



HEALTH CARE & ELDER ABUSE

in Indian Country

NOTE:

Becoming an Elder in many AI/AN communities is not typically at a set age, but is a distinct status earned from wisdom, knowledge, and responsibility to others, to name a few traits and qualities. Being an Elder is different than being elderly. The elderly is associated with age and the ability to care for one's self. Elder and elderly status varies from tribe to tribe. Out of respect, the term Elder will be used.

CULTURAL CONSIDERATIONS

- It is important to recognize that within the broad scope of Traditional Indian Medicine (TIM), each tribe has unique belief systems, rituals, and practices.
- It is essential to be aware of cultural beliefs and practices that differ from Western approaches while working with Indigenous Elders.
- Service providers and program staff need to be knowledgeable about cultural differences.
- Using traditional language and dialect of the Native American Elderly patients when possible.
- Native Americans' memory is related to an oral tradition of storytelling; without the story or where the facts come from, the questions may not make sense.⁷

ELDER ABUSE SCREENING & DIAGNOSIS

"Elder abuse is the harm that occurs to an older adult, physically, emotionally, and otherwise, as a result of an act by another person." – Dr. Laura Mosqueda

- Health effects of abuse include poorer physical outcomes, increased pain, worsening of existing conditions, wounds, injuries, and increased susceptibility of infections.
- Identifying signs and physical injuries may be difficult for healthcare providers.
- When screening for elder abuse, some possible indicators may be:

PHYSICAL ABUSE

- Skin bruising, which is the most common sign of physical abuse
- Larger bruises, be suspicious if over 5 cm in diameter
- Shape- some injuries reflect the shape or pattern of the object that caused it
- Tenderness
- Swelling
- Yellow bruises indicate an old bruise
- Purple bruises occurred in the first three days
- Red coloring occurred initially in 90% of bruises

SIGNS OF SEXUAL ABUSE

- Blood in underwear
- Aggression
- Fear of being touched

SIGNS OF EMOTIONAL ABUSE

- Change in behavior
- Isolation

SIGNS OF NEGLECTS

- Decubitus ulcers
- Pressure sores
- Dehydration/malnutrition
- Unusual weight loss

*Note: Pressure sores commonly referred as bed sores may occur under excellent care to severe neglect.*⁸

MANDATORY REPORTING

- Health practitioners are mandatory reporters.
- All states except New York have mandatory reporting of elder abuse.
- Many reservations are currently working to incorporate mandatory reporting into elder abuse codes.
- As states and tribes vary in reporting laws and procedures is it essential to know area-specific reporting policies and procedures.

SCREENING FOR ABUSE

Some ways a healthcare provider can screen for abuse include conducting:

- Medical interviews with patients and caregivers to identify abuse.
- Physical examinations to document a patient's physical, cognitive abilities, and the patient and caregiver interaction.
- Examination of laboratory results such as complete blood count, metabolic panel, medication levels.⁹
- Utilize screening tools that assist in identifying potential elder abuse.
 - o Hwalek-Sengstock Elder Abuse Screening Test – short item clinical screening test to help providers identify elder abuse indicators and symptoms.
 - o Native Elder Life Scale – screens for financial exploitation and neglect.
 - o Elder Assessment Instrument – reviews signs, symptoms, and subjective complaints of elder abuse, neglect, exploitation, and abandonment.

**Note: There is not a universal screening tool. A positive screen does not constitute actual abuse, but it is an indication that more information needs to be gathered.*¹⁰

If you believe your patient is a victim of elder abuse, you should report to available authorities such as APS, the elder protection team, law enforcement, or other authorities. Please refer to the NIEJI hotline map to find out who to contact in your state.

COMMON AGE-RELATED CHANGES

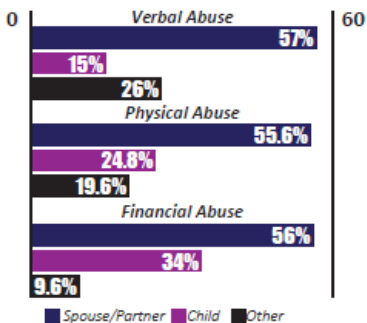
- Aging is accompanied by gradual changes in most body systems, cellular and molecular levels, including age-related diseases.
- Common biological changes:
 - o Cardiovascular system
 - Hypertension (high blood pressure)
 - Orthostatic hypotension
 - o Integumentary
 - Capillary fragility
 - Decreased in subcutaneous adipose tissue
 - Thinner epidermis
 - o Musculoskeletal system
 - Arthritis
 - Osteoporosis
 - Sarcopenia
 - o Neurologic system
 - Cognition
 - Memory
 - Reaction time
 - o Sensory
 - Poor hearing, cataracts
 - Macular degeneration
 - Presbycusis
 - o Renal
 - Decrease in creatinine clearance¹
- It can be hard to tell if sores or injuries result from natural causes or from elder abuse and/or neglect.
- Age-related changes can mask or mimic signs of elder abuse or neglect, such as:
 - o Age spots
 - o Liver spots
 - o Thinning skin and medications may lead to easy bruising
 - o Multiple co-morbidities
 - o Medication effects
 - o Cognitive impairment¹

RESEARCH ON ELDER MISTREATMENT

NATIONAL ELDER MISTREATMENT STUDY

- Out of 5,777 older adults in the study, 589 reported being mistreated in the previous year.
- The study included 132 American Indian or Alaska Native participants.²

OLDER ADULT AND MISTREATMENT AND OFFENDER RELATIONSHIPS



OLDER ADULT MISTREATMENT AND OFFENDER RELATIONSHIP

- A nationally representative sample (3,005) of adults aged 57 to 85 years living in a community setting were asked if they had experienced mistreatment in the previous year. Those who reported mistreatment were asked about their relationship to the perpetrator.³

ELDER ABUSE IN A NATIVE AMERICAN TRIBE

Survey on “very traditional” older adults from southeastern tribe reported the following:

- Physical Abuse 16%
- Neglect 32.4%
- Financial exploitation 21.6%⁴

PHYSICAL ABUSE OF URBAN NATIVE AMERICANS

A medical chart review of 550 northwestern American Indians and Alaska Natives showed the following:

- Physical mistreatment was documented as definite or probable by 10% of Native Elders
- Only 31% of definite cases of physical mistreatment in this sample were reported to authorities.
- Apparent inadequacy of providers reporting suspected abuse.⁵

PERCEPTIONS OF ELDER ABUSE AMONG NATIVE AMERICAN SENIORS

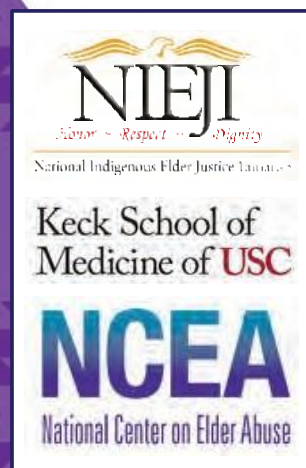
This study included a survey of 470 Native American participants age 55 years and older. Participants resided in both rural, urban, and reservation settings. This survey included questions about participant perspectives on elder abuse, neglect, and exploitation.

- The most significant concerns identified were:
 - o Neglect
 - o Emotional abuse
 - o Financial exploitation⁶

REFERENCES

1. Mosqueda, L. (2016). Elder Abuse: Training for healthcare professionals. The Keck School of Medicine and University of Southern California Center on Elder Mistreatment.
2. Acienro, R., Hernandez, M.A. Amstader, A.B., Resnick, H. S., Steve, K., W., & Kilpatrick, D. G. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. *American Journal of Public Health, 100*(2), 292-297.
3. Lauman, E. O., Leitsch, S. A., & Whaitte, L. J. (2008). Elder mistreatment in the United States: Prevalence estimates from a nationally representative study. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 63*(4), S248-S254.
4. Brown, A. S. (1989). A survey on elder abuse at one Native American tribe. *Journal of Elder Abuse and Neglect, 1* (2).
5. Buchwald, D., Tomita S., Hartman S., Furman R., Dudden M., & Manson, S., M. (2000). Physical abuse of urban Native Americans. *Journal of General Internal Medicine, 15*, 562-564.
6. Baker-Demaray, T. B. (2009). Perceptions of elder abuse among Native American seniors (Master's thesis). University of North Dakota, Grand Forks.
7. Winchester, B., (2017). Cultural Awareness in Dementia Care. Paper presented at Honoring Elder.
8. Mosqueda, L., Burnight, K., & Liao, S. (2005). The life cycle of bruises in older adults. *Journal of the American Geriatrics Society, 53*(8), 1339- 1343.
9. Pham, E., & Liao, S. (2009). Clinician's role in the documentation of elder mistreatment. *Geriatric Aging, 12* 323-327. Retrieved from http://www.centeronelderabuse.org/docs/ClinRoleDocumentEM_Liao2009.pdf
10. National Center on Elder Abuse. (2017). Elder abuse screening tools for health care professionals. Retrieved from: <https://eldermistreatment.usc.edu/wp-content/uploads/2016/10/elder-abuse-screening-tools-for-healthcare-professionals.pdf>

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The NIEJI project has been retired, but they have granted NIIJI permission to share materials.

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