

A Review of the Literature
Elder Abuse in Indian Country

Research, Policy, and Practice



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National Indian Council on Aging

Since it was founded by the National Tribal Chairmen’s Association in 1976, the National Indian Council on Aging (NICOA) has served as the nation’s foremost nonprofit advocate for American Indian and Alaska Native elders. For 27 years, NICOA has provided leadership and effective advocacy for Indian aging issues. The organization has been actively involved in public policy and research efforts on the federal, state and local levels. NICOA is a recognized authority on issues of demographics, quality of life and public policy issues pertaining to Indian elders.

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Elder Abuse in Indian Country

A Review of the Literature — Research, Policy, and Practice

Introduction

In 2002, the National Center on Elder Abuse awarded a grant to the National Indian Council on Aging (NICOA) to explore the nature and extent of elder abuse in Indian country,¹ describe what is currently being done about it, and identify promising approaches and practices for addressing the problem.

The project was carried out in two phases. During the first phase, a review of the literature on elder abuse in Indian country was conducted. This included a review of published research articles as well as reports and monographs that emerged from public policy hearings, summits or meetings. This document presents the findings of the literature review. It further describes the roles of key agencies and organizations in abuse prevention and consolidates the recommendations that appear in the literature.

A second, companion document, *Preventing and Responding to Abuse of Elders in Indian Country*, was also produced. The document, which is available from NCEA and NICOA, begins where this one leaves off. It draws from the background material, insights and recommendations contained in this document, and supplements it with new knowledge yielded from a variety of activities, including a survey of Older Americans Act Title VI Directors, interviews with experts and discussions with service providers and Indian elders. It represents a synthesis of collected wisdom, current practice and the perspectives of researchers, service providers and elders.

Part 1 Research Findings

Little is known about the scope and nature of elder abuse and neglect in Indian country. Only three of the more than 567 federally recognized tribes in the United States and one urban population have been the subject of scientific studies, and even among these groups, significant differences have been noted (Baldrige & Brown, 2000; Carson & Hand, 1998). The lack of standardized definitions, small sample

¹ The definition of "Indian country" has changed over history, but the term generally is used today to collectively describe land wherever there are American Indian nations, bands, tribes, reservations, communities or individuals throughout North America. The concept of Indian country will continue to blur as Indians become more integrated into mainstream urban populations and tribes enter into more complex joint contracts and agreements with cities, counties and states (D. Baldrige, personal communication, April 27, 2004).

The terms American Indian and Native American are both used in the publications, policies and reports cited in this review. Some also refer to Alaskan Natives and Indigenous people. In citing specific source materials, the terminology used by their authors is retained. For a discussion of terminology, see Baldrige, 2003.

sizes, and the subjective nature of the studies (most findings are based on professionals' perceptions) limit the extent to which the findings can be generalized. But despite their limitations, these studies suggest that abuse is a growing concern in Indian country. They further provide valuable insight into the factors that contribute to or mitigate risk and point the way toward promising areas for future exploration.

A Study of Abuse Among Navajo Seniors

The first empirical study of abuse and neglect against Indian elders explored the extent, types, severity and causes of abuse against Navajo seniors in the traditional rural community, Oljato (Brown, 1989). It further explored whether Indian seniors with an income are at greater risk than those with no income and whether the amount of income affects risk. A survey was administered to one-third (37) of the 110 members of the chapter aged 60 and older. One close relative of each elder in the sample was also interviewed.

Persons who reportedly abused or neglected Indian elders were equally divided between members of the elders' immediate families and neighbors. Neglect, which was defined as being denied food, medicine, companionship and bathroom assistance, was the most common form of abuse, accounting for 45.9% of the reported cases. Financial abuse accounted for 21.6% of the cases; this category, however, included using an elder's income for the benefit of other family members, a practice that was not considered to be abusive by the elders themselves. Elders who shared their income reported that they did so voluntarily. The amount of the income did not appear to matter; those who shared their incomes did so regardless of how much they received.

Psychological abuse accounted for 21.6% of the cases, and physical abuse accounted for 16%. Having an income placed elders at risk for both these types of abuse and, as was the case with financial abuse, the amount of income was not significant. Caregivers who were physically abusive tended to be younger than other caregivers and more likely to have personal problems, to be unemployed, to live with the elders they cared for, and to have other responsibilities. They were less likely to receive help from others.

A Closer Look at Caregiving and Neglect

Neglect is related to the need for care, and Brown explored the relationships between dependency, caregiving and abuse. He concluded that it was not the failure of families to respond to elders' need for care that resulted in abuse. Families and communities *did* respond to elders' need for care; the more care needed, the more they provided. Rather, the factor that appeared to affect risk was *how* care was provided.

Caregiving responsibilities may be assumed by a primary caregiver or shared by several people. Families that share caregiving responsibilities are also more likely to receive help from others in the community. It is perhaps surprising that the sharing of caregiving responsibilities was found to raise the risk of abuse, suggesting that when "everyone is responsible, no one is responsible." The sharing of responsibilities is influenced by several factors: families are more likely to share responsibilities when the extent of the dependency is great, the onset of dependency is sudden, and the amount of

care needed is great. The nature of elders' disabilities was also significant. Elders with mental impairments, including confusion, were found to be at greater risk. These findings suggest that the sudden onset of dependency and mental impairment may lead to crises, during which, those family members who are least prepared and capable are likely to become caregivers. This includes family members who are young, unemployed and living with the elders. Individuals who have poor relationships with the elders they care for, get no help from others, and have personal problems, including substance abuse, are also more likely to abuse.

When one person is designated as the primary caregiver, it is typically daughters who are widowed or divorced with children of their own. When abuse occurs, it is likely to be psychological, neglect or both.

The Impact of Poverty and Isolation

Maxwell & Maxwell (1992) explored whether poverty and isolation contribute to the risk of abuse by comparing the prevalence of abuse on an impoverished Plains Indian reservation with that on a less impoverished one. The definitions used in the study were developed by reservation officials and include: 1) physical abuse, or the infliction of personal harm; 2) primary (purposeful) neglect; and secondary (not deliberate) neglect. Interviews were conducted with health and social service providers and tribal officials on the two reservations.

The impoverished Lone Mountain Tribe (the names are fictitious) has little land suitable for agriculture or grazing and few job opportunities. As a result, many adults have left the reservation to find jobs. Those that remain are likely to be unemployed and living in poverty. Elders hold what little good land is available and are also likely to have regular monthly income from Social Security or Supplemental Security Income. Consequently, young adults living on the reservation are likely to be dependent on elderly family members' limited income. The Lone Mountain tribe is also relatively isolated from the outside world.

In contrast, the Abundant Land Reservation has land that is usable for grazing and agriculture, as well as a factory that provides employment opportunities. As a result, young people are less likely to be financially dependent on elders. The tribe also has greater contact with outsiders.

Comparisons of the two groups revealed that there was much less abuse on the wealthier Abundant Land Reservation; that which was reported tended to be secondary (not deliberate) neglect. Physical abuse to elders on the reservation was categorically denied. In contrast, Lone Mountain respondents reported a high incidence of financial abuse, which included stealing and "conning" seniors, primary (deliberate) neglect and physical abuse. There was some evidence of sexual abuse. Physical abuse and neglect occurred in association with personal problems, including unemployment and substance abuse. Although it had been postulated that the lack of contact with outsiders would keep traditional family relationships intact and reduce the likelihood of abuse, the data did not

support that assumption. The authors also note that tribal elders and other members on the two reservations saw abuse as a health problem caused primarily by community, rather than individual or family, dysfunction.

Abuse in an Urban Setting

The only study to focus on Indians in an urban setting explored the incidence of, and risk factors associated with, physical abuse to Indians and Alaska Natives aged 50 and older who were served by the Seattle Indian Health Board (Buchwald et al., 2000). A retrospective review of 550 medical charts was conducted to determine the extent of physical abuse, which was classified into the following categories:

- **Definite:** The record explicitly indicated that an injury was inflicted by a family/household member, caregiver or other person.
- **Probable:** The patient was the object of abuse but no etiology was indicated.
- **Suggestive:** The reported cause of injuries did not appear to account for their location or severity.

Victim characteristics that were explored included gender, age, alcohol use, current depression, a history of depression or suicide attempts, and health problems. Conclusions about caregiver characteristics could not be drawn owing to the fact that only two of the abused and 40 of the non-abused elders had caregivers.

Fifty-five seniors (10%) had definitely or probably been abused, and an additional 7% were classified in the “suggestive” category. Gender was found to be the most significant risk factor, with women 9.4 times more likely than men to be physically abused. In 88% of the cases, the abuser was male and the victim was female. Of the remaining cases, 2.8% involved female to male abuse, 2.8% involved a male and a female abusing a woman, and 2.8% involved a male and female abusing a man. Other factors that were found to be significant were age, depression and dependency for food. Victims were found to be younger than non-victims; the average age of victims was 56 compared to 62 for non-abused elderly patients. Victims were 4.4 times more likely to be depressed and 2.7 times more likely to depend on others for food.

Another important finding was that reports to authorities were only noted in 31% of the cases. Although the researchers acknowledge that the health care professionals who treated abused patients may have made reports without noting it in the charts, they suggest that this finding underscores the need to provide clinicians with instruction in how to screen for, report and respond to abuse.

Service Providers’ Perceptions of Elder Abuse

A 1990 study by Brown, Fernandez & Griffith explored how Navajo service providers perceive abuse and how their perceptions are influenced by their cultural orientation and work experience. Interviews were conducted with 152 health and social service providers, law enforcement officers, tribal officials and community volunteers. These individuals were asked about four kinds of abuse: physical, verbal, neglect and exploitation. They were

also asked whether they felt that abuse was intentional and repetitive (a pattern of behavior).

According to the respondents, neglect and exploitation are the most common forms of abuse. They further indicated that those elders most likely to be abused are: 1) women, 2) very old, 3) socially isolated in their own homes, 4) perceived as burdens to their families, 4) living with their abusers, 5) in poor physical condition, and 6) likely to have become dependent on others suddenly. The respondents characterized abusers as: 1) family caregivers, 2) likely to be unemployed, 3) poor and in need of money, 4) feeling burdened by caregiving, and 5) depressed. They did not believe that abusers were likely to have been abused by others in the past or to have histories of abusing others. They were also in agreement that abuse was repetitive.

To determine how service providers' perceptions and attitudes about abuse are influenced by their cultural orientation and their experiences on the job, the researchers looked at four factors: 1) whether or not respondents were Navajo, 2) whether they saw themselves as being oriented toward Navajo values, 3) whether they worked directly with elders, and 4) their experience handling abuse cases.

Cultural orientation was found to be more important in shaping the service providers' attitudes about the extent of abuse than their actual experiences handling abuse cases; Navajo workers who are oriented toward Navajo values saw the extent of the problem as greater than persons who are not oriented to traditional values. Actual experience handling abuse cases did not appear to influence these workers' impressions of the extent of the problem. Those with no direct experience rated the extent of the problem equally high.

Experience handling abuse cases does, however, appear to shape workers' attitudes about whether abuse is intentional (premeditated or deliberate) or "situational" (tied to factors like poverty, unemployment and the tensions of caregiving). Experienced workers were more likely to believe that abuse was intentional than those with no experience handling cases. Experienced workers were also more likely to believe that when abuse was intentional, it was caused by pathological problems or histories of being abused or abusing others.

The respondents were also asked whether they believed that the use of an elder's income by other family members constituted exploitation. Navajo service providers, even those who are strongly oriented toward Navajo values, were likely to agree with their non-Indian colleagues that elders should spend their money on themselves. The authors point out that this view goes against the traditional Navajo value of interdependency within families, a value held by many elders. They suggest that Indian workers, like their non-Indian colleagues, see themselves as advocates for individual clients, a role that is incompatible with the Navajo tradition of mutual support and sharing. The authors further suggest that this role may create cultural conflicts between service providers, elders and families.

Elders' and Other Tribal Members' Perceptions of Elder Abuse

Hudson & Carlson (1999) explored Native American, Caucasian and African American seniors' perceptions of abuse, noting differences among the three groups. They further compared the seniors' perceptions to those of experts. Using a methodology that employs case vignettes that represent a range of behaviors from non-abusive to very abusive, seniors were asked to indicate which vignettes they felt constituted abuse and the seriousness of the abuse.

Both Native American and African American seniors categorized more of the vignettes as abuse than members of the Caucasian group. This finding suggested to the researchers that the two groups continue to hold on to their norms of respect and caring for elders and that members may be more sensitive than Caucasian seniors to the abuse of power owing to their experiences of racism. Of the three groups, the Native American seniors defined the most behaviors as abusive, followed by the African American seniors. For example, in one vignette, someone runs past an elder and bumps into him, causing him to fall and break a wrist. This conduct was seen as abusive by the Native American seniors but not by the African American or Caucasian respondents. A similar pattern emerged with respect to perceptions of severity. Native American elders ranked the abusive behaviors in the vignettes as more serious than the other two groups, followed by the African American elders.

The researchers also compared the seniors' perceptions to the perception of experts who had participated in an earlier Delphi survey that used the same vignettes. When the seniors' responses were compared to those of the experts, there was one notable difference: all three groups of seniors considered a single, isolated incident of mistreatment to constitute abuse in contrast to the experts, who believed that there must be repeated incidents.

Another study that explored cultural differences in how elders perceive abuse was conducted by the National Center on Elder Abuse (NCEA). The study included subjects from eight ethnic groups. Using a common instrument created by the research team (and adapted and translated as needed for individual groups), the survey explored seniors' perceptions of the prevalence and seriousness of various types of abuse, the role of families in intervening to stop abuse, causes, perpetrators and attitudes about reporting (Moon et al., 1998). The National Indian Council on Aging (NICOA) assisted in selecting the sample of Indian elders, inviting elderly NICOA members to participate. A total of 55 elders from 18 tribes participated. Admittedly, the survey did not adequately represent all tribes or even the tribes of the participants.

A particularly striking finding was how common and serious a problem Indian elders considered abuse and neglect to be. Although the available research indicates that the prevalence of child abuse is much greater than elder abuse, nearly 82% of the Indian elders who were surveyed agreed with the statement that elder abuse occurs as often as child abuse. Fewer than 4% disagreed, with the others stating that they did not know. Almost a third agreed with the statement that sexual abuse against elders occurs as often as sexual

abuse among children, with another third disagreeing and the remaining third stating that they did not know.

Elders' attitudes about the seriousness of different types of abuse were also noteworthy. This is particularly true with respect to psychological abuse. Close to 91% of the elders agreed with the statement that being ignored, excluded or isolated by family members is as hurtful as being physically abused, with only 3.6% disagreeing. Only 1.8% of the respondents agreed that it was ever all right to yell at elderly people, with 80% disagreeing.

Respondents' attitudes about financial abuse seemed to differ somewhat from those observed in earlier studies with respect to other family members' use of seniors' money. Although earlier studies had indicated that elders voluntarily shared their money with members of their families (Brown, 1989; Brown et al., 1990), 94.5% of the respondents disagreed with the statement that it is acceptable for an adult child to use his or her elderly parent's money for him or herself. A small percentage (3.6%) indicated that it depended on whether or not the money was given to the children by elders themselves.

When asked to characterize perpetrators, more than 72% of the respondents indicated that they believed that abuse was committed mostly by family members, with 10.9% indicating that it depended on the circumstances. Respondents were in disagreement as to whether or not abuse was mostly caused by persons who were mentally ill or substance abusers. As many as 30.9% agreed that this was the case, while another 16.4% said that it depended on the situation. The remaining 52.7% disagreed.

The study also appears to contradict the common perception that Indian elders do not believe that abuse should be reported by outsiders and neighbors. A total of 94.6% of those surveyed agreed that outsiders and neighbors should report known cases of elder abuse to authorities, with none disagreeing, and three indicating that it depended on the situation. The respondents differed, however, with respect to how certain they felt outsiders should be (that abuse was occurring) before they made reports. A small majority (54.5%) indicated that outsiders did not need to be absolutely sure, with 45.5% indicating that they should be absolutely sure or that it depended on the circumstances. Respondents also disagreed about whether outsiders and neighbors should, themselves, get involved. In all, 69.1% felt that neighbors and outsiders should not get involved, with 20% agreeing and 10.9% indicating that it depended on the situation.

Causes and Risk Factors

The literature on abuse in Indian country identified several factors that appear to increase the risk of abuse against Indian elders and others that mitigate it. As noted earlier, there have been few empirical studies; those that exist have focused on the experiences of just a few tribes, and, in some instances, the findings conflict. Therefore, the risk factors described below must be viewed with caution. More research is clearly needed to understand the risks and mitigating factors associated with abuse and neglect, their relative importance, and the relationships among them.

Economic Conditions and Dependency

The interplay between economic conditions, dependency and elder abuse is complex and not fully understood. It is generally agreed that poverty and the breakdown of community economic life in Indian country fosters dependency, which affects risk in two ways: elders who rely on family members for care and food are at risk, and elders upon whom others depend are also at risk (Brown, 1989; Brown 1990; Buchwald et al., 2000; Maxwell & Maxwell, 1992).

Brown (1999) points out that in the modern economic system, individuals receive payment for independently performing productive roles; those who fail to do so are “unemployed” and dependent. This way of looking at dependency changes how family members relate to each other, requiring new roles and relationships to be negotiated. This negotiation process often happens during times of crisis, tension, misunderstanding and conflict, and it is within this context that abuse and neglect occurs (Brown, 1998).

The extent to which Indian elders depend on family members for care, as well as the type and level of care they need, are affected by many factors. Indians are living longer today than in the past. Increased life expectancy brings with it more chronic health problems that require long term care. In addition, Indians experience age and illness-related health and functional limitations at an earlier age than their white counterparts (Carson & Hand, 1998). Disabling conditions, which include diabetes, cataracts, arthritis and mental health problems, create heavy demands on caregivers that are believed to raise risk (Carson, 1995; Carson & Hand, 1998). Further contributing to risk is a critical shortage of skilled nursing facilities and community-based long term care services for Indians. The demands on caregivers are particularly great when seniors lack adequate services in their homes, including running water, indoor toilets, electricity and phones. It has been noted, in fact, that admissions to nursing homes are often the result of problems at home, including unsafe conditions, lack of transportation, and insufficient caregivers, as opposed to health problems (Brown, 1998).

While the need for care has grown, available resources have dwindled. The lack of jobs on reservations or close to where they live forces many Indians to seek employment in urban areas. This migration depletes the workforce, making it more difficult for tribes to assume responsibility for elders’ care. It further reduces the number of available caregivers and increases the demands placed on them (Carson, 1995; Carson & Hand, 1998). Maxwell & Maxwell (1992) suggest that the more ambitious youth move away, leaving behind the less adaptable. Elders who are left behind are often isolated and at risk for neglect.

On the other hand, owing to high rates of unemployment and poverty, Indian elders may support family members who are unemployed and impoverished, using their income from pensions, Social Security and Supplemental Security Income. Brown (1989) points out that having an income is a “Catch 22” for elders. Those with low income are at risk for neglect, while those with some income are at greater risk for psychological and/or physical abuse.

A variety of other factors related to poverty (sometimes referred to as “concomitants” of poverty) have been suggested as potential risk factors. These include poor health and nutritional status; significantly higher than average rates of physical disability; substandard housing; frequent losses; emotional trauma caused by death, divorce, and abandonment of family members; job loss; a high percentage of single-parent (mostly female) headed households; mental health problems, including depression; lower educational attainment and elevated high school dropout rates; increased prevalence of child abuse and neglect; high crime rates; drug and alcohol abuse and the associated problems of automobile accidents and fetal alcohol syndrome and effect; teenage pregnancy; low self esteem; a loss or diffusion of identity; and a sense of powerlessness and hopelessness about the future (Brown, 1998; Carson & Hand, 1998; Maxwell & Maxwell, 1992).

Gender

Elderly Indian women appear to be at greater risk of abuse and neglect than men, and men are more likely to abuse (Brown, 1989; Buchwald et al., 2000). The study of physical abuse in an urban setting found that victims were female and abusers were male in 88% of the documented cases, with women being 9.4 times more likely than men to be abused (Buchwald et al., 2000). Women who commit abuse are typically caregivers who are divorced with children of their own; the types of abuse they are most likely to commit are psychological abuse and neglect (Brown, 1989).

Mental Health Problems and Substance Abuse

The relationship between abuse and mental health problems (of both abusers and victims) has been explored in several studies. Elders who are confused have been shown to be at heightened risk for neglect, particularly when the onset of the confusion is sudden (Brown, 1989). Urban Indians who are depressed have been shown to be 4.4 times more likely than non-depressed seniors to be physically abused (Buchwald et al., 2000). It has further been suggested that substance abuse by elders may raise their risk of being abused and reduce the likelihood that they will receive or accept help (Yakima Indian Nation, 1987).

Although it has frequently been suggested that mental illness and substance abuse by perpetrators raises the risk of abuse, there is little empirical evidence to substantiate this assumption (Brown, 1989; Brown, 1998; Maxwell & Maxwell, 1992; Moon et al., 1998; Yakima Indian Nation, 1987).

Social and Historic Factors Leading to Changing Roles in Families

Threats to economic and family life in Indian country, which are deeply rooted in tribes’ historic experiences, are also believed to raise the risk of abuse. This includes racism, the erosion of tribal sovereignty, failure to recognize tribal entities, the governmental policies of termination and relocation, the forced use of boarding schools and removal of large numbers of Indian children from their parents and tribes, and the exploitation of reservation land by non-Indians. These experiences have jeopardized economic survival, accelerated poverty and disrupted family and community relationships. They are further

believed to contribute to the breakdown of traditional values as evidenced by a greater emphasis on productivity, material contributions, ambition and self-reliance. They are believed to loosen family ties, resulting in smaller, nuclear families; increased rates of divorce, assimilation and intermarriage; and less assistance being provided by extended families (Carson, 1995; Brown, 1998). Young people experience pressure to acculturate, assimilate and adopt practices and lifestyles that are in conflict with those of elders, which may breed animosity between young and old and erode the respect and stature that elders once held in tribes. Changes in tribal leadership have also been noted, with young or middle-aged members increasingly replacing elders in conducting the affairs of tribes (Carson, 1995; Carson & Hand, 1998).

Factors that Reduce Risk

Counterbalancing these negative economic, historical and social forces are enduring cultural strengths and traditions that are believed to reinforce the stability and security of families and tribes (Carson, 1995; Carson & Hand, 1998). The factors summarized below may help families cope under adverse conditions and mitigate the risk of abuse.

Spiritual Beliefs Leading to Interdependency

A common belief among many tribes is that people come from the earth, continue to be part of the earth, and must, therefore, live in harmony with nature and one's tribesmen. This belief fosters family and community responsibility for the welfare of members, particularly children and the elderly. It further promotes cooperation, family/clan interdependency and support, and a sense of community and cooperation (Brown, 1998; Carson, 1995; Carson & Hand, 1998).

Indian Concepts of Justice and Responsibility

Traditional beliefs are also reflected in Indian approaches to justice and conflict resolution. The belief that each individual is an integral part of the community with a role to play in community survival suggests that each person's actions reflect a distinctive life path that can't be judged by others. Recognizing these connections, traditional approaches to justice focus on healing relationships and teaching and reinforcing appropriate behavior among community members. The goal is not individual punishment but maintaining interpersonal relationships and the functional integrity of the entire community (Carson & Hand, 1998).

Extended Family Units Remain Strong

Despite evidence that family ties are weakening, extended families are still widespread and continue to provide care to elders (Brown, 1998; Carson, 1995). It has been estimated that 50% of elderly Native Americans live in extended family households (Carson & Hand, 1998). Couple-headed households are more common among Native American families than European American or African American families with 63% of families consisting of married couples (Carson & Hand, 1998).

Respect for Elders

Respect for elders is still instilled in children, and elders serve as teachers, role models, and sources of historical and cultural information. Grandparents, especially, hold positions of respect (Carson, 1995; Carson & Hand, 1998).

Part 2 What is Being Done to Prevent Abuse in Indian Country?

Policy and Service Initiatives

As consciousness about abuse in Indian country has increased, a variety of forums and demonstration projects have explored and responded to the needs of abused and vulnerable Indian elders, their families and communities:

- During a 1988 hearing of the United States Senate (100-981), the National Indian Health Board affirmed, through Resolution 88-14, that elder abuse was a significant health problem that must be investigated and remedied.
- The 1989 meeting, “American Indians and Elder Abuse: Exploring the Problem,” convened by the National Aging Resource Center on Elder Abuse in Albuquerque, New Mexico, explored the roles of tribes, state and federal government, and communities in stopping abuse. It further identified the following barriers to serving abused and neglected seniors:
 - Lack of awareness about the problem
 - Lack of programs that focus on urban Indians
 - Need for ordinances
 - Minimal prevention and education
 - Insufficient funding
 - Difficulties in determining who is responsible for interventions
 - Problems with law enforcement and the judiciary complicates or undermines existing ordinances
 - Conflicts of interest among parties
 - Failure to prosecute because of high case loads

The group also explored the roles of tribes and governmental entities in stopping abuse; and they developed recommendations for how the problems could be remedied:

- Services should be decentralized with tribes responsible.

- Successful interagency agreements between tribes and county state adult protective service systems depend on tribes' ability to sensitize personnel involved and generate active leadership roles for tribal officials.
- The development of an Indian Welfare Rights Act to establish federal responsibilities for helping American Indian adults (NASUA, 1989)
- In 1986, the Administration on Aging (AoA), Department of Health and Human Services, provided funding for three demonstration projects to develop approaches to preventing abuse in Indian Country. Recipients were the Navajo and Yakima tribes and the Great Lakes Intertribal Council (Wisconsin). Among the activities carried out by the three groups were culturally specific public awareness campaigns, the development of model abuse prevention codes, professional and public education programs, and elder recognition events.
- In 1990, AoA provided funding to the University of New Mexico's American Indian Law Center to develop the Model Tribal Elder Protective Code.
- In 1992, with support from the National Indian Council on Aging, Subtitle B was added to Title VII of the Older American's Act, authorizing five million dollars directly to tribes for elder protection. To date, the funds have not been appropriated.
- In 1995, the National Center on Elder abuse sponsored a meeting on Native American elder abuse in Albuquerque to share existing data on the problem. Among the issues discussed was the feasibility of conducting a nationwide study on American Indian elder abuse.
- The Older Americans Act Amendments of 2000 established the Native American Caregiver Support Program (NACSP) to increase the supply of support services available to informal caregivers. NACSP has earmarked funds for Indians. (Information on these services is available on AoA's website at <http://www.aoa.gov/carenetwork/default.htm>.)
- In 2000, the U.S. Department of Justice (DOJ) and the U.S. Department of Health and Human Services convened the symposium "Our Aging Population: Promoting Empowerment, Preventing Victimization and Implementing Coordinated Interventions." During a caucus to discuss elder abuse in Indian country, tribal representatives suggested nine actions DOJ could take to combat elder abuse.
 1. Initiate a series of discussions between the FBI, Bureau of Indian Affairs, and state and local law enforcement agencies operating in Indian country. Topics should include issues related to domestic violence and elder abuse.
 2. Facilitate domestic violence and elder abuse training for Indian country law enforcement, judicial personnel, social services and health care providers. Training should include recognition of financial fraud and abuse.
 3. Provide funding and technical assistance to develop and refine tribal elder abuse codes.

4. Fund demonstration projects to provide confidentiality for elders who are required to testify in court. Local and state law enforcement agencies may provide resources and opportunities.
 5. Fund demonstration projects to examine the effectiveness of traditional mediation techniques to resolve domestic violence/elder abuse cases.
 6. Establish an initiative with the Indian Health Service and tribal and urban Indian health providers to fund and facilitate training regarding APS, forensic recognition of abuse, geriatric medicine and increased availability of occupational and physical therapy.
 7. Sponsor a national summit on Indian family violence and elder abuse, providing opportunities for collaboration and sharing of best case initiatives. Invitees should include Indian country law enforcement, judicial, social service and health personnel.
 8. Join and contribute funding to the recently established interagency agreement between the Centers for Medicare & Medicaid Services (CMS), the Social Security Administration, and the Indian Health Service, which was established to provide outreach to Indian elders with respect to federal benefits and disease education. The agreement should be expanded to include abuse education for Indian elders.
 9. Develop new databases on Indian elder abuse. Existing data should play a role in DOJ's development of programs and allocation of funding.
- The Long Term Care in Indian Country project, currently being carried out by the National Indian Council on Aging, has shed light on factors that have significant implications for elder abuse prevention. A project survey, which generated responses from 109 Title VI directors, suggests that Indian elders have far fewer caregivers than non-Indians and that access to long-term care services, including skilled nursing facilities (SNF), assisted living facilities and home health care, remains a significant problem. Those services that do exist are typically not culturally sensitive.

Tribal Responses to Elder Abuse

Tribal responses to elder abuse vary across the United States. Some tribes rely on state and county protective service programs to investigate and respond to reported cases, while others have developed their own response systems. The latter typically include codes that require or encourage victims and concerned parties to report abuse, designate a tribal agency to accept and investigate reports, and offer direction in meeting families' service needs. Some tribal systems have been adapted to reflect Indian values and traditional approaches to resolving conflicts.

Tribal Elder Abuse Codes

Among the first tribes to develop its own elder abuse statute was the Lakota Sioux, which enacted a code in 1984 (NCEA, 1995). In addition to provisions that are similar to those contained in the state's code (e.g. who is required to report, what agency must investigate,

penalties, etc.), the tribal code contains several unique features. These include exemptions for “duly credited practitioners” who are treating seniors through spiritual means to ensure that their practices are not viewed as abusive or neglectful and the creation of an “elder protection team” to respond to certain cases. Following the adoption of the law, a public education campaign was launched. Workshops were held to acquaint tribal members with the new law, and special tributes to elders, including a “Tribal Elder Day,” were held.

Another early code was developed by the Yakama tribe as part of an AoA funded research and demonstration grant. The code includes provisions for deferring criminal prosecution in certain cases to a panel, which is charged with helping the parties resolve conflicts using methods that are based on tribal customs or traditions.

The Dine Elder Protection Act, enacted in 1996 by the Navajo Tribal Council, has several noteworthy features:

- Defines elder as anyone over the age of 55 (state codes typically define elders as persons over the age of 60, 62 or 65)
- Defines Elder Protective Services and sets forth the responsibilities of different tribal entities in providing protection, including the Division of Health, the Navajo Nation Family Court, and the Navajo area agency on aging
- Contains provisions for removing elders from abusive situations, removing abusers, restraining abusers to prevent them from continuing to abuse, requiring families with a fiduciary duty to act, requiring abusers to pay restitution for damages, appointing guardians and naming representative payees
- Requires elders, their families or caregivers to pay for some or all of the costs of services if they are financially able to do so

Model Elder Protection Code

In 1990, with funding from the Administration on Aging, the American Indian Law Center developed a model tribal elder protection code, which provides for the reporting of abuse and establishes a process for investigation and response (Grossman, 1990). The code was further designed to help tribes analyze the problem and set policy addressing such issues as when to assume jurisdiction (or work with states to improve their delivery systems). Like the Yakama code, the model code includes provisions for deferring criminal prosecution. Cases are deferred if the elder, the elder’s family, caregivers and the accused (if different from the caregiver) agree to either resolve the conflict through counseling, mediation or other tribally recognized dispute resolution processes, or if all parties agree to services.

The model code also provides guidance for implementation. For example, it instructs advocates to enlist the support of tribal councils from the early stages of code development and to involve elders in making decisions about what to include. To date, there has been no systematic monitoring to ascertain what tribes have adopted or adapted the model code.

The Bureau of Indian Affairs (BIA)/Adult Protective Services

The Bureau of Indian Affairs (BIA) of the Department of the Interior is the principal agency responsible for the administration of federal programs for Indian tribes. Under the Indian Self-Determination and Education Assistance Act (P.L. 93-638), tribes have authority to contract for the direct operation of programs serving their tribal members, and BIA is responsible for assuring that tribes are in compliance with federal regulations and policies.

Among the services that BIA has responsibility for funding and monitoring are tribal adult protective services. APS programs provide advocacy and services for adults who, “as a result of physical or mental limitations, are unable to act in their own behalf; are seriously limited in the management of their affairs; are neglected or exploited; or who are living in unsafe or hazardous conditions.” APS programs are further designated by many states and tribes to accept and investigate reports of elder abuse, neglect and exploitation under elder and dependent adult abuse reporting statutes. Tribes have discretion as to whether or not to provide the service, and the number of tribes that do so is not known.

The manner in which tribes relate to state and local APS programs varies across the country (National Center on Elder Abuse, 1995). In Montana, for example, state or county APS programs only provide services on reservations when specifically invited to do so by tribal governments. Special agreements may be negotiated when reservations extend beyond state boundaries. For example, because the Navajo reservation extends into Utah, New Mexico and Arizona, an elder rights group was formed to address the need for some consistency among the three states’ APS programs.

The BIA also administers and supports Courts of Indian Offenses. Since 1991, the BIA has required BIA-operated police departments to develop and implement domestic violence policy that treats domestic violence like any other violent crime. No systems for monitoring whether or not police departments have done so have been put in place.

Courts and Jurisdiction

Some cases of elder abuse require legal action. Abuse may fall under the jurisdiction of tribal, state or federal courts (described in the following sections). Determining which courts and law enforcement agencies have jurisdiction in abuse cases involving Indians is complicated and depends on a variety of factors, including the type and severity of abuse, whether perpetrators and victims are Indian, whether the abuse occurred on or off reservation, tribes’ legal resources, whether the tribe is in a “Public Law 280” state (described below), and whether the abuse occurred on Indian trust land (some Indian land is held in trust by the United States for the benefit of an Indian or tribe; it is typically the Bureau of Indian Affairs that manages trusts). Jurisdiction may be “exclusive,” which means that only one government can hear a case, or “concurrent,” meaning that more than one can hear the case. In some instances, local police and country sheriff’s deputies are “cross-deputized” with tribal police so that any law enforcement officer can respond

(Yakima Nation, 1983). The extent to which tribal, state and federal courts have exercised jurisdiction in elder abuse cases is not known.

Tribal courts

Tribal courts are operated by tribes under tribal law. There are approximately 150 tribal courts in the United States, most of which receive funding from the Department of the Interior, Bureau of Indian Affairs, and the Department of Justice, Office of Tribal Justice. Some tribes supplement federal funds with additional resources (Jones, 2000).

Tribal courts have jurisdiction in both criminal and civil matters. In criminal matters, jurisdiction is quite limited. In general, tribal courts can only exercise jurisdiction over crimes committed on reservations and cannot prosecute non-Indians even if the crime was committed on tribal land and the victim is a member of the tribe. Non-Indian offenders must be prosecuted in federal court if the victim is Indian or in state court if the victim is non-Indian (or if it is a victimless crime). Federal law also prevents tribal courts from imposing jail sentences of more than a year for any crime. For this reason, most tribes do not prosecute serious felonies such as murder, rape or aggravated assaults, referring these cases instead to federal courts. Lack of resources is a serious problem for many tribal courts, and it has been noted that some tribes lack sufficient resources to pursue crimes committed on reservations that do not warrant federal law enforcement intervention.

Tribal courts have broader authority in civil matters, particularly in domestic relations such as marriage, adoption or child custody. The U.S. Supreme Court has recognized that certain civil matters, in fact, can only be brought in tribal courts, including cases involving the adoption of Indian children who live on the reservation or divorce cases where one or both parties reside on the reservation. Tribal courts can also exercise jurisdiction in certain disputes involving non-Indians who have a relationship with the tribe or in cases involving non-Indians whose actions have a serious impact on the tribe (e.g. domestic violence cases, cases against people or businesses that have polluted Indian waters, etc.).

Some procedures used in tribal courts are similar to those used in state and federal courts, while others differ. Because tribes were not created by the United States Constitution, they are not covered under the Bill of Rights. The Indian Civil Rights Act, enacted in 1968, offers parallel protections, including the right of persons accused to confront their accusers and hear the charges against them. Tribal court judges may or may not be attorneys, and most tribal courts allow both attorneys and “lay advocates” who are familiar with tribal procedures to argue cases. Unlike state courts, tribal courts are not required to provide free attorneys for indigent people. Another unique feature of tribal courts is their emphasis on the right to be heard. This is especially true for elders, who are allowed substantial time for stating their positions. Many tribes do not require parties in civil cases to file written responses to civil complaints, allowing them instead to appear in court and state their positions or opposition (Jones, 2000).

Some tribal courts have preserved or brought back traditional dispute resolution techniques that differ significantly from state courts, including “peacemaker courts” and “sentencing circles” (these methods are discussed in *Preventing and Responding to Abuse of Elders in Indian Country*).

Courts of Indian Offenses (CFRs)

Courts of Indian Offenses, which operate under federal regulations set forth in the Code of Federal Regulations, were set up to handle less serious criminal cases and resolve disputes among individual tribal members. Small tribes that cannot afford to operate their own systems are most likely to rely on CFRs, which are administered and supported by the Bureau of Indian Affairs (BIA). There are 20 CFR courts in the United States. They differ from tribal courts in a number of ways. For example, they are restricted from hearing tribal disputes, most provide for public defenders, and judges are often BIA superintendents.

State courts

States’ authority in legal matters affecting tribes is determined, to a great extent, by Public Law 83-280 (commonly referred to as Public Law 280), which defines legal authority and relationships among tribal, state and federal governments (Melton & Gardner, 2000). Prior to its passage in 1953, the federal government and tribal courts shared jurisdiction over most civil and criminal matters. In six states, Public Law 280 transferred jurisdiction from federal to state law enforcement (with a few exceptions made for individual tribes). The six states, referred to as “mandatory” states, are California, Minnesota, Nebraska, Oregon, Wisconsin and Alaska. Non-mandated states were given the option of assuming jurisdiction. This could be done without tribal consent prior to 1968; after 1968, tribal consent was required. The transfer of authority was “retro ceded” (authority was returned to the federal government) in some states, overturned by courts in some, or never implemented in others. Public Law 280 also had an impact on civil jurisdiction, authorizing states to intervene in civil matters that had been under exclusive tribal jurisdiction prior to the act.

Public Law 280 is extremely controversial and has had many consequences, including wide variation in state involvement in civil and criminal matters affecting tribes. It has also created jurisdictional gaps, which, according to Carole Goldberg, considered to be the preeminent legal authority on the law, fall into one of three categories: 1) no government (tribal or state) has authority; 2) there is a perception that no government has authority; and/or 3) the government has authority in theory but there is no institutional support or incentive for exercising that authority (Melton & Gardner, 2000). These legal vacuums have, in some cases, led to intense conflict. The enactment of Public Law 280 has also resulted in reduced federal financial and technical support for tribal law enforcement and courts in Public Law 280 states. With scarce resources, some tribes have not been able to maintain court systems. In recent years, however, an increasing number of tribes have developed systems and asserted their criminal and civil jurisdiction.

Federal courts

In non-Public Law 280 states, serious crimes such as murder, rape or aggravated assaults are investigated by federal law enforcement agencies, including the Federal Bureau of Investigation, the Bureau of Indian Affairs, and the United States Attorney's Offices. Crimes involving non-Indian offenders and Indian victims are also heard in federal courts.

Domestic Violence Programs

Some forms of elder abuse constitute domestic violence. Domestic violence programs are increasingly being implemented in Indian country, and many tribes now have domestic violence codes. Some are closely patterned after state domestic violence codes and include such common provisions as mandatory arrest (law enforcement officers are required to make arrests if there is probable cause to believe domestic violence has been committed). In addition, several promising and innovative programs have been designed for Indian survivors of domestic violence. Few, however, have addressed the special needs of elderly victims. Culturally specific domestic violence are discussed in *Preventing and Responding to Abuse of Elders in Indian Country*.

The Office on Violence Against Women, U.S. Department of Justice, is the federal agency responsible for providing grants and assisting states, tribal governments and local governments improve their law enforcement, prosecution and victim service response to women who have been victims of violent crimes. It further authorizes training for judges, law enforcement personnel, prosecutors and the private bar to enhance their response to domestic violence, stalking and sexual assault victims.

The Indian Health Service (IHS)

The Indian Health Service (IHS) is an agency within the Department of Health and Human Services, which operates a health delivery system for American Indians and Alaska Natives. Health services are either provided directly by IHS or through tribally contracted and operated health programs. IHS also helps tribes develop and coordinate health systems.

Although IHS does not currently have any programs that specifically address elder abuse, the organization has a special initiative in domestic violence, which includes the following:

- The development of Government Performance and Results Act (GPRA) performance measurements for domestic violence. In the late 1990s, IHS added goals and objectives related to the prevention of domestic violence to the performance measurements that it monitors and reports on annually. The practice has resulted in heightened visibility to the issue.
- The Domestic Violence Pilot Project. In partnership with the Administration for Children and Families (Department of Health and Human Services), IHS has developed a pilot project to assist tribes raise the visibility of domestic violence as a public health issue, strengthen advocacy for domestic violence issues in health care

settings at the tribal and national levels, and develop strategies to prevent domestic violence in health care facilities in American Indian/Alaska Native communities. As part of the project, IHS is adapting a manual on improving the health care response to domestic violence for use in Indian country.

Victim Witness Assistance Programs

Victim Witness Assistance Programs focus on the needs and rights of crime victims. Federal funding for services to victims come from the Victims of Crime Act (VOCA), which provides direct relief to victims of crime through two programs, Victim Compensation and Victim Assistance. Victim Compensation remunerates individual victims for crime-related expenses including shelter, counseling, funeral expenses, repairs, loss of support, etc. Victim Assistance provides funding to agencies for community-based services such as shelters and counseling.

To a very limited extent, tribes have used VOCA funds for elder abuse prevention programs. An example is the Blackfeet Child & Family Advocacy Center/TRIAD Program, which received a VOCA grant to improve the tribe's response to elder abuse. In collaboration with the Blackfeet Eagle Shield Program, the Heart Butte Senior Citizen Program, a nursing home, law enforcement and community health agencies, the center conducted a community needs assessment and survey of personal care attendants, which identified a significant need for training, policies and procedures, protocols and services (see *Preventing and Responding to Abuse of Elders in Indian Country*).

Part 3 The Need for Additional Training, Services and Research to Prevent Abuse²

The literature on elder abuse has shed light on some of the service needs of victims, as well as the challenges involved in meeting these needs. It has further identified the need for additional research and demonstration projects to achieve a better understanding of elder abuse and effective approaches to preventing it.

Training and Education Needs

- Service providers, law enforcement personnel, judges, tribal council members and elders need training to raise their awareness about abuse and neglect and inform them of their reporting responsibilities. Training should also focus on raising awareness about the need for a coordinated response (Brown, 1998).
- Informal caregivers need training and education to enhance their skills. They also need support to help them cope with the demands of caregiving so that they don't become abusive or neglectful. Training should:

² The terms "prevent" and "prevention" are used in the broad sense and refer to primary, secondary and tertiary prevention as defined by the Center for Disease Control. Primary prevention includes interventions that reduce risk, secondary intervention involves screening and early detection and intervention, and tertiary prevention refers to methods for stopping abuse and preventing it from recurring.

- Offer instruction in developing plans for providing care and in performing caregiving tasks
- Help caregivers anticipate elders' future care needs
- Alert caregivers about the potential for abuse and neglect
- Inform caregivers about common physical and mental problems experienced by elders
- Health care providers need training in how to effectively screen for abuse, report it and manage suspected and confirmed cases (Buchwald et al., 2000).

Service Needs

- The following service needs have been identified by Brown (1998):
 - Better assessment tools to detect abuse, especially during the early stages
 - Services for caregivers including caregiver support groups and respite care
 - Adult Protective Service (APS) programs on reservations that do not currently have them

Barriers to Providing Services

Barriers to service delivery that have been identified in the literature range from the reluctance of some Indian victims, their families or others to acknowledge that abuse is occurring to inadequacies in the social service system that impede access or render the services inappropriate or ineffective:

Victim Reluctance

Among the greatest obstacles to preventing abuse in Indian country is the reluctance of elders, their families and others to admit that abuse is occurring or to seek help. Many reasons have been cited:

- Victims' fear of being perceived as weak or dependent (Carson & Hand, 1998)
- Victims' desire to protect their abusers (Carson & Hand, 1998)
- Elders do not view themselves as abused, neglected or exploited by family members (Carson & Hand, 1998).
- Shame and embarrassment (Carson & Hand, 1998; Maxwell & Maxwell)
- Stigma attached to victimization (both victims and perpetrators may experience social shame and stigma) (Maxwell & Maxwell, 1992)
- Victims may not believe that they can leave abusive situations for financial reasons, family pressure or cultural ties (Maxwell & Maxwell, 1992)
- Elders may believe that abuse results from such factors as insufficient prayer or Indian medicine, the effects of which cannot be remedied through services or interventions (Maxwell & Maxwell, 1992)

- In some tribal groups, adults are inclined to be “nonconfrontive and non-interventive” in the lives of others, including children and the elderly (Carson, 1995).
- Because Indians have traditionally cared for their own, they may not readily accept outside intervention, particularly by non-Indians (Yakima Indian Nation, 1987).
- Because serious crimes that occur on reservations, including some forms of family violence, fall under the jurisdiction of federal law enforcement agencies (as opposed to smaller police departments, courts and jails), victims may fail to report because they don’t want to bring the full force of the federal government into family matters (Shipler et al., 1998).

Systemic Barriers

Inadequacies in the service system also reduce the likelihood that victims will receive help. These include:

- The failure of elder abuse prevention programs and interventions to impact the structural conditions that lead to abuse (e.g. poverty, cultural isolation). Approaches that are typically used, including counseling and incarceration, are punitive, paternalistic and materialistic (Carson & Hand, 1998).
- Insufficient funding for programs. Service interventions that may be needed to stop abuse range from support services for caregivers to restraining orders to keep perpetrators away from elders. Many tribes lack adequate resources to provide these services. Specific areas of need that have been identified include resources to prosecute cases and programs that focus on urban Indians (NASUA, 1989).
- Lack of ordinances. Many tribes do not have elder protection or abuse reporting laws (NASUA, 1989).
- Jurisdictional problems. Jurisdiction refers to governments’ authority to enforce laws. Crimes that occur on Indian reservations may be handled by tribal, local, state or federal courts; the same is true for civil matters. Gaps in jurisdiction, overlapping jurisdiction or a lack of clarity about who is responsible for interventions may prevent victims from receiving the help they need (Melton & Gardner, 2000).
- Lack of awareness about the problem by professionals or others (NASUA, 1989)
- In dealing with non-tribal systems, language and literacy may become an issue. Many Indian elders do not speak English fluently (Yakima Indian Nation, 1987).
- Age barriers. Vulnerable elders may not be eligible for needed services as a result of age requirements. Eligibility for state or county services needed by abused or vulnerable elders may be 60, 62 or 65. However, Indian elders are likely to need services at an earlier age.

The Need for Additional Research

Additional research is clearly needed to shed light on the complex causes and risk factors associated with elder abuse in Indian country, and on promising solutions and

interventions. The following informational needs were identified by Carson (1995) or Carson & Hand (1998) unless otherwise indicated:

The Scope and Nature of Abuse

- Epidemiological studies of elder abuse on and off reservations to determine who is at risk
- How abuse is manifested in Indian Country, how it is defined by tribes, and variations among tribes
- The interplay of factors that contribute to risk and those that mitigate it, and the relative importance of each. Factors that should be explored include:
 - “Contextual factors,” such as poverty and unemployment, which set the stage for abuse
 - Family problems, including marital discord
 - Social-psychopathology, including alcoholism
 - The role of extended family

What Is Currently Being Done to Prevent Abuse?

- How are tribal courts currently handling reports of abuse and neglect?
- What are the boundaries of jurisdiction between states and tribes?
- What promising approaches to preventing abuse are being explored?

The Impact of Culture and Tradition

- How has the migration of old and young members away from reservations impacted extended family relationships? What effect has the return of family members had?
- What meaningful roles can elderly tribal members play with members of younger generations, and how can younger Indians benefit from, and appreciate, the knowledge and talents of the elderly?
- The role of cultural conflict between seniors, families and services providers (Brown et al., 1990)
- How can acculturation stress be minimized and adaptational skills be enhanced among both younger and older Native people who are facing rapid social change? Can this be accomplished without losing tribal traditions, beliefs and values?

Overcoming Obstacles in Conducting Research

Researchers and advocates have cited a wide array of obstacles to achieving an understanding of elder abuse in Indian country. Some reflect logistical difficulties in conducting research, while others highlight deeply entrenched and understandable resistance to researchers. The following challenges to researchers were identified by Carson (1995) or Carson & Hand (1998) unless otherwise indicated:

Logistical Challenges

- Diversity. There are over 567 nationally recognized tribes, which vary by language, family structure, definitions of family, the connections between family and tribes, and differences between urban and rural and non-reservation and reservation Indians.
- Defining who is Indian. There has been ongoing debate within tribes and within the federal government about who is Indian. Controversy also exists with respect to federal recognition of Indian tribes.
- The number of Indians and Native Alaskans in the U.S. has been grossly underestimated owing to misclassification and inconsistent classification (Garrett & Menke, 2001).
- Geographic scattering of tribes, families and individuals across the U.S
- Isolation of families and individuals
- Expense, time, effort and distance of researchers from reservations
- Low population size. Indians account for less than 1% of the U.S. population
- There are no well accepted definitions of abuse in Indian country (Buchwald et al., 2000)
- Variability in perceptions of abuse (Buchwald et al., 2000).

Factors Leading to Resistance to Research

- Lack of culturally sensitive and appropriate methods of data collection
- General suspicion by Indians toward non-Indian investigators and social science research
- The tendency for non-Indian researchers to focus on risk factors, deviance and pathology rather than protective factors, strengths and adaptive behavior
- The unwillingness or inability of investigators to conduct applied or policy-relevant research

Recommended Approaches

Some researchers have identified approaches for overcoming these and other obstacles:

- Attention to problem areas should be balanced with attention to adaptive behavior, including family and cultural strengths.
- Research should be practice-focused. This includes evaluating the effectiveness of various interventions, services and programs. For example, research is needed to determine how legal interventions and arbitration can be made more effective in preventing abuse.
- Research should have practical outcomes for families. In particular, it should provide direction in the following areas:

- How can family members be more responsive to the needs of their elders without compromising their own health or stability?
- How can families and tribal groups affect policy to meet the needs of the elderly?
- How can older Indians be educated about, and encouraged to take advantage of, various services available to them, including health, mental health, social service, educational, recreational, and daily support systems?
- Prospective studies are needed (Buchwald et al., 2000).

References

- Baldridge, D. (2003). American Indian or Native American: Which is okay? *Diversity Currents*. San Francisco, CA: American Society on Aging, 7.
- Baldridge, D. & Brown, A.S. (2000). Native American elder abuse. Part of the series Native American Topic-specific monograph project. University of Oklahoma Health Science Center. Retrieved January 15, 2003 from the World Wide Web: <http://w3.uokhsc.edu/ccan/elder%20abuse.doc>
- Brown, A.S. (1989). A survey on elder abuse at one Native American tribe. *Journal of Elder Abuse & Neglect*, 1(2), 17-37.
- Brown, A.S., Fernandez, R.C., & Griffith, T.M. (1990) Service provider perceptions of elder abuse among the Navajo (Research Report RR-90-3). Flagstaff, AZ: Northern Arizona University Social Research Laboratory.
- Brown, A. (1999). Patterns of abuse among Native American elderly. In T. Tatara (Ed.), *Understanding Elder Abuse in Minority Populations* (pp.143-159). Philadelphia: Brunner/Mazel.
- Buchwald, D., Tomita, S., Hartman, S., Furman, R., Dudden, M., & Manson, S.M. (2000). Physical abuse of urban Native Americans. *Journal of Gen Intern Med*. 15, 562-564.
- Carson, D.K. (1995). American Indian elder abuse: Risk and protective factors among the oldest Americans. *Journal of Elder Abuse & Neglect* 7(1), 17-39.
- Carson, D.K. & Hand, C. (1998). Dilemmas surrounding elder abuse and neglect in Native American communities. In T. Tatara (Ed.), *Understanding Elder Abuse in Minority Populations* (pp. 161-184). Philadelphia: Brunner/Mazel.
- Garrett, M.D. & Menke, K.A. (2001). Indians no more: Inconsistent classification of American Indians and Alaska Natives in Medicare. *Monograph Series of the National Indian Council on Aging*, 2(2).
- Great Lakes Inter-Tribal Council. (1988). Effective public awareness efforts in tribal communities. Lac du Flambeau, Wisconsin. This guide was prepared pursuant to U.S. Dept. of Health and Human Services Administration on Aging, Grant No. 90AM0215.
- Grossman, T. (1990). The model elder protection code. Albuquerque: American Indian Law Center, Inc.
- Hudson, M.F., & Carlson, J.R. (1999). Elder abuse: Its meaning to Caucasians, African Americans, and Native Americans. In T. Tatara (Ed.), *Understanding Elder Abuse in Minority Populations* (pp. 187-204). Philadelphia: Brunner/Mazel.
- Jones, B.J. (2000). Role of Indian tribal courts in the justice system. . Part of the series Native American Topic-specific monograph project. University of Oklahoma

- Health Science Center. Retrieved January 15, 2003 from the World Wide Web:
<http://w3.uokhsc.edu/ccan/Tribal%20Courts.doc>
- Maxwell, E.K., & Maxwell, R.J. (1992). Insults to the body civil: Mistreatment of elderly in two Plains Indian tribes. *Journal of Cross-Cultural Gerontology*, 7(1), 3-23.
- Melton, A. P. & Gardner, J. (2000). Public Law 280: Issues and concerns for victims of crime in Indian Country. Part of the series Native American Topic-specific monograph project. University of Oklahoma Health Science Center. Retrieved January 24, 2003 from the World Wide Web:
<http://w3.uokhsc.edu/ccan/Public%20Law%20280.pdf>
- Moon, A., Tomita, S., Talamantes, M.S., Brown, A., Sanchez, Y., Benton, D., Sanchez, C.D., & Kim, S.J. (1998). Attitudes toward elder mistreatment and reporting: A multicultural study. Washington, D.C.: National Center on Elder Abuse.
- National Association of State Units on Aging (1989). American Indians and Elder Abuse: Exploring the Problem (Report of a meeting in Albuquerque, NM, Convened by the National Aging Resource Center on Elder Abuse.) Washington, DC: Author.
- National Center on Elder Abuse. (1995). Addressing elder abuse with American Indian tribes: A national teleconference. Washington, DC: Author. Retrieved February 3, 2003 from the World Wide Web:
<http://www.elderabusecenter.org/publication/telecon.pdf>
- National Indian Council on Aging. (1981). Indian elderly and entitlement programs. Albuquerque, NM: NICOA
- Shipler, L.K., Anand, R. & Hadi, N. (1998). Cultural considerations in assisting victims of crime: report on needs and promising practices. Washington, D.C.: National Multicultural Institute.
- Stein, K.F. Working with abused and neglected elders in minority populations: a synthesis of research. Washington, DC: National Aging Resource Center on Elder Abuse.
- United States Department of Justice, Office of Justice Programs. (2000). Our aging population: Promoting empowerment, preventing victimization, and implementing coordinated interventions. A report of proceedings at a national symposium sponsored by the U.S. Department of Justice and the U.S. Department of Health and Human Services. Washington, DC: author.
- Yakima Indian Nation. (1987). Don't wound my spirit: Yakima Indian Nation's guide to protecting elders from abuse, neglect and exploitation. This guide was prepared pursuant to U.S. Department of Health and Human Service Administration on Aging, Grant No. 90AM0214.