

IA² International Association for Indigenous Aging

New Research on Elder Abuse Among American Indian and Alaska Native Populations

Jolie Crowder, PhD, MSN, RN, CCM, Linda Carson, PhD, MPH, BSN, & Kendra Kuehn, MSW

This report was produced by the International Association for Indigenous Aging (IA2) under award #2016-XV-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this report are those of the contributors and do not necessarily represent the official positions or policies of the U.S. Department of Justice. The project period was December 1, 2019 – August 30, 2019.

PRESENTERS



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ABOUT THE INTERNATIONAL ASSOCIATION FOR INDIGENOUS AGING (IA2)

The International Association for Indigenous Aging, a 501(c)3 non-profit educational association, works to:

- Ensure the provision of appropriate and quality services and resources for indigenous elders;
- Expand opportunities for elders' involvement in environmentalism, community participation, health maintenance, volunteerism/civic engagement, consumerism, senior enterprise;
- Enhance the protection of the rights of elders including their freedom from abuse and neglect and their right to autonomy;
- Educate the public, policymakers and practitioners about the status of indigenous elders; and
- Improve the status of older people worldwide, especially indigenous populations.

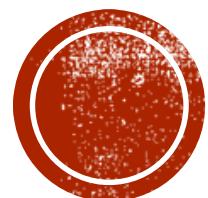
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Secondary Analysis of the National Elder Mistratment Study: Exploration of Risk and Protective Factors within American Indian and Alaska Native Populations

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BACKGROUND



WHAT'S THE PROBLEM?

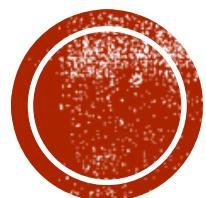
- Elder abuse exacts a huge toll on individuals, families and communities
- Estimates are ~ 10% of older people experience abuse (based on data from this dataset)
- Consequences are significant - including **higher rates of mortality**
- Impact of **race on prevalence** is poorly understood
- Little known about cultural context of **race as a risk or protective factor**



AIAN - UNIQUE CONTEXT

- Quality and rigor of science on elder abuse in American Indians and Alaska Natives limited – **9 studies in 30 years**
- 573 **unique** federally recognized tribes
- Tribes as sovereign nation, complex jurisdictional and law enforcement systems
- **Intra-tribal differences** in cultures and communities
- Cultural beliefs – spirituality, respect for elders, community over individual, etc.
- **“Multiple jeopardy”** (Carson, Henderson, & King; 2019)
 - Higher risk of many suspected predictors of abuse, e.g., poverty, low education, poor health, substance abuse
 - Historical trauma, forced acculturation, relocation (boarding schools, urbanization), and assimilation
 - Institutionalized discrimination and racism
- Lifelong history of violence





THIS STUDY

STUDY DESIGN

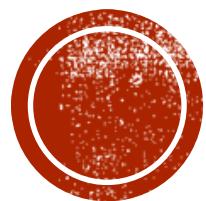
- Secondary analysis of the **National Elder Mistreatment Study** (2008; largest national study to date)
- Descriptive analysis + logistic regression for predictors
- Original study was national cross-sectional, random digit dialed
- Interviews conducted Feb – Sept 2008
- Final unweighted sample after race recoding = 5,645
 - AIAN=195
 - Black/AA=437
 - White=5,013



ABUSE VARIABLES (16)

- Emotional abuse
- Physical abuse
- Sexual abuse
 - 1. Past year
 - 2. Since age 60
 - 3. Lifetime prevalence
- Potential neglect (needs help and none available)
- Potential neglect by a caregiver
- Financial exploitation
 - 1. By family
 - 2. **NEW** By family among those who need financial assistance
 - 3. By stranger
- **NEW** Polyvictimization
 - 1. Since 60
 - 2. Lifetime





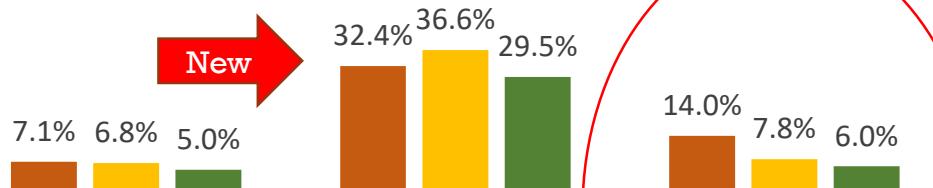
FINDINGS



RESULTS

- American Indian and Alaska Native alone or in combination
- Black or African American alone
- White or Caucasian alone

Prevalence of Financial Exploitation by Race



Prevalence of Neglect by Race

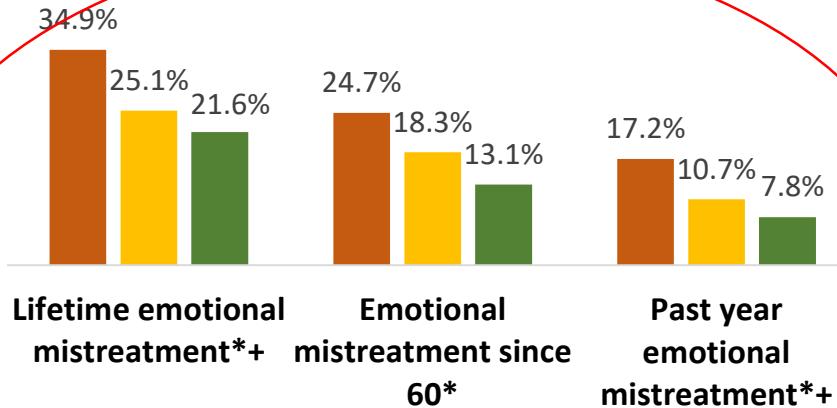


* p - value < .05 between AIANs and White respondents

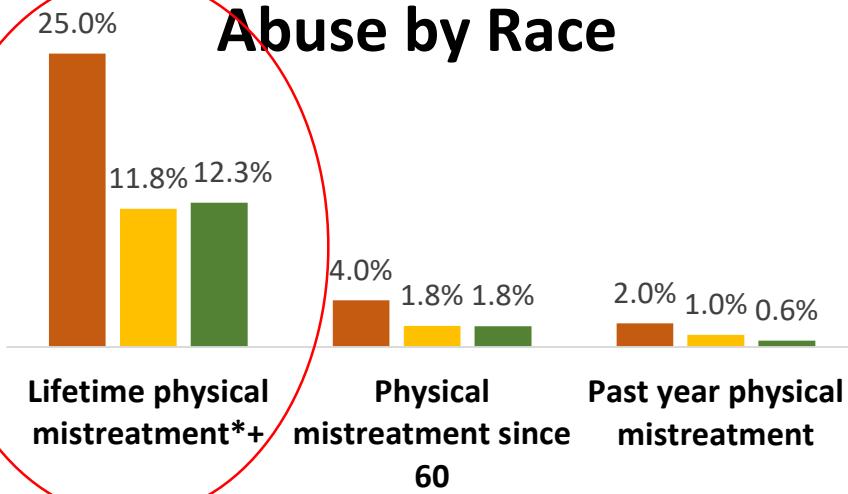
+ p -value < .05 between AIANs and Black respondents



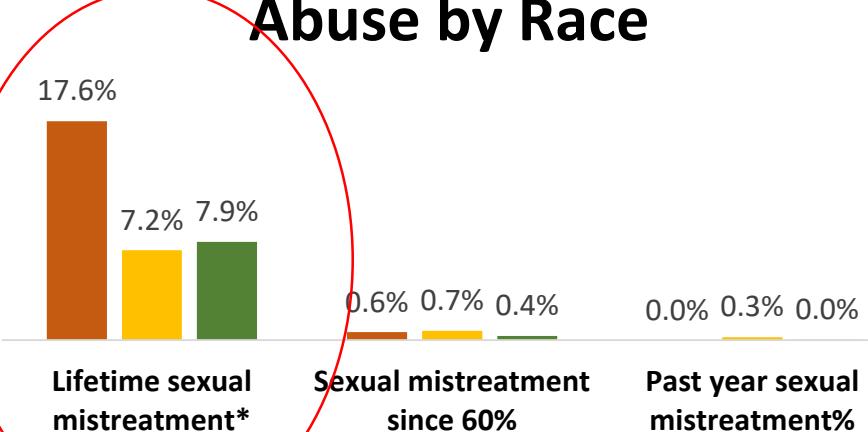
Prevalence of Emotional Mistreatment by Race



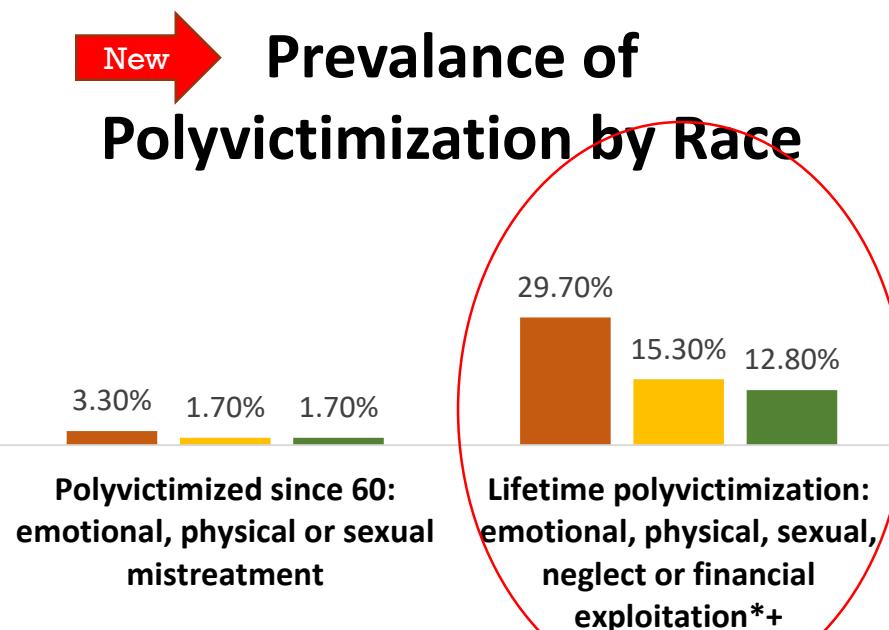
Prevalence of Physical Abuse by Race



Prevalence of Sexual Abuse by Race



Prevalence of Polyvictimization by Race



PERPETRATOR DATA – SMALL # OF RESPONDENTS

- **Perpetrator variables used:**
 - lived with victim
 - had substance abuse issues at time of incident
 - perpetrator with history of mental health counseling
- **Emotional mistreatment:**
 - only difference AIAN perpetrator less likely to live with victim
 - 1/3 of AIAN perps had substance abuse issues (most common)
- **Physical abuse:**
 - no differences between other groups but sample really too small
 - unlike emotional abuse majority of perps lived with victim, substance abuse issues



PREDICTORS OF 6 DIFFERENT TYPES OF ABUSE... DIFFERS IN FINAL MODELS

Protective Factors	Risk Factors	Not Significant (surprisingly)
<ul style="list-style-type: none">• Older age for most types of abuse• Higher social support score for 3 types of abuse• Male gender for lifetime sexual abuse	<ul style="list-style-type: none">• “Bothered by emotional problems” for 5 types of abuse• History of trauma for 3 types of abuse• Help needed for emotional abuse since 60• Being married/living with someone for lifetime physical abuse	<ul style="list-style-type: none">• Income or poverty• Education• Social service use• Poor overall health

Abuse types analyzed: lifetime physical, emotional and sexual abuse; emotional and physical abuse since 60; financial exploitation by stranger



HOW WAS SOCIAL SUPPORT MEASURED?

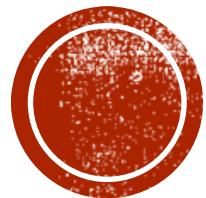
- In the past month, how often was someone available to ...
 - help you if you were confined to bed
 - give you good advice about a crisis
 - get together with you for relaxation
 - talk to about your problems
 - love you and make you feel wanted
- Add up to total score



SUMMARY OF FINDINGS

- AIAN elders have **significantly different demographic profile** from white respondents
- **Fewer differences** between AIAN and Black respondents
- Prevalence rates of **abuse 1.4 - 7.4 times higher for AIANS than Whites** for all types of abuse except potential neglect (not all significant)
- **Cumulative rate** of emotional, physical, sexual mistreatment; potential neglect; financial abuse by a family member **in the past year was 33%**
- High lifetime **polyvictimization rates** for AIAN elders + high rates of history of **trauma** (natural disaster, violent crime, etc.) among AIANs elders
- Risk and protective factors differ **by abuse type by race**
- “**Bothered by emotional problems**” in past 30 days predictive of 5 of 6 measures of abuse
- **Social support** most consistent in previous studies and was significant for AIANs in several final models
- **Risk and protective factors common to whites** are not necessarily shared by AIAN or Black respondents





IMPLICATIONS

IMPLICATIONS - PRACTICE

- Largest AIAN study sample to date including both men and women drawn from a nationally representative sample that 1) includes comparative groups and 2) assesses array of mistreatment types
- Prevalence data will (hopefully) **increase awareness** and lead to action
- Recognize **unique strengths and traditions** of diverse array of tribes
- Also, recognize that **these strengths provide little degree of protection** against the risk of elder abuse
- Better understanding of **AIAN elder-specific risk factors (trauma, social support, etc.)** holds potential to generate new or targeted interventions, aid providers in diagnosis and management
- **Advocate for** culturally appropriate, community-specific elder abuse protocols and policies
- **Trauma informed care** approach in provision of services
- Need **multidisciplinary collaboration**
- How can you / we systematically address **social support?**



IMPLICATIONS – RESEARCH & POLICY

- Establish elder abuse among tribal elders as a **strategic priority at federal, state, and tribal level**
- Elder abuse among AIAN people **understudied** (and under-funded)
- Well designed screening and intervention studies highest priority
- Set asides in all **research** to study all minority populations
- **Disaggregation** of “other” and non-white

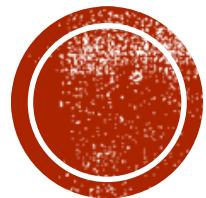


There's really no tribal home for elder abuse or long-term care either. Services are scattered and responsibility is passed from office to office with little smidgins of uncoordinated care happening from each...IHS [Indian Health Service] doesn't have a policy in place, so there hasn't been anyone giving direction or information to the tribal health programs....

There hasn't been any funding to speak of directed towards tribes. It's been picked up by T. [Title] VI as they can, but many tribes don't have anything in place still.

--- C. LaCounte, Director, Office for American Indians, Alaskan Natives and Native Hawaiian Programs, Administration on Aging/Administration for Community Living/HHS, March 14, 2019





QUESTIONS

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IA² International Association for Indigenous Aging

“We see things other people aren’t going to see”

FACILITATORS AND BARRIERS TO SCREENING AND MANAGEMENT OF ELDER ABUSE BY TRIBAL HEALTH CARE PROVIDERS

Jolie Crowder, PhD, MSN, RN, CCM, Linda Carson, PhD, MPH, BSN, & Kendra Kuehn, MSW

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PROJECT OBJECTIVES

- Describe provider, community, cultural, and systematic (clinic-level) factors that contribute to how victims of elder abuse are identified and managed in outpatient clinical settings;
- Identify facilitators and barriers to recognition and management of elder abuse;
- Explore the context of providing clinical care for abused elders;
- Identify phenomenon related to care of elders unique to AIAN cultures; and
- Identify existing promising practices for screening and management of elder abuse among tribal health providers.

METHODS & PARTICIPANTS

METHODS



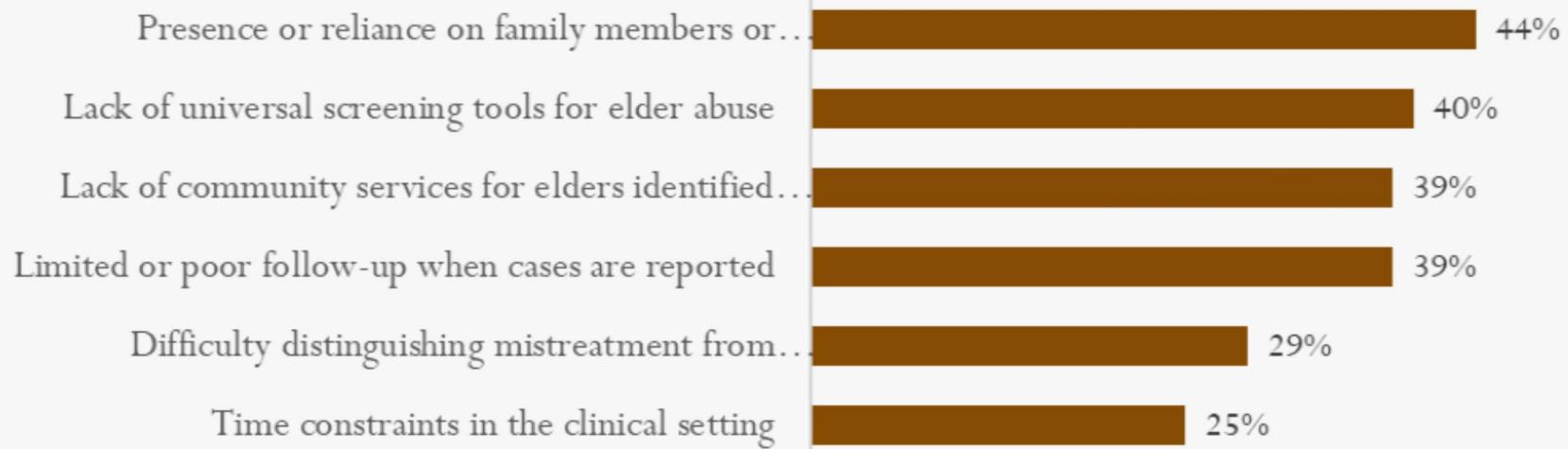
PARTICIPANTS

- 22 different states
- Interviews:
 - Physicians, PAs, NPs, social workers, nurses, home health, behavioral health, APS, elder services, domestic violence staff
 - Most from rural clinics & serve patients from multiple tribes
 - 3 urban Indian clinic staff
 - Most respondents work in clinics that provide primary care + other services
- Surveys:
 - Same as above + case workers, health center directors, dentists, etc. and NO APS, elder services or domestic violence
 - Most from rural clinics, some urban and suburban & most serve patients from multiple tribes

SELECT FINDINGS FROM ONLINE SURVEY

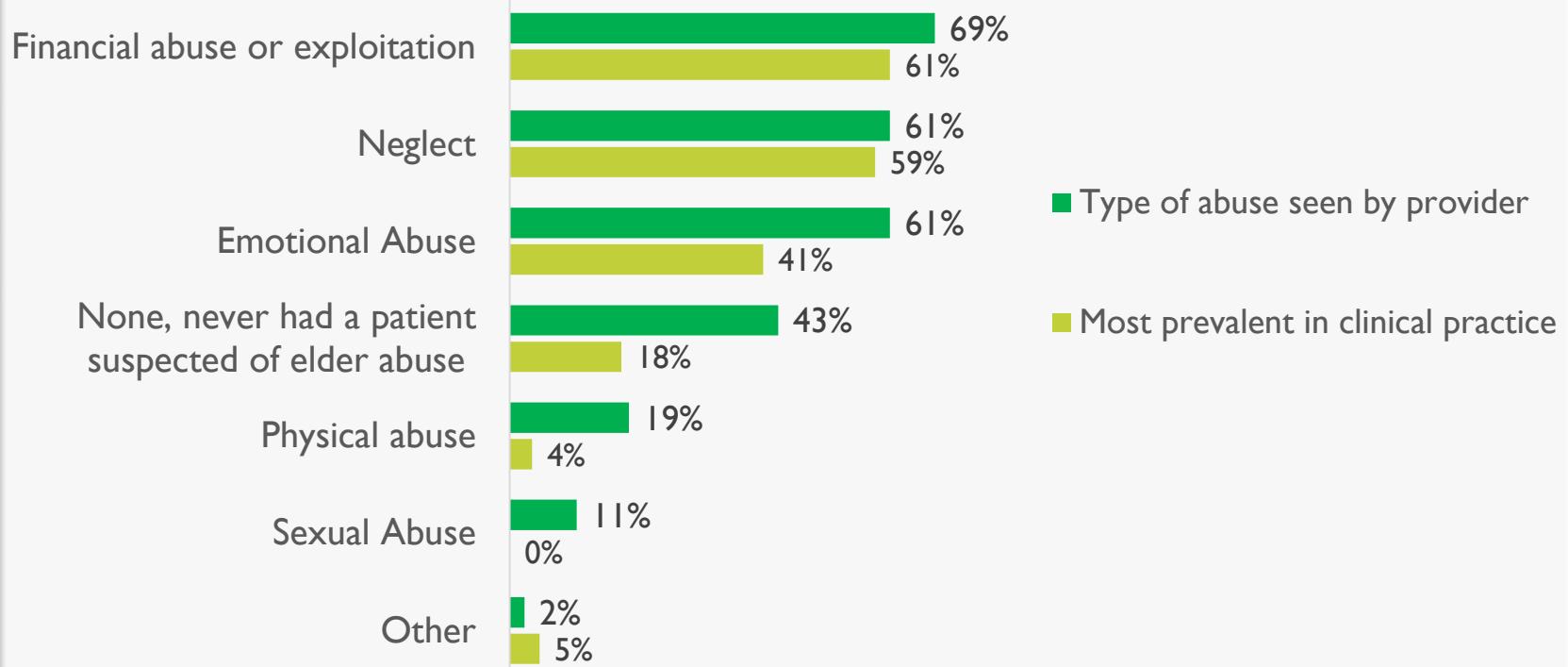
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Barriers to Elder Abuse Screening



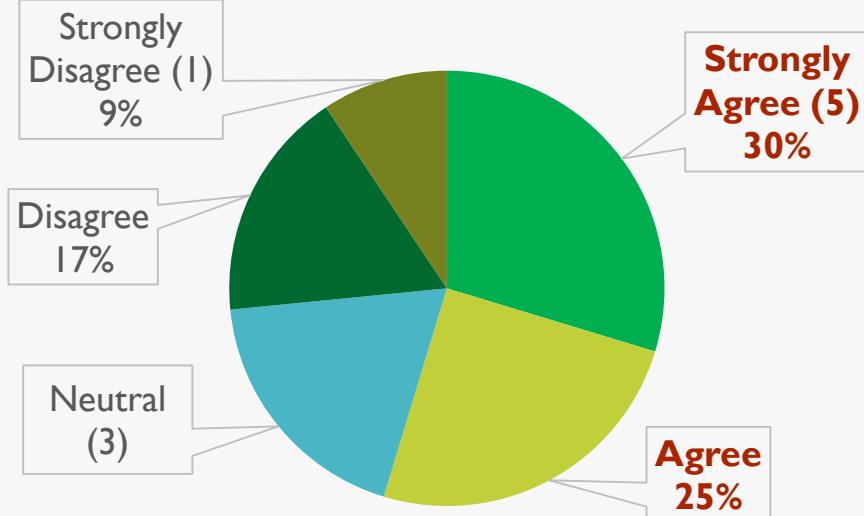
SELECT FINDINGS FROM ONLINE SURVEY

Abuse Seen by Providers and Prevalence of Abuse Types in Clinic



SELECT FINDINGS FROM ONLINE SURVEY

"I know who to contact to report elder mistreatment."



SELECT FINDINGS FROM ONLINE SURVEY

- 69% of health care providers feel they DO NOT have adequate training in elder abuse screening and management (way different than interviews; 69% *felt they DID*)
- 79% of health care providers would like to receive additional training (*about the same as interviews*)
- 54% do not routinely screen for elder abuse (vs IPV/domestic violence)
- Only 49% have standard protocol for handling suspected cases
- Two clinics have implemented elder specific screening tools



INTERVIEWS



KEY INTERVIEW THEMES – INDIVIDUAL LEVEL

Theme: Elder protection of family

“The problem is that almost always they’ll say, “I’m okay,” they’ll make an excuse, “No, that’s not an injury from being thrown into a wall, I fell into the couch.” The problem is a lot of the time, it’s the person in the room with that person. And then, immediately making a report, and trying to determine from there what kind of legal action we can set in place, but it isn’t anything we can do from that point if the person denies wanting help, or wanting to report the person who is neglecting or abusing them, and that’s pretty much the point where most of them fall down, the person flat out refuses to identify who it is, or to call it neglect or abuse, or to say that they were injured directly by another person.”

(Registered Nurse, Western Primary Clinic)

KEY INTERVIEW THEMES – FAMILIAL VARIABLES

Theme: Elder support of grandchildren

- Grandparents putting grandchildren first

Theme: Honor and duty to share resources

- Entitlement by younger generation; perceived honor and duty to share by elders.

Theme: Caregiving creates vulnerabilities for some

- Caregiving. *Elders sometimes depend upon children or grandchildren for care. At this point children or grandchildren may begin to take financial advantage of them. Report them and lose caregiver.*
- Gray areas in caregiving

Theme: Substance abuse and poverty as contributing factors

- Substance abuse most prevalent concern
- Poverty is a factor

KEY INTERVIEW THEMES – STRUCTURAL VARIABLES

Theme: Providers see patients who experience all types of abuse

- Physical abuse easiest to identify...But they see it all.
- Financial exploitation most prevalent

Theme: Difficulties with abuse assessment

- Time and turnover key challenges for providers
- Damaging relationships
 - **But...Reports do NOT result in patients no longer seeking care**

Theme: Few standardized protocols

- Screening and standardized protocols lacking

Theme: Providers can and should play a role

- Providers can be successful and should be engaged
- Importance of building trust

KEY INTERVIEW THEMES – CULTURAL VARIABLES

Theme: Respect for elders as a function of culture

- Strengths: Respect, family first, community, pride, resiliency
- Strengths do not always provide protection

Theme: Role of acculturation is unclear

- Acculturation increases the likelihood for abuse
- Maybe, or maybe not

Theme: Abuse discouraged as community /familial topic

- “We don’t talk about that”

Theme: Historical trauma

- Forced assimilation, racism, cycle of violence, boarding schools, and providers as symbols of white authority plague tribal communities.

Theme: Cultural renewal as possible intervention

- “Culture as prevention”

KEY INTERVIEW THEMES – COMMUNITY & SOCIETAL VARIABLES

Theme: Abuse is not a priority

- Low priority and underreported
- Most/many complaints come from community members

Theme: Promising interventions

- Home health has a unique perspective and is a valuable tool; Staff are respected in community
- Home health programs at risk
- Multidisciplinary teams are thought to be effective
- Community outreach and education high priority
- Helping understand the need for healthy boundaries & understanding what abuse is and is not

Theme: Positive interactions with referral agencies essential, but room for improvement

- APS and law enforcement important allies
- For some: APS is busy, overwhelmed, or has very high caseloads
- Feedback and reporting an issue; tribally run APS may have better outcomes

Theme: Jurisdictional issues a challenge

- Jurisdictional issues a major barrier

KEY INTERVIEW THEMES – NEEDS

Theme: Funding underscores multiple needs

- Most frequent need is outreach and awareness
- Over-arching need for more funding for all elder services
- More needs
 - Training in screening and intervention
 - Standardized protocol for screening and intervention
 - Social workers
 - Additional services: respite care, in-home nursing care, food, safety inspections, transportation, and temporary housing for at-risk elders

DISCUSSION

- **Screening is Widely Accepted, But Not Widely Accomplished**
- Desire for Training, Protocols and Tools

...in the face of experiences with elder abuse, providers are largely left to fend for themselves in assessing and managing suspected cases of abuse and exploitation, and generally lack the appropriate community services (as a means of intervention)

- Historical and Current Traumas
- Poverty and Other Social Determinants of Health
- Caregiving Came Up BUT Not As Prominent
- Housing, Food and Transportation Play a Role in Abuse AND Need for Services for Elders
- Community, Public Health, and Home Health as Surveillance & Intervention
- Need to Explore the Link Between Culture and Abuse
- MDTs, Another Promising Intervention
- Tribally-funded APS Type Role Key to Success
- Self-Neglect Largely Absent in Assessment, But A Significant Issue

RECOMMENDATIONS

- Selection and testing of elder-specific abuse clinical screening tool in tribal clinical setting
- Development and testing of standardized, culturally appropriate:
 - Screening protocols for older adults for outpatient clinic and home-based care settings
 - Intervention protocols
 - Training
- Training on elder abuse screening and management to address complicated cases, red flags, and “grey areas” that incorporates a trauma-informed care approach specific to the needs of AIAN elders
- Development or adaptation of a tool(s) or best practices to systematically assess community supports, services, and assets
- Dedicated tribal-funded APS staff person, social worker, case manager, or elder service worker(s) with APS-type roles and responsibilities
- Initiate or enhance tribal-run CHR and/or home health programs, or identify alternative funding streams to make current programs solvent
- Multidisciplinary teams (MDTs):
 - Enhance or establish relationships between existing tribal and county APS and MDT programs and outpatient tribal health centers
 - Incorporate health center staff into existing MDTs
 - Support for existing MDTs and expansion to new tribes
 - Assessment, development of an action plan and systematic approach to MDTs as an elder abuse intervention
 - Process evaluation or assessment of tribal MDTs to assess outcomes and identify opportunities for improvement
- Development and testing of strategies to enhance community outreach, awareness, and reporting of elder abuse including approaches to promote tribal leadership buy-in
- Testing of the direct and indirect impact on elder abuse and exploitation of programs designed to promote cultural revitalization

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2 PAGE SUMMARY
SUMMARY RESEARCH REPORT
FULL REPORT

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