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Elder Abuse in American Indian Communities

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INTRODUCTION

It is estimated that by the year 2030, approximately one in five individuals in the United States will be age sixty-five or older.[1] For American Indians, the elder population is the fastest-growing cohort with an estimated one to two million elders reaching the age of sixty-five years or older by the year 2050.[2] As these older cohorts grow in number, so does the possibility that many will experience abuse or neglect leading to early death or disability.

Elder abuse continues to grow as a national public concern. Because there are numerous methods of sampling and surveying and several definitions of abuse, the best estimates of elder abuse report that between one to two million elders over the age of sixty-five have been mistreated by someone upon whom they depend for care or protection.[3] Little is known, however, about the abuse of elders in minority populations. Even less is known about elder abuse, barriers to care, and social service needs of elders in American Indian communities.

Because of the baby boom generation (birth rates that occurred between 1946 and 1964) and increases in the average life expectancy, it is estimated that in 2050 nearly 21 percent of the US population will be elders over the age of sixty-five.[4] This is up from the current 12.4 percent currently documented by the census.[5] In 2000, there were nearly three hundred thousand American Indian and Alaska Native elders over the age of sixty-five compared to a total of thirty-five million elders in the United States.[6] Likewise, the American Indian population is reported to be one of the fastest-growing populations in the nation. Compared to whites, blacks, Asians, and Hispanics, it is expected that American Indians will have the largest percent change in the population. By 2050, the American Indian population is predicted to double.[7]

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Not only is the American Indian population rapidly increasing, but also they encounter many health disparities. American Indian elders experience a higher prevalence of chronic diseases, such as obesity, diabetes, and cardiovascular disease, than white elders.[8] Prevalence estimates of all risk factors for chronic disease are also higher for American Indian and Alaska Native elders, particularly cigarette smoking, sedentary lifestyles, obesity, and diagnosed diabetes. Additionally, American Indians are more likely than whites to perceive their health as fair or poor. The age-adjusted heart disease mortality rate is higher for American Indians than the rest of the US population and has remained stable for the past twenty years. The heart disease mortality rate for the US population, however, has decreased over time.[9]

Although the many American Indian tribes of the United States are unique in their own customs, languages, and histories, a common thread throughout their traditions and cultural lifestyles is that they are of a culture that reveres the elder in their communities. Elders are the carriers of the culture/history; they are the storytellers, holders of wisdom, and strength of the community. They assist in raising children; teach languages, customs, and ceremonies; and often comprise leadership groups of spiritual leaders, healers, and council chairs.[10] This article seeks to identify the different types of abuse that are prevalent in American Indian communities both on and off reservations. Implications for mistreatment will be explored because the existence of elder abuse among American Indian populations is an important concern as it could contribute to further health disparities. Recommendations for additional research are made based on the status of the issue discussed.

DEFINITION OF ELDER ABUSE

The definition of elder abuse incorporates all types of mistreatment or abuse toward older adults. Mistreatment includes intentional or unintentional physically, psychologically, sexually, or financially abusive acts. Older adults are also more likely to face certain types of mistreatment than younger adults such as omission or neglect and abandonment by a provider resulting in unnecessary suffering, injury, pain, loss or violation of human rights, and decreased quality of life.[11]

In mainstream society, one would typically associate an elder with being at the retirement age of sixty-five or older. Federal requirements for Medicare and social services maintain that the age requirement to define an elder is set at sixty-five; however, tribal groups often set the criteria for elder status at age fifty-five. In many American Indian communities, chronological age does not define an elder. The construct of being an elder does not have guidelines, limits, or constraints. The notion of calendar date birthdays determining elder status has not been accepted by American Indians as normative.[12] Elder status is often based on life experience, wisdom, and respect from the community.

PREVALENCE OF ELDER ABUSE IN THE UNITED STATES AND AMERICAN INDIAN ELDER ABUSE

Studies show that between 4 and 6 percent of older adults report experiencing incidences of domestic elder abuse, neglect, and financial exploitation.[13] Of the abuse reported, 58 percent of the cases were spousal abuse and 24 percent of the cases were abuse by adult children.[14] Females more commonly suffer from abuse than males.[15]

However, not all cases of elder mistreatment are reported. The National Elder Abuse Incidence Study (NEAIS) estimated a total of 551,011 elder persons experiencing abuse, but according to adult protective service agencies only 115,110 were reported.[16] This data suggests that nearly three-quarters of cases are never reported.

Few studies have been conducted measuring the amount of abuse in Indian country. One study reported 10 percent of urban American Indian elders suffer from definite or probable physical mistreatment.[17] This percentage does not include other types of abuse such as psychological abuse, financial abuse, or neglect, and it is therefore likely that this is an underestimate of overall elder abuse. Similarly, it has been reported that Northern Cheyenne and Navajo elders also experience a large percentage of physical mistreatment with 19 percent and 16 percent of elders reporting abuse, respectively.[18] It is likely that these figures are also underestimates because of the lack of consideration of psychological abuse, financial abuse, or neglect.

The most prevalent form of abuse among American Indians is neglect. The presence of neglect has been associated with the number of hours of care that families provide their elders, the psychological conditions of the elder persons being cared for, how quickly the elderly persons become dependent on care, families trying to share caregiving responsibilities, and the extent to which a family crisis will be created if no care is provided.[19]

The primary abuser in most cases of elderly mistreatment is the caregiver that provides care on a daily basis. Factors that contribute to the mistreatment are caregiver alcohol/drug use, psychological illness in the home/caregiver residence, marital conflict/domestic violence, financial dependence of the caregiver on the elder, multiple caregivers, and medication noncompliance.[20]

Consequences of Abuse

Few studies regarding the effects of abuse on an elder's psychological and physical status have been conducted. One study, however, examined the effects of mistreatment on elders. After adjusting for all possible factors that could contribute to mortality, M. S. Lachs et al. found that abuse is associated with interpersonal stress and shorter survival. Those who were abused were more likely to live shorter lives than nonabused elders.[21] An additional study found that elders who were victims of physical abuse had significantly more alcohol use, current depression, history of depression/suicide attempts, and overall health problems.[22] Victimized persons are also put at a higher risk for additional disability and recurrent abuse. Further research is needed

concerning the psychological and physical effects of elder abuse. This could also provide insight about the extent to which elder abuse has an effect on current American Indian health disparities such as obesity, diabetes, and cardiovascular disease.

Why It Exists

The occurrence of different types of elder abuse could be a product of numerous situations. The mistreatment, neglect, or physical abuse of an elder has been linked to an overburdened caregiver, a dependent elder, a psychologically disturbed abuser (due to emotional state, psychiatric state, or substance abuse), low income/poverty, and childhood abuse. The most common contributing factor toward elder abuse is stress—either by the caretaker or the elder.[23] In many cases elders are cared for by younger family members or other youth in the community. Youth are oftentimes dependent on their elders for financial aid. This dependency adds stress to the young caretaker. Perhaps the prevalence of elder abuse would subside if there were less stress and/or less dependence on elders for financial assistance. For example, less elder mistreatment occurs on Lone Mountain Reservation than on Abundant Lands Reservation.[24] Additionally there is greater income potential on Lone Mountain Reservation and less dependence on elders for financial assistance. Also, the Abundant Lands' communities are more remote, thus creating a larger potential for neglect because caregivers must travel longer distances to provide for the elders.

Researchers are finding a strong correlation between poverty and elder abuse among American Indians.[25] Abuse has been found to be highest when the elders and their caregivers live in poverty. According to the US Census Bureau, more than 22 percent of American Indians are reported to be living in poverty compared to only 12 percent of the total US population. American Indians also suffer from higher rates of unemployment and lower levels of education than the rest of the US population. These hardships are linked with causes for elder abuse.

The overburdened caregiver may also be the source of abuse. The caregiver may endure an extra burden due to several reasons. He/she may feel anxious about managing severe disease conditions in the home. Family members caring for elders have expressed their worry and uncertainty experienced when caring for those with severe or multiple disease conditions.[26] For example, caregivers were particularly concerned with learning how to provide care to amputees or how to deal with complications of diabetes. Learning how to use high-tech medical equipment in the home can be an added stressor.

Burden may be placed on the caretaker due to problems with difficult psychosocial aspects of care such as psychological health problems or the recipient's noncompliance. In addition to providing the technical care to elders such as feeding, cleaning, and providing medication, caregivers can be responsible for the provision of emotional support. They may encounter frustration and helplessness when trying to assist a depressed or noncompliant elder. Caregivers report that they typically receive little or no information

from health care providers regarding the psychosocial aspects of care.[27] Caretakers are then forced to develop their own strategies to deal with distressing behaviors. Having to figure out ways to deal with difficult behavior requires patience and adds large amounts of stress.

Additionally, caring for an elder may cause strains on family relations for the caregiver. The caretaker's family members may not help or understand the demanding requirements of care, thus causing stress for the caretaker from competing with the demands of caregiving and the demands of other family responsibilities. The added stress and burden to the caregiver may create negative effects on personal health and well-being. Many caregivers faced with physically demanding caregiving tasks report being chronically fatigued or experiencing other health stresses.[28] In addition to stress, the caregiver's health status could affect the quality of care or contribute to the existence of elder abuse.

The physical and psychological demands of caretaking are augmented by factors that many non–American Indian caregivers or elders may face. Many American Indians face obstacles, particularly those living on the reservation or of low income, such as the lack of central heating, a washing machine, or indoor plumbing.[29] The lack of modern conveniences adds both physical and psychological burdens to the caregiver when caring for a dependent elder.

In addition to the caretaker's stress, the individual elder's stress is a factor contributing to elder abuse.[30] Stress could be caused by lack of control over family or financial matters, loss of social support, or acculturation. Research has shown that intergenerational psychological consequences of more than four hundred years of genocide and forced acculturation include stress and negative feelings and/or depression.[31] This added stress could be a factor contributing to elder abuse. Also, as elders age they may feel reluctant to give up the responsibility of providing for their family and to accept being cared for. An elder having a difficult time with aging and losing control over household matters will undergo extra stress and create difficulty for the caretaker.

As the need for long-term care among American Indians grows, unfortunately barriers to health care services arise because of limited funding and an emphasis in federal health policy on meeting the acute care needs of American Indians. Additionally, existing Indian Health Services (IHS) assistance is primarily focused on improving maternal and child health or the health of the adult population. Formal geriatric services are still needed. Because of additional barriers such as distrust, lack of communication, or cultural insensitivity, health care services that are offered may be underutilized. However, all implications on the occurrence of elder abuse could be made for both domestic and institutional cases.

SILENCE IN THE INDIAN COMMUNITY

Limited studies have been conducted regarding the current issue of abuse in American Indian communities; however, the results of the few research attempts suggest a growing concern among this population.[32] The research that has been done reports an evident prevalence of elder abuse among

American Indians; however, perceptions persist that because of the respect Native cultures accord older adults, mistreatment is unlikely. Although elders are universally respected, differences in treatment still exist. Mistreatment of an elder might be contrary to the role expectations of a tribal member and could often go unsaid. Elders are valued in American Indian communities and are seen as bodies of wisdom and knowledge. To mistreat an elder would be considered acting against tribal expectations and disrespecting the culture. The elders may also feel deserving of mistreatment because they are not meeting their role expectations as an elder or family member and would become reluctant to mention anything to a health care provider, friend, or family member. Reluctance to admit to any abuse or mistreatment by elders could also be caused by the fear of causing harm to their caretaker, normally a family member. In an attempt to protect and respect their caretaker or family member, the elders would remain silent.

Each tribe across the United States responds to elder abuse differently. Not all tribes agree upon the same scope of actions that delineate abuse. This would affect the reported prevalence of elder abuse among all American Indians because what might be assumed to be abuse in one tribe may be considered standard or close to standard in another tribe. Some tribes rely on state and county protective service programs to respond to and mend the issue, while other tribes have developed their own response systems. Examples of tribal-specific response systems to elder abuse include codes that require or encourage victims and concerned parties to report abuse, designate a tribal agency to investigate reports, and offer guidance in meeting the health care needs of families.[33] The IHS is a federal agency that operates a health delivery system for American Indians throughout the United States. Although IHS is implementing a special initiative on domestic violence, it does not have any programs that specifically address elder abuse.[34]

The scope and nature of elder abuse among American Indian communities has not been explored thoroughly. Only 3 (1 Navajo and 2 Plains tribes) of the more than 567 federally recognized tribes in the United States and one urban population have been the subject of research.[35] These studies show an obvious existence of abuse within these communities; however, significant differences seen in the different types of abuse reported point the way toward necessary future exploration, and are a mere snapshot of the public concern.

NEED FOR FURTHER RESEARCH

The lack of qualitative studies and epidemiological research on American Indian elder abuse could be attributed to the assumption that mistreatment among American Indians is unlikely because of the universal respect for elders. It is evident that this issue exists based on published reports; however, it is likely that the prevalence and incidences of elder abuse found are underestimates due to underreporting and miscoding of the types of abuse. Further studies are needed to investigate the actual prevalence of elder abuse among American Indian communities in the United States and its causes and risk factors so that culturally appropriate approaches for interventions to alleviate

the problem can be developed and implemented. It would also be worth doing further research on how elder abuse is manifested in different tribes to see if this would have an effect on epidemiological studies on the prevalence of elder abuse among American Indians.

Additionally, in an effort to decrease any current elder abuse, services should be offered to families and caregivers on how to manage tasks and responsibilities of caretaking. If the caregiver endures less burden or stress it is possible that any elder abuse could subside. Some possible prevention strategies would be to encourage caregivers to develop and adopt fixed routines for managing the medical and nonmedical aspects of care, improve mobilization of family assistance, and obtain periodic breaks from caregiving. Other measures could be the periodic review and checking of elder members of communities, reducing social isolation, and improving transparent caregiving so that responsible reporting and needed services are rendered. It is important to take strategic approaches to reduce the impact and prevalence of this issue in order to prevent further health disparities positioned on American Indians.

NOTES

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