuse, the report offers the following example: "Navajo elders [are] distressed by caregiver neglect but not exploitation as usually defined in state elder abuse reporting laws because of the tradition of sharing worldly goods (p. 506)."

The author offers a conceptual framework to explain elder abuse survivor effects regarding abuse that occurred early or late in life (p. 507). She identifies generational, individual, and cultural influences as the contributing reasons an individual will attach to abuse. The meaning of abuse can vary depending on the nature of violence, the elder's relationship with the perpetrator, and the circumstances (p. 507). The effects fall under four categories: physical, psychological, behavioral, and social (p. 508). Application of this framework highlights how abuse survivors define the abuse experienced, major contributing causes, and its impacts.



Baker-Demaray, T. (2014, December 12). Elder Abuse in Indian Country: Breaking the Silence. *Native American Men Health*. Retrieved February 2, 2015, from <http://www.nativemenmag.com/elders.html>

The author retells elder abuse horror stories that are becoming all too familiar in Indian Country. A lack of hard evidence makes it difficult to find out the frequency of abuse. She points to the National Center on Elder Abuse's estimation that, for every case of elder abuse reported, 14 more cases are not reported. The author's article is helpful in explaining why there is widespread underreporting of elder abuse in Indian Country. First, she notes that elder abuse is difficult for many elders to report because of the shame associated with being an abuse victim. There is little in the way of tribal or community infrastructure to help elders get the support they need either legally or psychologically. Further, many elders are dependent upon their abusers for care and if abuse is reported there is fear of retaliation.

The author explains the different forms of abuse, providing examples of physical abuse, sexual abuse, emotional and psychological abuse, neglect, abandonment, and financial and material exploitation. She writes that:

Defining "elder abuse" is important because it gives lawmakers and caregivers a means to protect vulnerable adults. When someone knows what constitutes abuse, it is easier to recognize it, prevent it, and educate others about it (Recognizing Abuse, para. 2).

The issue in Indian Country is that, even as states have state mandates about elder abuse, tribes often do not. Drafting tribal codes and policies to deal with elder abuse is important, but, according to the author, in 2012 only 22 of the 560+ federally recognized tribes had codes in place to protect elders and adults from abuse.

People also need to step in when abuse is suspected. This can be difficult, as tribal communities place a high priority on privacy. Native culture also reveres elders. This value should be emphasized over privacy. The author suggests using an alternative term when talking about abuse: disrespect. This term may make talking about the subject easier. Further, she suggests caregivers take breaks through respite care or other means. Caregiving can be taxing emotionally, physically, and financially.



Baldrige, D. (2001). Indian Elders: Family Traditions in Crisis. *American Behavioral Scientist*, 44(9), pp. 1,515–1,527.

The author discusses the “poor health conditions and socioeconomic status” of many American Indian and Native American (AI/AN) elders (p. 1,516) and suggests that social changes occurring within tribal communities may play a role. He also notes a person reaches elder or older person status at age 55, which coincides with federal eligibility criteria for the Older Americans Act programs (p.1,516).

According to the 1990 Census, 12% of the Native American population are elders, and 62% are classified as urban (p. 1,517). Urban AI/ANs live off reservation land in rural towns or urban cities. This statistic indicates over half of the elder population do not have access to the Indian Health Services system (p. 1,517).

The author refers to assimilation as the social change that began shifting traditional tribal community norms, devaluing the roles elders have in tribal communities (p. 1,518). The author recognizes policies that contributed to eroding “traditional tribal decision-making procedures, consisting of deliberation, community consultation, and informal consensus building” (p. 1,520). Those include loss of tribal lands, the Dawes Act, the Indian Reorganization Act, and the Bureau of Indian Affairs’ boarding schools. For example, boarding schools “forced thousands of Indian children into denials of their cultural heritage, presumably to learn the manners and ways of the larger society” (p. 1,521).

Each policy period of AI/AN history shaped the current issues of elder AI/ANs in the “cycle of abuse” experienced by many AI/ANs and passed from generation to generation (p. 1,521). The author cites a report from 2000 confirming a national pattern that “most elder abuse is related to...elderly people being cared for on a daily basis at home by informal caregivers” (p. 1,521). The author also cites that elders do not often identify some types of abuse as abuse, like financial exploitation, because “giving money to family members in need [is] a cultural duty” (p. 1,522).

The author recognizes the solution to improving the health and socioeconomic conditions for elders will be multi-faceted. It will stretch across tribal, state, and federal governments, and topics—housing, nutrition, education, employment, transportation, and health (p. 1,525). The solutions are likely to come from tribal communities and the elders themselves (p. 1,525).



Baldrige, D., & Brown, A. (2000). Native American elder abuse. *Native American Topic-Specific Monograph Series*. The Center on Child Abuse and Neglect. Retrieved March 1, 2015, from <http://nicoa.org/wp-content/uploads/2014/05/Native-American-Elder-Abuse-Monograph.pdf>

The authors discuss the difficulty of using commonly accepted definitions of abuse. They define abuse as a criminal act involving an abuser and a victim. This view fails to take many factors into account. Most elder abuse among American Indian and Native Americans involves informal caregivers (usually family members) whose behavior is not always criminal in nature (p. 1).

The authors instead point to legislation passed by the Navajo Tribal Council that contains a more comprehensive definition of, and intervention for, elder abuse. The Diné Elder Protection Act (the Act) defends tribal elders (aged 55 years and older) from 11 types of elder abuse, ranging from assault to unreasonable confinement to family member of caregiver breach of fiduciary duty (p. 1). The Act also identifies groups responsible for protecting elders from abuse and specifies the expected response to abuse cases by Elder Protection Services. Under the Act, all tribal members have a duty to report any suspected cases of elder abuse or neglect (p. 2).

A survey conducted with Navajo elders found three types of signs related to the four main categories of abuse (neglect, verbal abuse, physical abuse, and exploitation):

- 1) Signs related to an elder's physical, mental, emotional, or financial condition
- 2) Signs related to a caregiver's physical, mental, emotional, or financial condition
- 3) Signs related to existing family problems (p. 2)

The researchers note, however, that awareness of elder abuse as an issue did not necessarily protect tribal elders from it. Preventing abuse requires more training, legislation, and program protocols to offer guidance on how to respond when faced with a case of elder abuse (p. 3).

Participants from the Navajo Indian Reservation survey overwhelmingly identified family members as those most likely to abuse elders— family members who are unemployed, live in poverty, or feel heavily burdened by caregiving duties (p. 3). Elders most likely to suffer from abuse are usually those who experienced a sudden need for dependent care or decline in mental capacity. In an interview, Navajo service providers reported that abuse victims are often older females who live only with their caregivers and are otherwise socially isolated (p. 3).

In the face of increased awareness of elder abuse, tribes recognize that they are primarily responsible for responding to the issue. The federal government's role is to provide funding to support tribal research and program development in this area (p. 4). The Navajo Nation; the University of New Mexico's American Indian Law Center, Inc.; and the Blackfeet Tribe have each undertaken efforts. These efforts show an increased awareness of and response to elder abuse in tribal communities (4).

The article ends with a brief discussion on the National Indian Council on Aging's role in addressing tribal elder abuse, including resources and conferences produced by the organization (p. 5).



Barton, R. (2012, April 16). Combating Elder Abuse in Indian Country. *Indian Country Today Media Network*. Retrieved December 12, 2014, from:

<http://indiancountrytodaymedianetwork.com/2012/04/16/combating-elder-abuse-indian-country>

According to U.S. Census Bureau estimates, by the year 2030 over 20% of the American population will be 65 years of age or older (para. 1). Among Native Americans, the percentage of elders will double during this same time period (para. 2). The author notes that, with a growing number of elders, there is a rising concern about the prevalence of elder abuse in Indian Country. Barton defines elder abuse as “physical and/or emotional abuse, financial exploitation or neglect (para. 4).” Many of these abuses are committed by family members; however, it is hard to pinpoint exact numbers in Indian Country because of underreporting incidences.

A recent study reported that 1 in 13 seniors experience some form of mistreatment in a 1-year period. Many victims experienced financial exploitation and physical abuse, often at the hands of family members (para. 3). Love for, or fear of, family members, as well as a fear of shame or isolation, keep many from reporting abuse. Because of this, some experts estimate that only 1 in 57 cases of elder abuse are reported (para. 4).

While statistics on other types of crime might lead to assumptions about elder abuse rates in tribal communities, research into the area is inconclusive. Reports by groups like the National Indian Council on Aging and the Administration on Aging blame the inconclusive findings on a lack of research and funding. This results in little progress in addressing elder abuse in Indian Country (para. 5).

Barton calls for tribal communities to lead the charge in prevention. He says tribes need to do the research themselves to realize how prevalent elder abuse is and to stop it. To combat elder abuse in tribal communities, Barton recommends:

- Improving elder abuse education and awareness among individuals who regularly interact with tribal elders;
- Training law enforcement to recognize and investigate cases of abuse;
- Reviewing tribal codes to make sure they include enough protection for elders and definitions of elder abuse as a crime;
- Establishing punishments for elder abuse or evaluating current punishments to decide if they effectively prevent crime;
- Providing elders with services that may prevent future abuse, such as legal and financial advice resources for retirement planning; and
- Prioritizing funds prevention and treatment of elder abuse at the tribal, state, and national leadership level (para. 5–6).



Buchwald, D., Tamita, S., Hartman, S., Furman, R., Dudden, M., & Manson, S. (2000). Physical Abuse of Urban Native Americans. *Journal of General Internal Medicine, 15*, pp. 562–564.

The authors identify that the rate of abuse reported among American Indians and Alaska Natives (AI/ANs) is low. However, they note that this may be a result of a lack of recognizing abuse by providers. Further, there is an assumption that elders are revered in AI/AN cultures. All of these reasons can mask any elder abuse that is occurring (p. 562). The article's authors reviewed 550 older AI/ANs' medical records to find out the frequency and risks of elder abuse and the physical mistreatment of elders.

The results of the study suggested that 10% of elders were definitely or probably physically abused, and female and younger elders were more likely to be abused (p. 563). The victims of abuse were characterized as having more alcohol use, current depression, histories of depression and suicide attempts, and health problems (p. 563). In 31% of the definite and probable physical abuse cases, a provider initiated action in the form of reporting abuse (p. 563). The authors suggest that, because of the low levels of provider-reported abuse cases, training clinicians to screen for and respond to mistreatment is important (p. 564).



Bureau of Indian Affairs. (2013). *Adult Protective Services Handbook*. United States Department of the Interior. Retrieved March 20, 2015, from <http://www.bia.gov/cs/groups/webteam/documents/document/idc1-026637.pdf>

The Bureau of Indian Affairs worked with various government agencies and groups to create an Adult Protective Services (APS) handbook with a tribal focus. The handbook has information about elder and vulnerable adult abuse, APS service locations, reporting procedures, and prevention methods.

The handbook begins by identifying several pieces of legislation that define and create the background of legal jurisdiction of crimes involving American Indians and Alaska Natives (pp. 2–3). The handbook notes APS is “statutorily authorized under tribal law and order as well as state laws to receive and investigate reports of elder abuse...as well as to protect the victims (p. 2).” Further, the handbook points to eligibility requirements for APS services in that individuals must meet the definition of Indian (25 CFR Section 20.100) and be age 55 and older.

The handbook continues by identifying basic services offered by APS, some of which includes:

- assisting abused, neglected, or exploited elders;
- looking into alleged abuse; and
- coordinating with law enforcement and tribal courts (pp. 6-7).

The handbook outlines symptoms and signs of abuse, some of which include: physical abuse, emotional abuse, financial abuse, and sexual abuse; environmental factors leading to abuse; and abuser traits (p.9). The handbook also includes examples of reported abuse incidents, patterns, and trends overtime provided by the National Indian Council on Aging. A few of the noted patterns of elder abuse include:

- An elder’s family members come to visit at the beginning of the month when the elder receives their social security check and take the elder’s money.
- Young children are left with elders who lack the strength or resources to provide care (p. 10).

Those required to report abuse, as defined by 18 U.S.C. Section 1169, include medical field professionals, social workers, law enforcement officers, psychologists, and case managers, among others (p. 13).

The handbook stresses, “in order to prevent elder abuse and disabled adult abuse, we must attempt to understand the causes of it” (p. 14). The handbook lists causes that contribute to abuse and ways to reduce the possibility of abuse on page 15. Restorative steps to approach justice for elder abuse victims and communities are peacemaker courts, family groups, sentencing circles, victim-offender mediation, and adult protective teams. The handbook defines each method on pages 16 through 17.

Finally, the handbook identifies and lists national resources, and agencies that address elder abuse. This includes contact information for tribally operated and county-operated APS programs by region (pp. 20-33).



Davis, J. (2013). Elder Abuse in American Indian and Alaska Native Communities. National Resource Center on Native American Aging for the National Indigenous Elder Justice Initiative. Retrieved March 18, 2015, from <http://www.nrcnaa.org/pdf/elder-abuse-in-native-communities-2013.pdf>

The National Resource Center on Native American Aging (NRCNAA) fact sheet describes the traditional reverence toward elders in tribal communities as “valuable resources to the tribe as custodians of tribal history, culture, tradition” (p. 1). The fact sheet notes significant elder abuse statistics, as reported by the Bureau of Justice Statistics in 1999, that of every 1,000 victims of violent crimes over the age of 50, 41.9 were American Indians. This was a higher rate than for Caucasians, African Americans, and Asians.

The fact sheet further reveals the results of NRCNAA’s Identifying Our Needs: A Survey of Elders IV, which pointed out:

- Less than 1% of elders use elder abuse prevention programs;
- 13% of elders would use elder abuse prevention programs if available; and
- Elders would use caregiver, personal care, transportation, and legal and financial assistance services if available, as 5.4% of elders use caregiver services, 2.8% use personal care, 9.1% use transportation services, 1.7% use legal assistance, and 2.7% use financial assistance.

The NRCNAA fact sheet points to the need for more research, strengthening tribal codes, and tribal programming as ways to “provide the necessary supports and protections for the elders in Indian Country” (p. 2).



Dong, X. (2012, October 4). Culture Diversity and Elder Abuse: Implications for Research, Education, and Policy. *Journal of the American Society on Aging*. Retrieved March 18, 2015, from: <http://www.asaging.org/blog/culture-diversity-and-elder-abuse-implications-research-education-and-policy>

The author notes the alarming prevalence and underreporting of elder abuse in the United States. He further recognizes that culture plays an important role in issues of elder abuse, and there are knowledge gaps where elder abuse and cultural beliefs meet in America.

The author calls for increased research of elder abuse across cultures in the United States. He further notes that challenges exist for research into minority communities. He suggests using community-based participatory research (CBPR) as a culturally sensitive model in exploring elder abuse in minority communities. He claims the CBPR “necessitates equal partnership between academic institutions with community organizations and key stakeholders to examine relevant issues.”

The author further cites the importance of culturally sensitive education and training for health care professionals, law enforcement, social services, Adult Protective Service agencies, communities, and caregivers. He suggests that federal programs provide funding to programs and organizations that help prevent elder abuse and assist those who suffer from it, and mandate elder abuse and culturally sensitive training across elder abuse-related fields. Training and resources that more closely reflect the cultural values of the population being addressed should be put into place locally.

The Elder Justice Act, alongside the Affordable Care Act, the Violence Against Women Act, the Elder Abuse Victims Act, and the Older Americans Act are important legislation that influences elder abuse and need funds to be effective.

Finally, the author claims that better definitions for “incident, risk/protective factors, and consequences of elder abuse in diverse racial and ethnic populations” at local, state, and federal levels is a major need.



Elder Abuse Task Force. (2008). Using Your Tribal Values to Develop Elder Protection Code: A Step-by-Step Guide for Communities (2nd ed.). University of New Mexico. Retrieved March 18, 2015, from <http://lawschool.unm.edu/tlj/volumes/vol8/8TLJ-Elder%20Protection%20Code.pdf>

The Elder Abuse Task Force (the Task Force) has created a workbook to help tribal communities combat elder abuse. Recognition, dialogue, tribal codes, and law are discussed in the workbook. The Task Force encourages tribal communities to draw on traditional beliefs and teachings to inform how communities should move forward (p. 5). Specifically they ask tribal communities to remember the revered position of elders as keepers of knowledge and respected members of the tribe.

The Elder Abuse Task Force takes the position that staying true to the roots of Native culture will provide a clearer way forward in modern times (p. 7). They call for an approach set in Native culture, but may borrow from non-Native ideas that prove helpful. Their primary approach is based on “traditional core values” that incorporate Native traditions to make their approach more acceptable to Native communities, rather than relying on western methods (p. 7). The Task Force notes, “the law presents a unique opportunity for integrating [Native traditions and modern] thinking into daily community life” (p. 9).

The Task Force defines six forms of elder abuse: physical abuse, emotional and mental abuse, exploitation, neglect, self-neglect, and sexual abuse. The report provides an example of six different forms of abuse. The Task Force further lays out eight steps to design a protocol for how tribes may handle cases of elder abuse (p. 17):

- Step 1:** Obtaining the support of the tribal government
- Step 2:** Establishing a working group
- Step 3:** Gathering or collecting information
- Step 4:** Identifying tribal values
- Step 5:** Writing the tribal code
- Step 6:** Obtaining final approval
- Step 7:** Implementing the code
- Step 8:** Developing protocol for addressing elder abuse

The Task Force provides guiding questions and thoughts about how groups might think about or approach each step. Each step ensures that communities first draw on their Native traditions and beliefs to create an approach to elder abuse. Further, the Task Force notes that codes need maintenance and revision overtime to ensure effectiveness. Other recommendations include continuing education and setting up tribal protocols around elder abuse.



Graves, K., Shavings, L., Rose, E., Smith, S., Easley, C., & Kanaqlak. (2005). *Alaska Native Elders and Abuse: Creating Harmony by Voicing Traditions of Listening*. University of Alaska Anchorage, National Resource Center for American Indian, Alaska Native, and Native Hawaiian Elders.

The National Resource Center for American Indian, Alaska Native, and Native Hawaiian Elders is a program based at the University of Alaska Anchorage that publishes a qualitative report about the year's work. In 2005, the program released its second report. The study in this report interviewed 15 Alaska Native elders about the roles of elders in their communities, elder abuse, and how best to address elder abuse.

The overall ideas drawn from the interviews about elder abuse are as follows:

- oral tradition aligns with respect and disrespect of Alaska Native elders;
- oral tradition is still relevant in today's tribal communities;
- the "cycle of respect has been broken," leading to an increase of disrespect toward elders (p. 6); and
- culturally sensitive approaches to address elder abuse do exist (p. 6).

Oral tradition and respect connect as the "multifaceted core set of behaviors, beliefs, and concepts...fundamentally interlinked with the development of respect and disrespect of Alaska Native[s]" (p. 14). Teaching the youth cultural ways, like oral traditions, are becoming less common in tribal communities and, often, historical trauma and its effects root to this phenomenon (p. 15).

Disrespect of elders is present when an imbalance occurs in the relationship between oneself, others, and the natural world (p. 20). Discussing elder abuse is difficult among elderly Alaska Natives (p. 20). Some of the types of elder abuse identified by project participants include emotional abuse, verbal abuse, elders overburdened with caring for youth, physical violence, substance abuse, and financial exploitation (pp. 20–24).

The authors suggest increased elder abuse links to the disrupted cycle of respect, the impacts of which echo throughout communities' traditional structures, languages, spiritual beliefs, and values (p. 25). Historical trauma, acculturation, and present-day trauma are cited as causes for the disrupted cycle of respect (p. 24). The report recommends the following culturally sensitive research and interview methods:

- explore positive aspects of Alaska Native culture and traditions,
- stay positive during the work,
- listen more and speak less,
- do not rush time spent with Alaska Native elders, and
- respect Native protocols (pp. 28–30).



Graves, M., & LaCounte, C. (n.d.). Elder Abuse presentation. Administration for Community Living. Retrieved March 22, 2015, from <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Webinar-Archive-Documents/LTSS-Elder-Abuse-Webinar.pdf>

The presentation discusses elder abuse by defining elder abuse and pointing to the different types of abuse, causes of abuse, ways to identify abuse, and national resources for combatting elder abuse.

The National Center on Elder Abuse defines elder abuse as “any knowing, intentional, or negligent act by a caregiver, or any other person that causes harm or a serious risk of harm to a vulnerable adult” (p. 3). The types of elder abuse include physical, sexual, emotional, neglectful, and spiritual abuse; financial exploitation; and self-neglect. Examples identified in the presentation include:

- **Physical abuse:** a drunk son hits an elderly parent (p. 5)
- **Emotional abuse:** drunk or mad relatives enter an elder’s home, yelling and scaring the elder (pp. 6–7)
- **Neglect:** an elder complains of loneliness and being left alone (p. 8)
- **Sexual abuse:** an elder is “courted” by a young mother (p. 9)
- **Financial exploitation:** a family gambles away an elder’s only income (pp. 10–11)
- **Spiritual Abuse:** a family member takes an elder’s regalia and personal items (p. 12)

The presentation lists possible reasons that lead to abuse. For instance, an elder may have a “trusting nature, perceived to be easy to fool, have steady income,” and be isolated (p. 14). Potential abusers may have mental health issues, substance abuse problems, or stress (p. 16).

Graves and LaCounte state that elder abuse screenings should occur during intake and be a best practice for all providers. These screenings will normalize discussing a difficult topic and increase the possibility of identifying and stopping abuse in the early stages. The authors’ recommendations to address elder abuse in Indian Country include:

- joining the National Indian Elder Justice Initiative and the National Council on Elder Abuse,
- working with tribal governments to set up tribal elder abuse codes,
- sharing information about elder abuse to increase awareness,
- helping to identify elder abuse within the local community, and
- supporting community elder abuse prevention and awareness initiatives.



Hall, G., & Weis, B. (2007). Elder Abuse. *Elder Care: A Resource for Interprofessional Providers*, 1(7). Retrieved March 9, 2015, from http://aging.arizona.edu/sites/default/files/elder_abuse.pdf

Even though cultural norms stress respect for elders as a basic value, elder abuse has become one of the most frequently cited concerns of older adults living on tribal lands. Native American elders experience a rate of abuse nearly twice that of the general population (17% versus 2 to 10%) (p. 1). The authors describe four different types of elder abuse (listed below in order of reported incidence):

- 1) Neglect (failure to meet an elder person's basic needs, such as bathroom assistance, dressing, medical care, etc.)
- 2) Material exploitation (misuse of an elder's property or money to benefit individuals other than the elderly person)
- 3) Psychological or emotional mistreatment (causing emotional pain or injury through humiliation or intimidation)
- 4) Physical abuse (including both physical assault and sexual abuse) (p. 2).

Various attributes place elderly people at greater risks for abuse, including:

- Age (75 years and older)
- Physical health (frail or has dementia)
- Gender (women are typically at a higher risk than men)
- Living situation (living alone places one at a greater risk for financial exploitation, while shared living situations leave greater chance for physical or psychological abuse)
- Poverty (including caregiver unemployment)
- Caregiver history of drug or alcohol abuse, mental illness, or domestic violence (p. 1)

The US Preventive Services Task Force lacks evidence to recommend for or against elder abuse screening. The authors outline certain clinical and physical signs that should alert providers to possible cases. Providers should carefully document any injuries or other signs of abuse, taking photographs and making detailed progress notes as appropriate. In such instances, providers should notify social service departments and law enforcement of suspected cases of physical abuse (p. 2).

Tribal laws and procedures for reporting and responding to elder abuse vary. For example, some tribes work with state and county adult protective services, while others handle cases internally according to tribal codes and statutes. Providers working with tribal communities must have a thorough understanding of the laws and procedures for their particular region (p. 2).



Holkup, P., Salois, E., Tripp-Reimer, T., & Weinert, C. (2007). Drawing on wisdom from the past: An elder abuse intervention with tribal communities. *The Gerontologist*, 47(2), pp. 248–254.

This article reviews a community-based elder abuse prevention program that uses a family-centered approach to focus on elder well-being and safety: the Family Care Conference (FCC). The FCC believes that effective and culturally sensitive services for tribal elders must also engage the family and the wider tribal community (p. 249). Researchers based the program on a family group intervention originally created by the Maori people of New Zealand who worried that typical Western European solutions to child welfare issues weakened families and traditional Maori values. The FCC provides a similar alternative approach using mediation and decision-making to address an elder's welfare. This includes family members, community members chosen by the family, spiritual leaders, and relevant health and social service providers (p. 250).

The FCC consists of six stages:

- 1) Referral (pp. 250–251): The FCC makes first contact with the family within 3 to 5 days of receiving the referral. The agent also tells the person who made the referral, confidentially, that the family received contact.
- 2) Screening (p. 251): If an FCC intervention is inappropriate (for example, there is a high potential for violence), the referral passes on to the Elder Protection Program for another review and action.
- 3) Engaging the Family (p. 251): The FCC agent contacts and invites family members and family-approved service providers to take part in a face-to-face discussion.
- 4) Logistical Preparation (pp. 251–252): After contacting family members and seeking providers and community members, the agent arranges an agreed-upon meeting time and location.
- 5) Family Meeting (p. 252): Family meetings, the most involved stage, creates a place of trust by explaining the FCC process and asking for family input during the discussion. All of the discussions and steps are noted on a flipchart so everyone involved can refer pre-determined rules for behavior, raise concerns, and create a family plan. The agent records the plan and reviews it with the family members.
- 6) Follow Up (pp. 252–253): Follow-up activities depend largely on the needs and desires of the family. These activities may include additional meetings to discuss the plan and its progress, or a new family meeting entirely.

It is worth noting that family in the FCC context can include individuals not related by blood (p. 253). Because FCC emphasizes family and community strengths over disease or pathology, it provides an individual and culturally sensitive way to identify concerns and solutions to address elders' needs.



Hudson, M., Armachain, W., Beasley, C., & Carlson, J. (1998). Elder abuse: Two Native American views. *The Gerontologist*, 38(5), pp. 538–548.

Past research into elder abuse causes, frequency, and prevention has failed to provide information specific to minority racial and cultural groups. However, cultural values and standards play an important role in defining and identifying abuse and neglect. Variations in these social standards deserve a closer look at how different cultures perceive and understand elder abuse to ensure that interventions are sensitive for the population they mean to serve (p. 538).

The authors of this article conducted a series of interviews with members of two tribes located in North Carolina to find out how tribal members perceive the meaning of elder abuse. The authors also compared these perceptions with other racial groups to identify and explain any significant differences between group responses.

The authors note that, despite basic cultural beliefs that value respect for elders, recent population changes could put Native elders at risk for abuse. These changes include an increase in poverty and poor health and weakening kinship systems. The authors cite findings from a previous study (p. 539) where tribal members felt elder abuse and neglect signaled problems within the wider community, such as high unemployment or drug use, rather than a single individual or family.

The authors created two survey instruments for conducting their interviews: The Elder Abuse Vignette Scale and the Elements of Elder Abuse Scale (p. 540). They conducted interviews with 944 individuals between the two tribes. Individuals interviewed ranged in age from 40 to 93 years (p. 541). The authors noted three significant findings from these interviews (pp. 546–547):

- 1) Interview respondents identified most of the items on the survey instruments as examples of elder abuse.
- 2) Most respondents said that cases of elder abuse need professional help.
- 3) Most respondents felt that it was possible to define elder abuse as a one-time abusive act. This differs from previous studies where abuse was limited to younger family members mistreating elders or to frequent abusive acts.

Last, the authors state that identifying and addressing elder abuse in tribal communities must be culturally sensitive. Those who work with tribal members must understand how the community and tribal members define abuse (p. 547). Much more research into the how Native communities define abuse is needed to plan and create sensitive education and intervention strategies (p. 548).



Jackson, Y., & Sappier, T. (2005). *Elder abuse issues in Indian Country*. Office for American Indian, Alaska Native, and Native Hawaiian Programs. Washington, DC: Administration on Aging. Retrieved March 18, 2015, from http://ncea.acl.gov/Resources/Publication/docs/Elder_Abuse_issues_in_Indian_Country_June2005.pdf

While tradition normally grants American Indian and Alaska Native (AI/AN) elders a status of honor and respect in tribal communities, many elders now face an increasing risk for abuse and neglect (p. 1). The size of the problem remains unknown as no national surveys looking into types and prevalence have yet occurred. Similarly, little understanding of causes, results, and effective interventions exist (p. 2). According to the 1998 National Elder Abuse Incidence study, almost half a million elders experienced some form of abuse or neglect. In addition, it estimated that, for every five cases of reported abuse, five more went unreported (p. 2).

This report looks at the results of efforts by the Administration on Aging (AoA), an agency of the U.S. Department of Health and Human Service. AoA collected information about views of elder abuse issues in Indian Country. In 2004, the AoA reviewed publicly available tribal elder abuse codes based on the results of an Elder Abuse Information Questionnaire they sent out to tribal judges, Title VI program directors, and tribal elders (p. 7).

The review of 22 different tribal elder abuse codes revealed variations in defining elder abuse. For example, some codes did not include sexual abuse as a type of elder abuse. A few codes included more definitions, such as preventing elders from exercising their rights as grandparents or making unreasonable impositions on an elder person's time (p. 11). Definitions vary by respondent group:

- tribal judges' definitions seemed more legal in nature,
- program directors described types of services elder might receive, and
- tribal elders framed definitions of abuse by everyday life experiences, like being included in gatherings or able to voice concerns to the community (p. 11).

When asked to provide examples of elder abuse, similar differences appeared. None of the elders provided an example of physical abuse. Judges and program directors' examples of emotional abuse included threats of physical abuse; tribal elders' examples referred to their roles in the family and their treatment as valued or respected family members (p. 11). When asked to identify current issues of elder abuse in tribal communities, all three groups named exploitation, neglect, and physical abuse.

Elders identified babysitting (including financial support of grandchildren) as exploitation more often than judges or program directors (p. 13). Questions about elder protection codes revealed variations among tribes in specifically addressing abuse and procedures for reporting and processing of cases and prosecuting abusers (pp. 13–15). All three groups agreed on the need for more community awareness, education, and training on elder abuse, with tribal judges providing added descriptions of plans for abuse prevention and intervention strategies (pp. 16–18).

The report finishes with a summary of suggestions for AoA support in combating elder abuse in tribal communities. Suggestions include developing training and educational materials, increasing funding, supporting tribal leaders, and supporting tribes in identifying problems on local and national levels (pp. 18).



Jervis, L., Boland, M., & Fickenscher, A. (2010). American Indian family caregivers' experiences with helping elders. *The Journal of Cross-Cultural Gerontology*, 25(4), pp. 355–369.

In this article, the authors look at both the positive and negative aspects of providing care to elder family members in American Indian communities. Past research into caregiving usually focuses on the negative burden. Recently, however, studies have instead looked into the positive, rewarding aspects of caregiving. Culture plays a large role in the view and appearance of these aspects—positive and negative (p. 356). Few studies look at caregiving among American Indians as a population, and most focus on Southwest tribes (p. 357).

The study presented in this article shifts focus from the Southwest to American Indian caregivers in a reservation located in the rural northern plains (p. 357). Many of the families (46%) live below the poverty line and, while the reservation housed an Indian Health Service hospital and tribally operated nursing home, no home health services were available to the community. Researchers conducted two interviews with 19 mostly female family members who provided caregiving services to an elder family member (p. 358). Family members reported low levels of burden and high levels of positive aspects of caregiving, such as feeling needed and a greater appreciation of life (pp. 361–362; pp. 364–365). Most also received help from other family members when providing care to elders (p. 361).

The authors note that these results rest in a larger cultural context that values respect for elders, which includes providing care as needed (p. 361). Most interview participants noted the tribe had lost significant belief in this value because of culture loss, poverty, and alcohol abuse (p. 362). Most caregivers believed that elders should receive care at home rather than in a nursing home. Caregiving was viewed as a way to give back to elders and to justify future receipt of caregiving services themselves (p. 363). Respondents reported little burden or difficulty providing caregiving, and instead found enjoyment in it (p. 364). Researchers credited this to the physical closeness of Indian families, a lack of interests or competing tasks for a caregiver's time and attention, and sharing responsibilities with other family members (pp. 363–364).

The authors point out that the small sample size (19 participants, all self-defined as family members) and population source (one tribe) limit the study. However, the positive findings on caregiving aspects lead the authors to question if these experiences are unique to American Indians.



Jervis, L., Fickenscher, A., Beals, J., & the Shielding American Indian Elders Project Team. (2014). Assessment of elder mistreatment in two American Indian samples: Psychometric characteristics of the HEAST and the Native elder life-financial exploitation and neglect measures. *Journal of Applied Gerontology*, 33(3), pp. 336–356.

The authors in this article describe the Shielding American Indian Elders (SAIE) Project, one of the first quantitative studies on measures of elder abuse among American Indians (p. 351). The SAIE tried to improve researchers' measurements of mistreatment of Native elders. The study looked at three specific questions:

- 1) How an existing survey tool—the Hwalek-Sengstock Elder Abuse Screening Test (HS-EAST)—performed when used with American Indian elders from a Northern Plains reservation and the urban South Central region of the United States;
- 2) How a new, more culturally sensitive tool developed by the authors—the Native Elder Life Scale (NELS)—performed when looking for financial exploitation and neglect of tribal elders; and
- 3) How to use the HS-EAST and NELS to measure the health-related quality of life of tribal elders (p. 337).

The HS-EAST remains one of the few tools that researchers can use to measure elder abuse (p. 349). The authors felt it did not fully assess the financial exploitation and neglect experienced in rural and urban Native communities (p. 337). As a result, the authors created the NELS, made up of two parts: the NELS-Financial Exploitation (NELS-FE) and the NELS-Neglect (p. 341).

After interviewing 100 Native elders age 60 years and older, the researchers found that Northern Plains respondents showed a higher risk for abuse than the South Central region when responding to the HS-EAST (p. 343). Results also showed an association between a higher physical health-related quality of life with current employment. Higher measures of mental health-related quality of life related strongly with speaking the tribal language (p. 348).

Meanwhile, the NELS shows promise as a measure of mental health-related quality of life among older American Indian populations, but less so as a measure of physical health-related quality of life (p. 351).

Differences between the two sample groups appeared less common when using the NELS-FE and NEL-Neglect scales (p. 352).

Differences from the HS-EAST scale's use may result from contrasts between groups interviewed: Northern Plains participants came from a senior center on the reservation and almost a third reported living with children under the age of 18 years. Respondents from the South Central region sample came to the study from a Protestant Indian church and few reported living with or raising children. Researchers suggested that these reasons could affect the study participants' risk for abuse (p. 353). The authors conclude that more research, with larger sample sizes in a greater number of study sites, needs to take place to further explore accurate uses of these surveys to measure elder abuse with different groups.



National Association of Adult Protective Services Administrators. (2001). *Elder Abuse Awareness Kit: A Resource Kit for Protecting Older People and People with Disabilities*. National Center on Elder Abuse. Retrieved March 18, 2015, from <http://www.napsa-now.org/wp-content/uploads/2012/09/speakers.pdf>

The Elder Abuse Awareness Kit is to be used by communities to address the needs of the community. The first section of the kit explains Adult Protective Services (APS) and how APS responds to complaints of possible elder abuse. The section walks through the APS process from the initial report, through the investigation, to the results confirming maltreatment. The process also makes clear that “competent” adults have the right to refuse APS services.

The kit lays out definitions for physical abuse, sexual abuse, emotional and psychological abuse, neglect, and exploitation (generally financial). Broadly, APS defines the three categories of elder maltreatment as follows:

- **Abuse** includes sexual assault; confinement; and verbal, psychological, and physical abuse. Obvious symptoms are scratches, cuts, bruises, burns, and broken bones.
- **Neglect** or self-neglect may result in starvation, dehydration, over- or under-medication, and unsanitary living conditions, or a lack of heat, running water, electricity, medical care, and personal hygiene.
- **Exploitation** is misusing the resources of an elderly or disabled person for personal or monetary benefit. This includes taking Social Security checks, abusing a joint checking account, and taking property and other resources (p. 5).

The kit provides signs of abuse (pp. 6–7); facts and figures about abuse rates (pp. 8–9); information on issues that vulnerable adults face from medical, social, and financial matters (pp. 10–24). The kit further includes a publicity section with ideas about how to raise awareness via the media, including sample press releases and generic public service announcements and presentation tips (pp. 25–33). The caregiver section offers guidance to help prepare them for caring for an elder (pp. 34–36). The last section lists national and state organizations that address elder issues around the country (pp. 37–39), and videos and films on elder abuse (pp. 40–43).

The kit is not specific to American Indians or Alaska Natives, though it can be adapted to be culturally sensitive and community-specific.



National Center on Elder Abuse. (2007). *Communities make a difference: Local elder abuse coalitions at work. Promising Practices Issues Brief: Elder Abuse Coalitions, Washington, DC.*

As part of its Local Elder Abuse Prevention Network Development Initiative to support the leadership efforts of the Area Agency on Aging, the National Center on Elder Abuse conducted a survey that looked at different approaches to forming collaborative partnerships to address elder abuse (p. 1). Participants from local elder abuse coalitions in 19 states and 1 tribal reservation provided responses (p. 1). Survey participants felt that a successful coalition stemmed from a combination of different factors, such as:

- A strong and resourceful lead agency
- A strong commitment to the coalition's mission
- Clearly defined responsibility and accountability
- Inclusive membership, with a solid core membership base
- Clear, formalized procedures and protocols
- Collaborative decision-making with partners
- Openly shared ideas and plans
- Common vision and goals
- Culturally sensitive outreach (p. 1)

The authors describe several examples of the types of activities undertaken by successful local abuse networks, such as:

- support for elder abuse victims in Texas, Arizona, and New York;
- state legislative advocacy in Kansas; and
- education and public awareness in Pennsylvania, Tennessee, Iowa, and California (p. 2).

By combining resources and uniting partners in a common cause, local elder abuse prevention coalitions can bring about real community change. Examples from California, New York, and Oregon all highlight the potential for these coalitions to prevent and intervene in cases of elder abuse (p. 3). As the national population ages and the risk for elder abuse increases, these collaborations will become increasingly important in keeping elders safe from harm.



National Congress of American Indians. (2006). *Developing a Comprehensive Tribal Response to Elder Abuse*. The National Congress of American Indians Resolution #SAC-06-073, Washington, DC.

The National Congress of American Indians (NCAI) resolution supports developing comprehensive tribal responses to elder abuse. The resolution notes the growth of the elder population and the likelihood that this growth will lead to higher rates of elder abuse. NCAI defines abuse as including “both criminal and non-criminal acts of physical abuse, sexual abuse, emotional abuse, financial exploitation, neglect, abandonment, and self-neglect”(p. 1).

The resolution asks that community members and professionals interacting with elders in their daily lives keep an eye out for signs of abuse. They further encourage reporting possible elder abuse to the appropriate organization, such as Adult Protective Services or law enforcement (p. 2). The NCAI resolution further addresses the fact that there is still a dearth of work on addressing elder abuse in tribal communities. It also recognizes that tribal agencies and courts are beginning work to educate their communities about elder abuse and ways to identify, address, and prevent it from occurring (p. 2).

The resolution drafted and adopted by NCAI essentially seeks to take a stance on recognizing elder abuse as a problem for Indian Country. Solutions include increased education about, recognition of, and service provision for victims and perpetrators (p. 2).

NCAI believes tribes should work to address issues of elder abuse internally by recognizing abuse of elders as an issue that tribal communities face. Tribes should seek to address the issues of elder abuse through collaboration with local and federal agencies and organizations. This includes provide training to families and supporting needed services for victims and those committing the abuse.



National Indian Council on Aging. (2004). *A Review of the Literature—Elder Abuse in Indian Country: Research, Policy, and Practice*. Washington, DC: National Center on Elder Abuse. Retrieved January 8, 2015, from <http://ncea.acl.gov/Resources/Publication/docs/litreview040707.pdf>

The report by the National Indian Council on Aging (NICOA) is divided into three parts:

- 1) Research on elder abuse
- 2) Programs to prevent elder abuse
- 3) Continued work to prevent elder abuse

Overall, the report serves as a useful compilation of information on elder abuse in Indian Country up to 2004.

In Part 1, NICOA notes there is a need for more research on the topic of elder abuse in Indian Country, as only three of 566 federally recognized tribes have been studied (p. 1). One of the issues around studying American Indians and Alaska Natives (AI/ANs) is the small sample size that researchers usually have to work with. Further, application of research findings across all AI/ANs is not sensitive to the varying Native populations (p. 2). Research conducted among Native communities has focused on several different areas, including:

- how Navajo seniors experience abuse,
- how neglect and caregiving link in abuse cases (p. 2),
- how poverty and isolation contribute to abuse (p. 3),
- how urban Indians experience abuse (p. 4), and
- how tribal members define and make sense of abuse (pp. 6–7).

Current research often focuses on causes and risk factors of elder abuse. For instance, a family's economic status and dependency on intergenerational caregiving can be a risk factor of abuse (p. 8). Gender is a factor, as women are more likely to be abused than men (p. 9). Mental health and substance abuse problems often play important roles in elder abuse (p. 9). Further, social and historic changes in Indian Country are factors, as this has left many living in the margins and struggling to preserve their culture and livelihoods (pp. 9–10).

The NICOA report also focuses on the strengths of AI/AN cultures to combat elder abuse (pp. 10–11). Native communities' spiritual beliefs of community cohesion and harmony may serve as a way to combat elder abuse. Other traditional beliefs relate to community interconnectedness and group conflict resolution. Additionally, strong family ties and respect for elders are important factors in, and can serve as a building block to prevent, elder abuse.

The report outlines ways to prevent elder abuse in Indian Country, and provides information on policy initiatives that aim to combat the issue through different meetings and projects. The report provides examples of work tribes are doing. This includes tribal codes (pp. 13–14); the Bureau of Indian Affairs (p. 15); Adult Protective Services (p. 15); tribal, state, and federal courts (pp. 15–18); various domestic violence programs; and the Indian Health Service (p. 18). Victim witness assistance programs also support tribal initiatives to combat elder abuse (p. 19).

Part 3 of the NICOA report discusses areas of training and education for communities (pp. 19–20). The report points to the need for more research. There is also a need to know more about how programs are funded, jurisdictional issues, culturally sensitive programs, the reach of elder abuse, and tribal strengths (pp. 20–24).



National Indian Council on Aging. (2004). *Preventing and Responding to Abuse of Elders in Indian Country*. Washington, DC: National Center on Elder Abuse. Retrieved January 8, 2015, from http://nicoa.org/wp-content/uploads/2014/05/elder_abuse_litreview.pdf

The National Indian Council on Aging (NICOA) produced a companion report on how tribes are addressing elder abuse in Indian Country to go with their literature review on the topic. The report draws on research on policies and practices to combat elder abuse, as well as discussions and interviews throughout the country, and surveys on what Native communities are doing to address elder abuse. NICOA notes a lack of comprehensive elder abuse research in Indian Country concerning what the rate is or how to prevent it (p. 3). The report discusses data gathered from a 2002 survey conducted by NICOA. The survey asked tribal Title VI directors about the rates of abuse and examples of what those abuses looked like in their communities (p. 4).

The report additionally covers NICOA's guiding principles to create programs or policies that address elder abuse, specifically within Indian Country (p. 6). Many of these have to do with drawing on American Indian and Alaska Native (AI/AN) traditions and values to create culturally responsive policies and programs that address community needs in culturally sensitive ways. For instance, these policies and programs may address the importance of elders in AI/AN communities, family and community models of conflict resolution, and sovereignty of tribal nations.

This work should be done with an eye toward tradition, cultural practice, and understanding the specific contexts within which tribes are working. For instance, the economic and social realities of many tribal communities can be factors in creating abusive environments. Further, tribes should draw on tribal sovereignty and jurisdictional rights to plan and manage programs to combat elder abuse. This underlines that tribes can make changes to their programs to provide services and opportunities for families, lessening the likelihood of elder abuse (p. 6).

The Challenges, Recommendations, Promising Practices & Resources section of the report has nine subsections (p. 7):

- Needs Assessment and Policy Development
- Tribal Codes, Policies, and Procedures
- Coordinating Services
- Raising Awareness
- Screening, Reporting, and Assessing Abuse
- Training and Education for Professionals and Families
- Legal Interventions: Western and Traditional Approaches
- Services to Prevent Abuse and Neglect
- Serving Elderly Victims of Domestic Violence

These sections summarize many of the issues facing Native communities in their efforts to prevent elder abuse, as well as recommendations on how they might meet those challenges. The report also includes a useful listing, per section, of best practices and resources in communities to address different types of elder abuse.



Secretary's Task Force on Elder Abuse. (1992). *Report from the Secretary's Task Force on Elder Abuse*. Assistant Secretary for Planning and Evaluation's Office of Disability, Aging and Long-Term Care Policy of the U.S. Department of Health and Human Services. Retrieved March 18, 2015, from <http://aspe.hhs.gov/daltcp/reports/elderab.pdf>

The Task Force on Elder Abuse issued a report is broken into a three-part strategy:

- 1) Implement a research strategy and database collection system,
- 2) Develop state and local capacity to address elder abuse, and
- 3) Promote targeted public education activities.

The first part of the strategy is to develop a national data collection system and research strategy. A few of the listed action steps include organizing a cross-section of federal, state, and local officials with elder abuse responsibility, and employing survey experts to sensitively assess a series of the project's aspects. The second part of the strategy is to develop networks across federal, state, and local elder abuse agencies. This will include trainings, workshops, seminars, and incorporating technical assistance needs into agency planning. The third part of the strategy is to promote and support state and local efforts to lead public education and awareness on elder abuse. This will include speeches, offering testimony by public officials, creating task forces on elder abuse, and creating communication networks between local Health and Human Services departments.

The background paper on elder abuse includes a definition of elder abuse, incidence of elder abuse, causes of abuse, and current policies and programs and their limits. The report recognizes there is not one definitive definition of elder abuse. Instead, there are common threads among various definitions that include:

- recognizing physical violence as abusive behavior;
- recognizing two categories of abuse—psychological or emotional abuse and neglect; and
- exploiting property or finances as abuse (p. 10).

The report recognizes that incidences of abuse are difficult to pinpoint in exact numbers, as there are varying definitions of elder abuse, a lack of reporting, poor intra-agency coordination, and a lack of national data (p. 10). However, elder abuse is prevalent in different settings, both institutional and domestic, instances of which are summarized in the report.

The report identifies causes of elder abuse, institutionally and domestically. Some of the reasons suggested in the report that cause this abuse include advances in technology, overuse of poorly trained and paid nurses' aides and orderlies, and caretakers who are financially dependent on the elder (p. 14).

Finally, the report summarizes current policies and programs that deal with elder abuse, and their limitations. The programs include the Administration on Aging, Health Care Financing Administration, Social Security Administration, Administration for Children and Families, National Institute on Aging, Indian Health Service, State Units on Aging, Adult Protective Services Agencies, Licensure and Certification Agencies, and Medicaid Fraud Control Units.



Office of Justice Programs. (2000). *Our Aging Populations: Promoting Empowerment, Preventing Victimization, and Implementing Coordinated Interventions*. United States Department of Justice. (pp. i-92). Retrieved March 23, 2015, from http://ojp.gov/docs/ncj_186256.pdf

The U.S. Department of Justice and Department of Health and Human Services held a symposium in October 2000. The symposium hosted experts, public officials, health care providers, and advocates who discuss theories and strategies to address and prevent elder abuse. This report summarizes the workshop's results and discussions. Outlined below are brief explanations of the focus and results from each of the four plenary sessions.

- **Building the Case:** Attendees surmised that increasing awareness about the prevalence of elder abuse would increase public support and funding for prevention efforts. Financial fraud is a “debilitating element in the lives of many seniors” and advancing technology has created new fraud practices. Further, poverty, stress, long-term health issues and increasing violence are some of the issues facing tribal nations and their elders. Elders should be a part of the planning when developing programs (p. vi).
- **Financial exploitation and consumer fraud:** Attendees noted the complexity and devastating nature of financial exploitation on elders, like federal, state, or tribal jurisdictional issues. They also point to protecting elders’ rights and vulnerabilities to consumer fraud, like telemarketing fraud. More than education to prevent financial exploitation needs to be done (p. vi).
- **Elder abuse and neglect at home:** Attendees discussed elder abuse in the home, the different types of abuse, and its impact. Awareness, education, and responsiveness were lacking among agencies that handle elder abuse. Attendees noted that Adult Protective Services (APS) has specific responsibilities to elders, but APS is resource poor and lacks protection policies and protocols. People felt agencies were reluctant to address elder sexual abuse (p. vii).
- **Institutional Abuse and Neglect:** Attendees discussed elder abuse that occurs in long-term care facilities. Legal tools are available that address elder abuse in facilities and some states are better equipped to take advantage of those tools. For instance, multidisciplinary teams and accountability were big topics, as were consequences for facilities when abuse complaints are made. Medicaid fraud is a complex issue and concern. Other discussion points were the U.S. Department of Justice’s Nursing Home Initiative, which sponsored four conferences, provided trainings, shared information, and established work groups (p. viii).



Segal, B., Easley, C., & Kanaqlak. (2004). *Elder Abuse Among Alaska Natives*. (S. Smith, Ed.) National Resource Center for American Indian, Alaska Natives, and Native Hawaiian Elders. Retrieved February 2, 2015, from http://elders.uaa.alaska.edu/reports/yr1_4Elder-abuse.pdf

The National Resource Center for American Indian, Alaska Native, and Native Hawaiian Elders (NRC) report begins by noting the aging of the U.S. population, or the “graying of America,” as the baby boomer generation ages (p. 1). This pattern is among the overall U.S. population, as well as the Alaska Native community. Native people are living longer and reaching elder status in greater numbers than ever before. Unfortunately, with the growth of the elder population comes the growth of elder abuse. The report notes there are varying forms of elder abuse, such as physical and sexual assaults, domestic violence, emotional abuse, financial and material exploitation, neglect, abandonment, self-neglect, and violations of basic rights” (p. 1). Under reporting is a problem in recording accurate rates of elder abuse, among the general population and Native communities.

NRC’s report outlines the reasons for elder abuse in Native communities, with an emphasis on Alaska Natives. The argument set forth by the NRC charges the legacy of colonialism with the breakdown of traditional Native values through the varying forms of historical trauma inflicted on and suffered by Native communities. These traumas are a cause for the heavy levels of alcohol abuse, which is particularly high in Alaska, and highest among elders. Another factor that leads to elder abuse is caregiver stress, which may result from lack of skills, support (financial or social), and resources to take care of elders who may be extremely impaired or very dependent on their caregivers. Further, social isolation and drug or alcohol abuse may also contribute to abusive behaviors. To address these problems there is a need to look at the state of:

- housing for elders (assisted living),
- home and community long-term services and supports,
- mental health and substance abuse services for elders and their caregivers,
- education on stress management, and
- support for families where there is inter-generational caregiving.

Further, services to help elders, or families where there is elder abuse, need to consider the following:

- Age barriers (the definition of elder by tribe or government may not match),
- Geographic barriers (particularly in Alaska),
- Language and literacy (many elders do not speak or cannot read or write English well),
- Distrust of non-Indian services,
- Respect toward elders, and
- Pride of elders who may not want to accept services.

In short, there is a great need for care coordination along culturally sensitive lines. Tribes and related organizations need to manage coordination to educate communities about elder abuse and how to prevent it. The NRC report provides several recommendations on how to achieve better elder abuse prevention and programming within the Alaskan (and Alaska Native) context.



Smyer, T., & Clark, M. (2011). *A Cultural Paradox: Elder Abuse in the Native American Community*. *Home Health Care Management & Practice*, 23(3), pp. 201–206.

The authors highlight the cultural paradox of elder abuse and the expected high-level of respect for elders in Native American culture. However, elder abuse has recently become an increasing problem for Native American communities. When trying to understand the complex issue of Native Americans and elder abuse, it is important to remember the cultural context in which it is occurring.

The authors found a relationship between elder abuse and single marital status, substance abuse, and poverty (p. 202). In addition, abusers are usually family members, and most elder abuse victims are disabled women. Because poverty and poor living conditions correlate with elder abuse, elders living on reservations are susceptible to abuse.

Many tribal members view the increase in elder abuse among Native American populations as a result of disbanding traditional tribal values and beliefs. The changing characteristics of the family in modern society, and with younger generations leaving reservation communities to find work, erode Native values. Further, elders are living longer and are, therefore, more likely to suffer from chronic conditions that need more intensive care from family members, which often puts a strain on families emotionally, physically, and financially. As the authors note, “chronic illnesses increase familial responsibilities for the elder and others which strains family resources and often contribute to elder abuse” (p. 203).

The authors further point out that, as the number of Native American elders is expected to increase in the next 50 years (including those living on reservations), elder abuse will likely increase, as well (p. 202). Native elders will need both in-home care and community support. However, Native American elders do not use the community resources made available to them, such as home health care, personal care, and transportation.

Because of the lack of nursing homes on tribal land, elders will likely need in-home care or they may choose to leave the reservation to live in a retirement or nursing home facility (p. 204). However, leaving the reservation often increases feelings of isolation and depression, and contributes to an overall lower quality of life (p. 204). Elders would likely benefit from in-home care provided on the reservation. It is important for in-home care providers and caregivers to have adequate, culturally sensitive training on elders’ needs.

The most effective approach to providing more in-home care on the reservation would be to provide education on elder abuse and cultural sensitivity for family and professional caregivers, which the tribes should provide. These trainings should be culturally sensitive; this may mean broaching topics, such as elder abuse, in more indirect and careful ways (p. 205).



Tatara, T., & Kuzmeskus, L. (1999). *Types of Elder Abuse in Domestic Settings*. National Center on Elder Abuse, Washington, DC. Retrieved March 18, 2015, from <http://www.ncea.aoa.gov/Resources/Publication/docs/fact1.pdf>

The authors begin by discussing the problem of underreporting on elder abuse nationwide, thus making the actual numbers hard to determine. Given the fact that many cases of elder abuse go unreported, the assumption is the rate of elder abuse is higher than reported numbers. Although the authors report a steady increase in the number of elder abuse cases reported, there is still much needed for accurate reporting.

The authors define seven different forms of elder abuse:

- 1) **Physical abuse**—Use of physical force that may result in bodily injury, physical pain, or impairment
- 2) **Sexual abuse**—Non-consensual sexual contact with an elderly person
- 3) **Emotional abuse**—Infliction of anguish, pain, or distress through verbal or non-verbal acts
- 4) **Financial and material exploitation**—Illegal or improper use of an elder's funds, property, or assets
- 5) **Neglect**—Refusal, or failure, to fulfill any part of a person's duties to an elderly person
- 6) **Abandonment**—Desertion of an elderly person by an individual who has physical custody of the elder or by a person who has assumed responsibility for providing care to the elder
- 7) **Self-neglect**—Behaviors of an elderly person that threaten the elder's health or safety (p. 1)

Based on a report conducted by the National Center on Elder Abuse (NCEA), drawing on data from 1996, the authors report the median age of elder abuse victims was 77.9 years (p. 2). The same report claimed neglect is the most common form of elder abuse at 55% (p. 2). Physical abuse accounted for 14.6% of cases, and financial and material exploitation was recorded at 12.3% (p. 2). Emotional abuse was recorded as making up 7.7% of all cases, and sexual abuse accounted for 0.3% (p. 2). The report noted that elder abuse victims were mostly white at 66.4%, while 18.7% were black, 10% were Hispanic (p. 2). American Indians and Alaska Natives (AI/ANs), Asian Americans, and Pacific Islanders were each less than 1% (p. 2).

The NCEA numbers need context given the underreporting recognized by the authors. In addition, AI/AN communities do not share sensitive information about topics, such as abuse, with outsiders. Further, AI/ANs make a smaller proportion of the population overall. Thus, the 1% statistic does not adequately present an accurate accounting of the extent of elder abuse in AI/AN communities.



White, H. (2004). *Elder Abuse in Tribal Communities*. Southwest Center for Law and Policy & Office on Violence Against Women, U.S. Department of Justice.

Elder abuse is a recent trend within American Indian and Alaska Native (AI/AN) communities. However, this trend does not reflect the traditions of many AI/ANs. Tribal members view elder abuse as a result of dwindling traditional cultural values.

Most elders in AI/AN tribes are highly respected and often looked to as invaluable sources of wisdom and guidance. For many tribal communities, elders provide insight on cultural preservation and tribal traditions. For many AI/AN communities, an elder is a “person 55 years of age or older” (p. 1). Although AI/AN elders are usually held in high esteem, elder abuse is a disturbing trend that affects tribal communities. White finds that those most likely to commit elder abuse are adult children of the elder (p. 1).

The National Center on Elder Abuse has extensive information on who is considered an elder and the different forms of abuse that elders experience. Their definition of abuse includes neglect, physical abuse, sexual abuse, emotional or psychological abuse, or abandonment (p. 2). Other forms of abuse can include financial or material exploitation or self-abuse, which is when an elder threatens his or her own well-being (p. 2).

Research has shown that poverty links to elder abuse, as well as alcohol and drug abuse. When elders and caregivers live in poverty, the caregiver may feel frustration and stress. They may lash out against the elders. Female elders are at higher risks of being victims of elder abuse. Other risk factors include poverty, physical frailty, and the living situation of the elder and caregiver. When the elder and caregiver live together, there is a higher risk of elder abuse (p. 4).

Tribes are trying to combat the rising frequency of elder abuse by providing protection from abusers (p. 5). More elder centers are providing outreach and education to tribal communities. Some tribes are appointing a tribal officer assigned to protect at-risk elders (p. 6). Elder centers and emergency planning and safe home networks are other way tribes are trying to provide ample resources to their elders. Some of the biggest challenges AI/AN communities face when trying to stop elder abuse is the lack of procedures in reporting and handling elder abuse offenses. There is also a need for more education on the causes of elder abuse across tribal communities (p. 6).



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