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.



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Today's Host



An information clearinghouse designed to improve the national response to elder abuse, neglect and exploitation by a) gathering, housing and disseminating current information, b) stimulating and identifying new approaches, and c) detecting and addressing gaps in the field.

The NCEA disseminates resources, provides expert technical assistance and participates in nationwide training.





NCEA Mission

The <u>National Center on Elder Abuse (NCEA)</u> serves as a national resource center dedicated to engaging and empowering older people so that they may be an advocate for themselves and their communities.

First established by the U.S. Administration on Aging (AoA) in 1988 as a national elder abuse resource center, the NCEA was granted a permanent home at AoA in the 1992 amendments made to Title II of the Older Americans Act.





Housekeeping

- All attendees will enter the meeting on listen-only mode.
- If you have questions, type them in the chat box. We will address them during the Q&A session at the conclusion of the presentation.
- If you experience technical difficulties during the webinar please type a message in the chat pod directed towards panelists and we will help resolve your issue as quickly as possible.
- Workshop recording and presentation materials will be made available via the Training Resources on Elder Abuse website: <u>https://trea.usc.edu/</u>.



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Webinar Objectives

Learn more about:

- Recent research identifying new national-level prevalence rates and predictors of abuse among American Indian and Alaska Native elders.
- Findings from a recent national needs assessment focused on screening and management of elder abuse in tribal health settings.





Today's Presenters



Jolie Crowder PhD, MSN, RN, CCM



Kendra Kuehn MSW



Linda Carson PhD, MPH, BSN



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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.

www.iasquared.org

Secondary Analysis of the National Elder Mistreatment 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







OTHIS 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



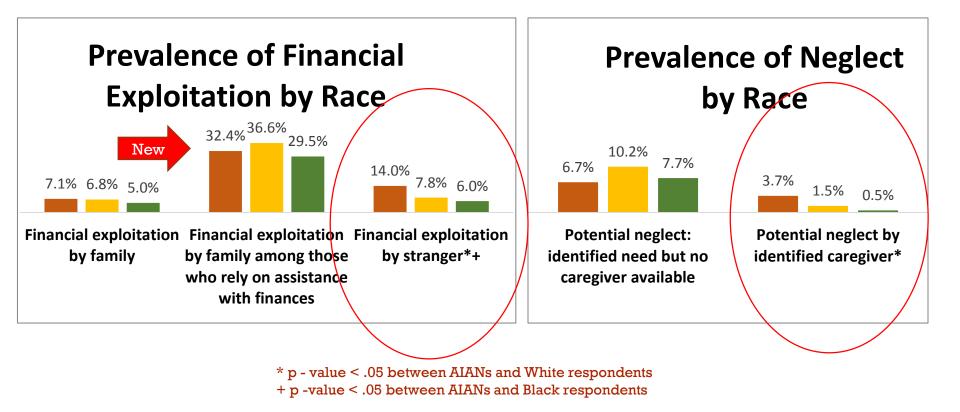




FINDINGS

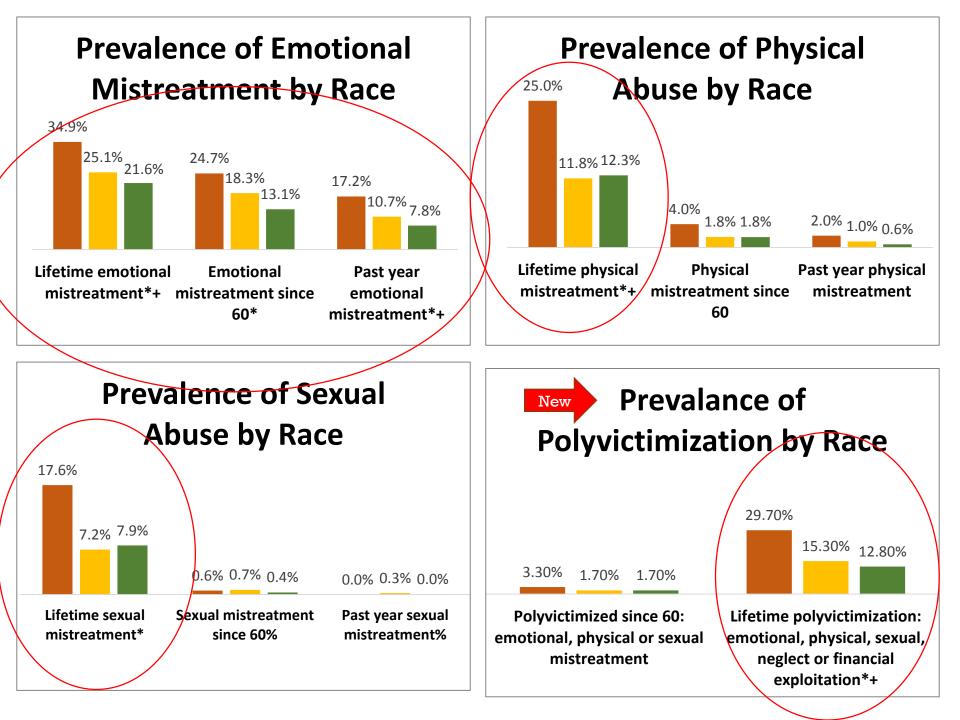
RESULTS

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









PERPETRATORS

		Race							
		American Indian		Black or African		White or		p - value	
		and Alaska		American alone		Caucasian		Chi-square	
		Native alone or				alone			
		in combination							
		Count	Column	Count	Column	Count	Column	AIAN	AIAN
			%		%		%	vs.	vs.
								Black	White
Emotional mistreatment									
Perpetrator lived with	Yes	6	16.7%	17	23.3%	220	35.5%	.426	.021*
victim	No	30	83.3%	56	76.7%	400	64.5%		
Perpetrator had	Yes	11	33.3%	15	22.7%	122	21.4%	.258	.109
substance abuse issues	No	22	66.7%	51	77.3%	447	78.6%		
at time of incident									
Perpetrator ever	Yes	6	20.7%	10	19.2%	114	21.7%	.874	.896
received mental health	No	23	79.3%	42	80.8%	411	78.3%		
counselling									
Physical abuse									
Perpetrator lived with	Yes	3	50.0%	8	72.7%	62	68.9%	1	.338
victim	No	3	50.0%	3	27.3%	28	31.1%		
Perpetrator had	Yes	3	60.0%	7	70.0%	38	43.7%	1	.475
substance abuse issues	No	2	40.0%	3	30.0%	49	56.3%		
at time of incident									
Perpetrator ever	Yes	2	50.0%	3	30.0%	21	26.9%	.580	.316
received mental health	No	2	50.0%	7	70.0%	57	73.1%		

Emotional mistreatment: only difference between other groups was 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, (hx of mental health counseling rates not as sig)

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

- Older age for most types of abuse
- Higher social support score for 3 types of abuse
- Male gender for lifetime sexual abuse

Risk Factors

- "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

Not Significant (surprisingly)

- 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
 - Iove you and make you feel wanted
- Add up to total score





HOW WAS ABUSE MEASURED?

- Series of behaviorally specific questions
- E.g., Physical Abuse
- "Has anyone ever hit you with their hand or object, slapped you, or threatened you with a weapon?"
- "Has anyone ever tried to restrain you by holding you down, tying you up, or locking you in your room or house?"
- "Has anyone ever physically hurt you so that you suffered some degree of injury, including cuts, bruises, or other marks?"





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 <u>nationally representative</u> 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 underfunded)
- Well designed <u>screening</u> and <u>intervention</u> 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







Please submit your questions in the chat pod and we'll answer them during the Q&A session at the end of today's webinar!

Contact information: Jolie Crowder, MSN, RN, CCM Jwc2h@virginia.edu

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 (cliniclevel) 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

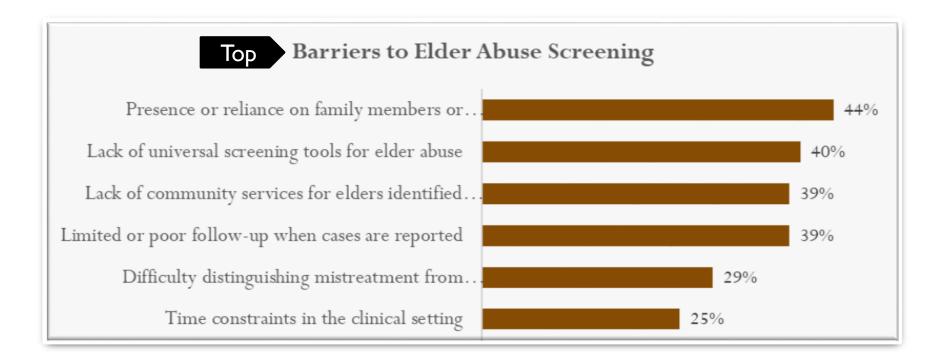
METHODS

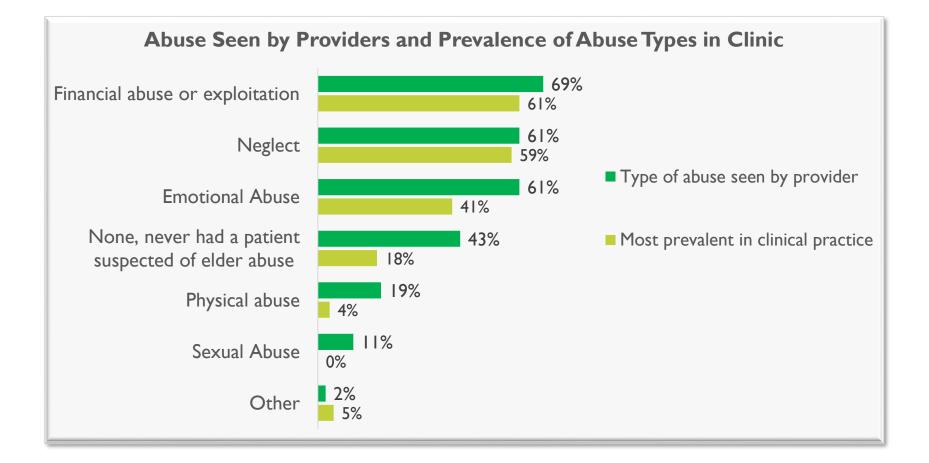


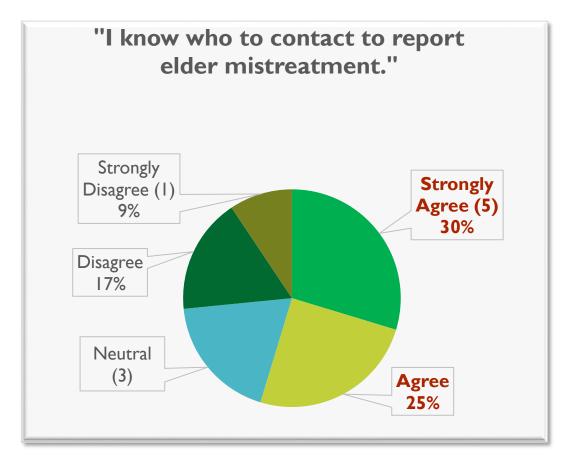


PARTICIPANTS

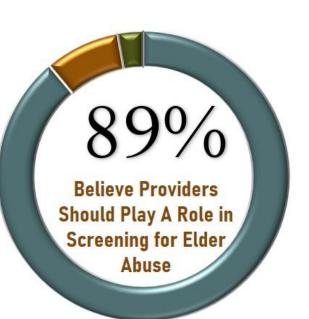
- 22 different states
- Interviews:
 - Physicians, PAs, NPs, social workers, nurses, home health, behavioral health, APS, elder services, domestic violence staff
 - Most from rural clinics & serve patients from multiple tribes
 - 3 urban Indian clinic staff
 - Most respondents work in clinics that provide 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







- 69% of health care providers feel they DO NOT have adequate training in elder abuse screening and management (<u>way different</u> 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

2 PAGER SUMMARY: SUMMARY RESEARCH REPORT: FULL REPORT:

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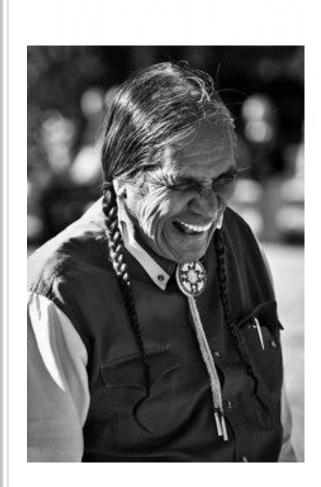
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More Work Ahead

- Pieces on new Pharmaceuticals training module(s)
- Topical Fact Sheets
- Research Briefs





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Educational Resources

Useful and **FREE** web based tools:



ncea.acl.gov

USC Center on Elder Mistreatment

Training Resources on Elder Abuse USCUniversity of Southern California

eldermistreatment.usc.edu

trea.usc.edu





Elder Abuse Guide for Law Enforcement

eagle.trea.usc.edu

ncea.acl.gov/Resources/STEAP.aspx

NCEA National Center on Elder Abuse



Thank You!!

Are there any questions?

National Center on Elder Abuse 1-855-500-3537 (ELDR) <u>ncea-info@aoa.hhs.gov</u>

National Center on Elder Abuse



