



National Resource Center for American Indian, Alaska Native, and Native Hawaiian Elders

Elder Abuse Among Alaska Natives

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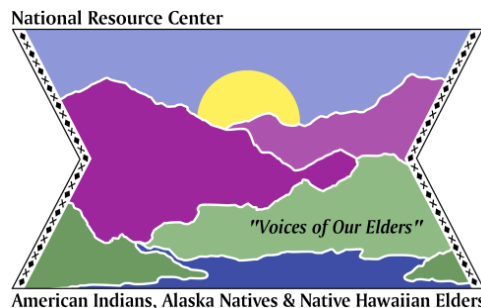


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The information in this paper does not reflect the opinion of the Administration on Aging.





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Dear Reader:

The National Resource Center for American Indian, Alaska Native, and Native Hawaiian Elders (NRC) at the University of Alaska Anchorage (UAA) has completed its first year and is pleased to send you its four papers: (1) Qualitative Report: Conferences of Alaska Native Elders, Our View of Dignified Aging; (2) Health Status of Alaska Native Elders, (3) Best, Promising, and Emerging Practices, and (4) Elder Abuse Among Alaska Native Elders.

These papers are intended to provide information to decision makers on all levels in the Alaska Native community statewide and regionally, to the State of Alaska, and to various federal offices in Washington, D.C. so that culturally appropriate Elder health care services and programs can be designed and implemented with input from the Elders themselves. By extension the information provided here would be of interest to the many American Indian tribes and Native Hawaiian Elders. Dr. Josefina Carbonell, the Assistant Secretary on Aging, has directed the NRC to concentrate its efforts in Alaska in the first and second contract years.

This project started with meetings between the Alaska Native Tribal Health Consortium (ANTHC) and the NRC Alaska. A memorandum of agreement was reached to have a joint Alaska Native Elder Health Advisory Committee. This committee has met several times to give direction to both organizations. Meetings with our Elders were then held in regional Alaska Native areas that represent all of our Alaska Native cultural groups. All of the meetings were recorded, transcribed, and later analyzed by our research associates. The transcribed regional meetings papers were then sent back to the regional centers, mostly at senior centers, for their review and comments. Cultural consultants from all of the regional areas were also included to review the final comments in the paper entitled, "Our View of Dignified Aging" to provide an extra cultural review to maintain accuracy.

This project, also referred to as "Voices of Our Elders," is funded by the Department of Health and Human Service through the Administration on Aging in Washington, D.C. Grant No. 90AM2752. The NRC is officially located at the College of Health and Social Welfare (CHSW). The NRC started in the fall of 2003. Dean Cheryl Easley of CHSW traveled with the NRC staff to many of our regional meetings. The strategic focus chosen for the College of Health and Social Welfare is gerontology and this gives the NRC Alaska additional administrative support.

The NRC is one of two resource centers in the nation. The other, entitled the National Resource Center for Native American Aging, has been in existence for twelve years and is located at the University North Dakota. Among other activities, the NRC North Dakota conducts surveys on the status of Native American Elder health and related issues across the nation. Both NRCs are undertaking a joint project to address the issue of elder abuse and exploitation, and its several other related dynamics.

The NRC is interested in receiving your comments and thoughts on the information presented in the four papers. We invite you to view them on our new website at:

<http://elders.uaa.alaska.edu/>.

Sincerely,

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I. Introduction

A. Graying of America

Attending to the needs of the elderly in our society has become part of our national health policy, particularly since older Americans have become a dominant force in the United States. Vierck and Hodges (2003) wrote “Referred to as the graying of America, the emerging gerontocracy, and the age wave, this century’s historical growth in the elderly population will dominate society, economics, and public policy well into the first century of the new millennium” (p. 25). Alaska is not exempt from this trend. Aging among all Alaskans is becoming a public health issue, and the costs involved in caring for them is rapidly emerging as an important health and public policy issue that must be addressed by the state government and the elderly themselves.

Within the Alaska Native community, longevity among the Native population is increasing (First Alaskans Institute [FAI], 2004), and more people are reaching Elder status than in prior decades. Based on population projections provided in a report by the FAI (2004), it is estimated that by 2010, about 16% of the projected Alaska Native population of 140,000 people will be 65 or older.

As people age, so does the problem of Elder abuse—defined as any form of mistreatment that results in harm or loss to an older person. Various forms of Elder abuse can involve physical and sexual assaults, domestic violence, emotional abuse, financial/material exploitation, neglect, abandonment, self-neglect, and violations of basic rights. Wolfe (1998) remarked that “Unfortunately, the prevalence and nature of this growing problem has generally remained hidden from public view” (p. 1). The National Center on Elder Abuse (NCEA), 1999, nevertheless, indicated that between 820,000 and 1,860,000 elderly were identified as having been abused during 1996. The American Psychological Association ([APA], 2004) cited that 2.1 million older Americans are victims of Elder abuse. Yet this figure may be low because for every reported case there remain five unreported cases (APA, 2004).

B. Prevalence of Elder Abuse

Reports of Elder abuse thus vary widely contingent on the organization reporting the data and the source(s) from which the data were obtained. The NCEA (1999) estimated that between 4-6% of the elderly are abused annually. Based on a projected Alaska Native population of 140,000 Elders (65+) by 2010, it can be expected that the prevalence rate for Elder abuse can range between 5,600 and 8,400 cases if this serious problem is not addressed.

The problem of Elder abuse among Alaska Natives and American Indians is receiving increasing recognition, particularly because its incidence is increasing. The Indian Health Service (IHS), the Department of Health and Human Services (DHHS), the Administration on Aging (AOA), and the National Indian Council on Aging (NICOA) have all started to address aging-related issues among Alaska Native and American Indians. IHS and NICOA recently issued a joint report on the long-term care for American Indians and Alaska Native Elders (cf., Agency on Aging, 2002). The IHS has also addressed Elder issues through its report on Elders (IHS, 1998-1999). NICOA, in a report prepared for the NCEA (2004), speaks to Elder abuse, with the aim of developing a better understanding of the scope and nature of Elder abuse in “Indian Country.”





The thrust of all these reports is that Elder abuse has become a serious and pervasive problem among Alaska Natives and American Indians. The question that thus arises is why has Elder abuse emerged as a significant health and social problem among Alaska Natives and American Indians, especially when this phenomenon, historically, was not part of their way of life? Answers to this question will help reduce and prevent such abuse among all Native American Elders.

C. Why Does Elder Abuse Occur?

The following section seeks to inform readers about why Elder abuse may have materialized, what its effects are, and about ways to combat it. The focus is on Alaska Natives, but much of the discussion can apply to all Native American and Hawaiian Elders.

The fundamental premise of this report is that acculturation change and its effects over time on Alaska Natives has contributed to the emergence of Elder abuse among Alaska Natives. It also stresses that there is a relationships among acculturation stress, substance abuse, and Elder abuse. Of primary importance is the recognition of how cultural loss is interwoven with Elder abuse. The discussion also stresses how cultural values and traditions are vital to the integrity of the Alaska Native Community, and the critical role that these values and traditions have in the health and welfare of the Elders.



II. Cultural Change and Elder Abuse

No one has made a concentrated effort to force assimilation upon other ethnic groups who were defeated upon the field of battle, such as the Japanese or the Germans. To the contrary, all efforts were directed toward helping these groups to rebuild upon their own cultures and value systems. Why then, this seemingly urgent need to have the Alaska Native become as all American people.

-An Anonymous Alaska Native

A. Impact of Colonization

The traditional world of Alaska Natives has changed, and the nature of this change has been profound. To truly understand the state of Alaska Natives today, it is crucial to recognize that the impacts of colonialization have been ongoing since the settlement of Alaska by Russia. The devastation of life caused by major disease epidemics, the near destruction of an entire subsistence way of life, and a shift in belief systems has occurred within the lifetime of many Elders. The memory and grief related to these events is also fresh in the minds of many younger Alaska Natives, and has been instilled in the consciousness of younger generations. It can be concluded, as Martens (1988) stated with respect to Native Americans, that the clash of two cultures, and the disruption caused by assimilation, has led to a breakdown in the social fabric of Native American societies that originally helped them to maintain order. This breakdown led to the emergence of behaviors, many that have been rarely seen before, such as alcohol-related violence. Elder abuse is also one of the new behaviors that also materialized.

Respect for Elders

A Native American tradition holds that when a young person walks away after stopping and talking with respect to an Elder, the Elder says, "May you live as long and as good a life as I have and when you grow old may the young ones treat you with honor and respect."

Our heritage has always had a built in respect for Elders. Native American philosophy is based on all things moving in a circle. Any point in the circle is as important in the circle as any other point. Everything and everyone is connected. The Elders are the ones who teach us the ways of the ancient ones. They are the ones who have lived through many changes and see things through wiser eyes. They are the ones who can look back on the years and say, "After all is said and done, this is what is really important in life."

When we treat our elders with honor and respect, we teach the young ones how to treat us when we reach that stage in life.

From "Introduction to Effective Public Awareness Efforts in Tribal Communities,"
by the Great Lakes Inter-Tribal Council, Inc.

Cited in National Center (2004, p. 18)



Fisher and Ball (2002), in reviewing why health risks are high among Alaska Natives and American Indians, stated that:

...from the 1800s to the present, many of the policies that have posed the greatest challenges to AIAN [American Indians and Alaska Natives] communities were those aimed at assimilating native people via disruption of traditional family life. One of the most effective of these policies began in the 1800s and involved educating AIAN children in federally funded boarding schools. Children were commonly transported to schools hundreds of miles from their homes and were forbidden to speak Native languages or practice Native religion...Under the boarding school policy, the AIAN family unit was greatly undermined, and intergenerational transmission of knowledge regarding cultural values and childrearing was obstructed (pp. 235-236)...

The boarding school environment produced an emotional cleavage between children and their families and culture. What had been learned about traditional family life and parenting was lost. During the boarding school period, which involved several generations, Native children were denied an opportunity to be raised by their parents and learn their culture's traditions. They had to acquire western values, because they were told that their traditional beliefs were no good.

This situation is only part of the many shocks to Alaska Native people that weakened the nature of their societies. Each of these shocks can be traced, directly or indirectly, to White contact, and each of them can be justly described as a disaster from the point of view of the people exposed to it (Alaska Native Commission [ANC], 1994). The roster of troubles could go on at greater length, but the net impact of the colonization of Alaska resulted in deep changes in the traditional life of Alaska Natives, which affected their ability to maintain their heritage of spirituality and living with nature. Many Alaska Natives believe that the problems faced by Native people today are a direct result of their historical experiences (Turner & Segal, 1995). Current problems such as domestic violence, child abuse and neglect, and alcoholism are a reflection of the stress passed down through families (ANC, 1994). This situation made Alaska Natives more aware of the impacts of historical trauma.

Brave Heart (1998, 1999), Duran and Duran (1995), Jilek (1981), Napoleon (1996), and Townsley and Goldstein (1977) have all described how cultural changes can potentially destroy the sense of communality that holds people together, diminishing the spirit of neighborliness and kinship that has been an important part of Native American ways of life. As a result of this breakdown or loss, the cultural bonds that connect people to one another and to the places in which they live are damaged or even destroyed, leaving people without traditions to guide their behavior, resulting in what has been referred to as collective trauma (deVries, 1996; Martens, 1988), which is another way of describing Historical Trauma.

1. Historical Trauma

Historical trauma (HT) refers to the kind of injuries that are not inflicted directly on individuals, but on the traditions of community life that bonds people, thereby depleting the community's sense of cohesion. Historical trauma works its way slowly into the awareness of those who come to suffer from it, so it may not be immediately visible, but its impact is experienced over time. When conflict and stress or tension are present, which are increased when the minority group resists change and no solution is in sight to preserve its ways, the minority culture is in crisis (Berry, 1985). This crisis continues over time, depending on the extent of adaptation that takes place, but the stress may nevertheless become cumulative, both on a group and





individual level. A culture in crisis thus experiences more stress-related problems such as homicide, suicide, family violence, child and Elder abuse, drinking and other forms of drug-taking behavior, phenomena that are well-documented among cultures experiencing change (Olsen, 1985).

HT is also a form of shock, a gradual realization on the part of already numbed people that their community no longer exists as an effective source of support and that an important part of their world has silently disappeared. Traumatized individuals tend to believe that they are isolated and alone, and live in a kind of social wasteland with no one to turn to. They have lost the solace that comes from being in fellowship with one's own kind. They have lost both the physical and the spiritual health that comes from being in communion with kinsmen and neighbors who can be counted on to care, as was inherent among their ancestors. Stated in terms of Alaska Native views, HT is the pain and harm created in individuals and in communities as a result of life having changed from being in balance and in harmony with nature to disharmony and an imbalance with nature.

Duran and Duran (1998) noted that:

Historical trauma is more complex than surface exploration would reveal. Historical trauma is trauma that is multigenerational and cumulative over time; it extends beyond the life span. Historical trauma response has been identified and is delineated as a constellation of features in reaction to the multigenerational collective, historical, and cumulative psychic wounding both over the life span and across generations...Mourning that has not been completed and the ensuing depression are absorbed by children from birth on...Unresolved trauma also has been found to be intergenerationally cumulative, thus compounding the subsequent health problems of the community...(p. 342)

Napoleon (1996) has written that many of the problems faced by Alaska Native people today are a direct result of their historical experiences, in that the problems they face today are a direct result of their adverse historical experiences involved in the colonialization of Alaska. "Current problems such as personal violence, child abuse and neglect, and alcoholism are a reflection of the stress passed down through families. Hence, we witness intergenerational grief" (Napoleon, 1996, p. 12).

Graves (2004) noted that the Elders interviewed for this project expressed concern that the "basic foundation of their social life which bonded their communities together has been damaged." A quote from an Elder is restated below to emphasize this point:

"...it goes to show what the cultural genocide did to our people (referring to the chronic social problems experienced by Alaska Native people)..."

Graves also indicated that "Overwhelmingly, the Elders interviewed expressed a sense of loss, urgency, and concern about the results of the cultural holocaust experienced by the Alaska Native people. The Elders voiced concern about the future generations' survival given their lack of interest in learning the traditional ways.

"...we love and we lose our relations/friends as we lose our culture...we act as though we are lost..."

"...Our future generations' kids are at risk."





“...the children are undisciplined, so if their parents die, they will not be able to survive either. This is what I have witnessed.”

One result of the loss of cultural ways, and the resulting experience of historical trauma, is that the traditional roles held by the Elders, as attested to above, have diminished or have been eradicated. The impact of this situation is that the Elders are no longer respected, as tradition dictated, resulting in a loss of their cultural identity. As one Elder stated *“...They (youth) used to listen well to us too but now they are confused and lost...”* (cited in Graves, 2004). This cultural breakdown has contributed to Elder abuse. In the words of one Elder, *“...What is alarming to me, beyond my comprehension is that some of our Elders are experiencing Elder abuse. It’s documented and I’m horrified by that thought...”* (cited in Graves, 2004).

2. Alcohol and Drinking

The traumas experienced by Elders are a contributing factor in the emergence of drinking among the elderly. Harvey et al. (1994), for example, found that unresolved trauma-related symptoms can contribute to drinking and other drug use to cope with unresolved long-term effects of trauma. Harvey’s findings also provide an explanation for the high rate of drinking, and its adverse impacts, among Native Americans.

In Alaska, the rate of alcohol consumption surpasses that in the lower 48 states. In 1996, the most recent year for which data are available, alcohol consumption in Alaska was 2.63 gallons per person per year; only eight States had higher rates, many of which are attributable to cross-border alcohol sales (Williams et al., 1998). Alaska’s consumption rate has been among the highest in the nation in each year for which statistics exist, and it has not abated. Although the high prevalence of alcohol use in Alaska is not restricted to Alaska Natives, alcohol abuse and its consequences are disproportionately high among this group (ANC, 1994; Segal et al., 1999). It can be inferred that the occurrence of Elder abuse is associated in large part with the alcohol-related problems that afflict many Alaska Natives. The exact proportion of alcohol-related incidents of Elder abuse among Alaska Native Elders, however, is not readily available.

The IHS Focus on Elders study (1998-1999) provided the following information concerning drinking among American Indian Elders. Drinking among Alaska Native Elders may parallel these data.

Alcohol abuse is a serious problem among Indian Elders. The highest alcoholism age-specific death rate for Indian males (182.6 deaths per 100,000 population) occurs for the 55 to 64 year old age group. This is 5.0 times the peak U.S. All Races male rate (36.4) and 5.5 times the peak U.S. White male rate (33.1), which both occur for the 55 to 64 age group. The rate for Indian females in this age group (86.2) is less than half the Indian male rate, but is over 9 times the highest rate for U.S. All Races females (9.5) and over 10 times that for White females (8.6) (both for ages 55 to 64). Even for persons exceeding 64 years of age, the Indian rates are relatively high. These Indian rates have been adjusted for misreporting of Indian race on state death certificates. (p. 24)

Concerning accidental and homicide death rates among Native American Elders, the IHS cites the data listed below. It can be assumed, however, that many of the deaths reported, though not specifically stated, are alcohol-related.





Accident and homicide deaths are more likely and suicide deaths are less likely among Indian Elders compared to Elders in the U.S. general population. For these causes, Indian male Elders are at greater risk than Indian female Elders. For example, Indian male Elders have a greater chance of dying from accidents than Indian female Elders; the male death rates range from 1.3 to 2.7 times as great as the female rates. In comparison to U.S. All Races and White male Elders, the Indian male death rates are higher except for the age group, 85 years and over. Indian Elders aged 75 to 84 years have a homicide death rate almost triple that for U.S. All Races Elders in this age group. Within the Indian population, males aged 55 to 64 years are nearly 19 times as likely to die from homicide as the corresponding group of females. Suicide deaths are relatively low for Indian females compared to Indian males in age groups 55 and over. U.S. All Races and White females have slightly higher suicide death rates for these age groups than Indian females, but their rates are considerably less than the corresponding rates for males in the Indian, U.S. All Races, and White populations. Indian male Elders, though, are less likely to die from suicide than U.S. all Races and White male Elders. These Indian rates have been adjusted for misreporting of Indian race on state death certificates. (p. 24)

It is possible that the rates pertaining to drinking among Alaska Native Elders, and alcohol-related impacts, are higher because the drinking rates among Alaska Natives have been found to exceed rates reported for American Indians (Segal et al., 1999).

3. Other Factors

While the effects of HT may provide a fundamental contributing factor to Elder abuse in Alaska, Woolf (1988) has described several other causative factors that place Elders at risk for abuse. It is important to note that these factors usually do not operate in isolation but rather interact in unique ways depending on the victim and perpetrators' situation. Woolf's causative factors follow:

- Caregiver stress: Caring for a non-well older adult suffering from a mental or physical impairment is highly stressful. Individuals who do not have the requisite skills, information, resources, etc. and who are otherwise ill-prepared for the caregiving role, may experience extreme stress and frustration. This may lead to Elder abuse and/or neglect.
- Dependency or impairment of the older person: It has been argued that, as an older adult's dependency increases, the resentment and stress of the caregiver also increases. Studies have found that individuals in poor health are more likely to be abused than individuals who are in relatively good health. In addition, caregivers who are dependent on the elderly financially are also more likely to perpetrate abuse. This is hypothesized to counteract the feelings of powerlessness the caregiver may experience.
- External Stress: External stress, such as financial problems, job stress, and additional family stressors, have been hypothesized to also increase the risk for abuse. This correlation has been clearly demonstrated in studies examining spousal or child abuse.
- Social Isolation: Abuse, whether spousal abuse, child abuse, or Elder abuse, occurs most often in families characterized by social isolation. This may be both an indicator of potential abuse as well as a potential contributing cause of abuse.





- Intra-individual dynamics or personal problems of the abuser: Some caregivers may be at risk for abusing Elders as a function of their own difficulties. For example, a caregiver who suffers from such problems as alcoholism, drug addiction, and/or an emotional disorder (e.g. a personality disorder) is more likely to become an abuser than an individual who does not suffer from such problems. (p. 12)

In summary, the situation regarding Elder abuse is complex, but it is clear that there is a growing need to gain information about the nature and extent of the problem among Alaska Natives, and to begin to take steps to help the elderly experience a positive quality of life during their remaining years. Efforts also have to be directed at preventing an increase in the problem of Elder abuse.





III. Possible Solutions to Reduce Elder Abuse

Elder abuse has come to the attention of tribal authorities and governmental institutions, and recommendations have been made in the national reports cited above about how to improve the quality of life for elders. Many of these recommendations apply to Alaska Native situations and are worthy of implementation. Nevertheless, if Elder abuse is to be overcome, the types of steps outlined in these reports have to be accompanied by efforts to bridge the cultural gap between Elders and younger members of the community. Further, the application of any program to help reduce Elder abuse has to resonate with the people if it is to succeed. As noted in Cornell and Kalt's (2003) report on Alaska Native sovereignty, "Historically, outsiders – typically the U.S. government – designed and, in effect, imposed the governing institutions through which many contemporary American Indian nations attempt to achieve their goals. Most such institutions were never conceived as tools for the management of sovereign societies and, therefore, are notably ineffective" (p. 16). Fisher and Ball (2002) indicate that if wellness is to be achieved in Native American communities, any actions taken must incorporate the unique histories and cultures of the people, and that little will be accomplished without an understanding of the historical events on life. They (Fisher and Ball, 2003) further noted that "When the health, social, and economic disparities of AIAN [American Indians and Alaska Natives] are viewed outside of the historical context of intergenerational trauma, unresolved grief, and loss, they have the potential to be misunderstood and to be addressed in ways that perpetuate rather than resolve the problems" (p. 209). Fisher and Ball (2002) also noted that achieving wellness involves empowerment and social change, and application of indigenous values and beliefs need to form the core of any intervention process.

In Alaska, the Elders and others recognize the need for healing from grief, anger, and other spiritual and emotional ills, and they recommend traditional ways of healing. The "cures" include learning one's language and living according to the values of the ancestors. A woman from Bethel, Alaska said that a healthy family has many roots. To establish future generations, we must be physically well. She said, "If you are able to take on physical tasks you are healthy. In past times, there were hunters. They were physically strong and hardly ever sick. Young people should learn to live the life of their ancestors. If they do this, they will be aware and strong" (Cited in Bridges to the Future: Traditional Healing Practices in Alaska, 1998).

Thus, solutions to Elder abuse reside chiefly within the communities themselves. Within this context, however, there are services interventions that communities can undertake to broaden the spectrum of Elder care to avoid Elder abuse. These include support for caregivers, court advocacy, health and medical care, information and referral, counseling, guardianship, assistance in securing protective orders, shelters, safe homes, emergency funds, and many more (National Center, 2004). Services for Elders can also be provided by tribal courts, health services, social service agencies, behavioral health programs, clinics, community health representatives, legal assistance programs, public health nurses, and others. Challenges related to providing needed services to victims and vulnerable Elders include a lack of adequate financial and human resources and unawareness of how to respond to the needs of the elderly by personnel at existing health, social, and law enforcement agencies. The report by the NCEA (2004) lists specific service needs that can be provided to help the elderly:

- Housing. Some abused Elders remain in abusive relationships for lack of alternative housing. Assisted living, in particular, is needed for those who are frail.





- Home and community based long-term care. The supply of family caregivers is insufficient to meet the demand for care in Indian country as a result of multiple factors, including the lack of job opportunities...which forces younger family members to move away to find work. Caregivers may care for multiple family members, including children.
- Mental health services, including cognitive evaluations to determine Elders' mental capacity. Alcohol and substance abuse programs are needed for Elders when abuse, neglect, or self-neglect is related to substance abuse.
- Substance abuse programs for abusers are needed when abuse is related to the abusers' substance abuse problems.
- Support or assistance to grandparents raising grandchildren.
- Education and programs to support families in times of stress. In particular, there is a need for education on Alzheimer's disease.

Many existing services that could potentially reduce the risk of Elder abuse (e.g. domestic violence services, batterer's intervention, anger management classes, and counseling and treatment for alcohol and substance abuse) do not extend outreach to Elders. Some are unable to meet the needs of elderly clients.

"Mainstream' programs or services may be inaccessible, inappropriate, or unacceptable to vulnerable...Elders as a result of the following:

- Age barriers. Some vulnerable Elders may not be eligible for needed services as a result of age requirements. The qualifying age for some services, including those offered under Title VI of the Older American's Act, varies by tribe.
- Geographic barriers.
- Language and literacy. Many...Elders do not speak English fluently; some do not speak it at all.
- Distrust of, or non-responsiveness by, non-Indian service agencies and law enforcement
- Public agencies may intimidate Elders, fail to show respect, or fail to take the time needed to enable Elders with disabilities to express their needs.
- Reluctance of...Elders to accept services." (National Center, pp. 31-32)

In addition to the service provisions cited above that address Elder abuse, efforts to reduce and prevent Elder abuse also involve legal elements. Yet, as cited in the report by the NCEA (2004), "legal interventions may be needed in abuse cases to restrain abusers and hold them accountable to their victims, tribes and communities; compensate victims for losses and injuries; intervene when victims are unable to protect themselves as a result of disability; or to achieve other outcomes. Civil or criminal courts at the federal, state or tribal levels may have jurisdiction in abuse cases. In recent years, traditional and customary courts have also started to handle Elder abuse cases" (p. 25).

Yet, legal or justice systems within tribal governments differ from western approaches. "Although it is likely that elements of both may be effective in resolving Elder abuse in Indian country, there has been little discussion to explore the roles of both systems and the relationships between them. In particular, further exploration is needed to determine when





mediation can be used effectively in abuse cases” (National Center, 2004, p. 25). Segal et al. (1999) reviewed progress being made by indigenous people around the world to take tribal responsibility for dealing with transgressions. The common theme among the different groups is taking control of one’s own destiny by means of establishing tribal authority to enforce laws on tribal lands. The report by the NCEA (2004) provides many illustrative examples of tribal programs that address Elder abuse. Nevertheless, both tribal and western judicial systems have to recognize several key issues that pertain to Elder abuse:

- A lack of clarity about who is responsible for interventions.
- Withholding of confidential information by service providers from law enforcement due to a lack of understanding about immunity from prosecution.
- Lack of resources (National Center, 2004).

The National Center on Aging’s report (2004) made the following recommendations pertaining to tribal justice systems:

- Tribes need to determine what courts have jurisdiction in various types of abuse cases involving their members, and to work with states to determine who will investigate in specific situations. This information should be included in their codes. Gaps, overlaps, or other problems with jurisdiction should be identified and addressed.
- At the national level, tribes should be surveyed to determine what courts are currently exercising jurisdiction in Elder abuse in order to identify gaps or concerns that need to be addressed.
- Demonstration projects are needed to explore the effectiveness of traditional mediation techniques to resolve domestic violence and Elder abuse.
- Research is needed to determine how legal interventions and arbitration processes...can be made to be more effective in preventing abuse (p. 26).





IV. Conclusion and Recommendations

Elder abuse, as a relatively new occurrence among Alaska Native people, has largely resulted from a disconnection between the cultural history of the people, the experiences and memories of the Elders, and the contemporary world in which the younger generation have found themselves. This phenomenon has led to a discord between many of the Elders and younger members of their communities. Although impacted by the effects of historical trauma, the younger generation is not knowledgeable about historical trauma and how it has affected them. Many have acquired a sense of poor self-worth, along with feelings of powerlessness and helplessness, which leaves them vulnerable to self-condemnation as a way of coping with their sense of distress. The consequence of this process is that there tends to be little energy or interest left, in some communities, to maintain the traditional ways of caring for the Elders. Additionally, as long as the government and the agencies of Alaska, as well as federal authorities, fail to recognize the value of Alaska Natives' traditional practices and institutions, and as long as non-Natives insist that Alaska Natives abandon their ancestral heritage and embrace western ways, cultural stress will continue, and Alaska Natives Elders will be vulnerable to Elder abuse. Yet, actions can be taken to help reduce and prevent Elder abuse.

The following recommendations have been adopted from the report on Elder abuse sponsored by the NCEA (2004).

- Tribe-specific needs assessment and planning should be the first step in developing abuse prevention programs. Technical assistance, including “tool-kits” and workbooks, would be helpful. Specific areas of need include simple methods for tracking abuse, assessing service needs, and evaluating the success of programs that are implemented. Education and advocacy is needed to assist tribal leadership in addressing the needs of elderly members.
- Epidemiological studies of Elder abuse are needed to determine who is at risk.
- Studies are needed to determine how abuse is manifested and how it is defined by tribes.
- Studies that monitor victims and abusers over time to detect patterns and trends are also needed.
- Studies are needed that explore the interplay of factors that contribute to risk and those that mitigate it, and the relative importance of each. This includes the link between Alzheimer’s disease and Elder abuse.
- Assistance from the national level is needed to promote coordination and to identify and respond to gaps in jurisdiction and services.
- Informal communication, such as community conversations and one-on-one conversations, are an effective way to identify abuse and neglect and the needs of victims.
- The federal government should seek guidance from tribes in developing databases on abuse to be used in developing programs and allocating funds.





- Services to Elders must be coordinated.
- Service programs should promote family unity by linking formal and informal caregiving systems. For example, case management programs should involve both professionals and family members in determining how cases should be handled.
- Assistance with childcare is needed. Many families rely on Elders to provide childcare. Alternative sources should be made available when the level of care that is needed becomes a hardship for Elders.
- Housing options, including residential care, assisted living, and skilled nursing facilities are needed for Elders who do not wish to live with their families. Housing must provide safety and security features so that abusive family members do not have access.
- Home and community-based long-term care services can reduce Elders' reliance on families. These include transportation, home health care, respite, congregate and home delivered meals, personal care, and money management.
- Culturally appropriate educational materials are needed about wills, living wills, trusts, and powers of attorney to protect Elders' assets and land. The benefits of designating executors, administrators, or guardians to ensure that Elders' wishes are respected in case they become incapacitated should be emphasized.
- It may be beneficial for tribes to identify an office or individual to serve as a "focal point" for information about aging services and Elder abuse. Focal points may be Title VI programs (for tribes that have them); for others, "Elder desks," or "offices on senior affairs" may need to be established. All Elders (and others) should receive information on how to contact these programs.
- Some tribes currently have services that could be adapted to meet the needs of abused Elders, their families, or abusers. This includes anger management classes for abusers and domestic violence services for victims. Whenever possible, existing services should be expanded and/or adapted to meet the needs of abused Elders rather than creating new services. This approach optimizes resources and expertise.
- Tribes that lack the resources needed to establish separate Elder abuse programs, departments, or coordinators can assign an individual within an appropriate department (e.g. social services) to receive special training in Elder abuse and become the "Elder abuse specialist."
- As new programs and services are created, they must be evaluated to ensure that they are effective and appropriate. Researchers and funding sources should be encouraged to conduct program evaluations and practice-focused research to guide service development. In particular, research is needed to explore effective ways to educate Elders about various services available to them, and to encourage Elders to use them. Studies are also needed to determine how families can respond to the needs of their Elders without compromising their own health or stability.
- Simple systems should be in place to ensure that services are appropriate, accessible, and acceptable to Elders. Assistance and support should be made available to Elders





who encounter problems with the service system or specific service providers. This may include advocates, ombudsmen, or systems for handling complaints.

In closing, a review of Elder abuse has been presented with a focus on both understanding its cause and suggestions to remedy the problem. It is becoming clear, however, that research is needed to achieve a better understanding of the nature and extent of Elder abuse in Alaska so that specific approaches can be undertaken to prevent its occurrence.



V. References

- Agency on Aging (2002). American Indian and Alaska Native roundtable on long term care: Finale report 2002. Washington, D.C: Kauffman and Associates.
- Alaska Native Commission (1994). Alaska Native Commission final report. Anchorage, AK: Alaska Federation of Natives.
- American Psychological Association (2004). Elder abuse and neglect: In search of solutions. APA Online: <http://www.apa.org>.
- Berry, J.W. (1985). Acculturation and mental health among circumpolar peoples. Circumpolar Health, 84: 305-311.
- Brave Heart. M.Y.H. (1998). The return to the scared path: Healing the historical trauma and historical unresolved grief response among the Lakota through a psycho-educational intervention. Smith College Studies in Social Work, 68(3), 287-305.
- Cornell, S., & Kalt, J.P. (2003). Alaska Native Self-Government and Service Delivery: What Works? Tucson, AZ: Native Nations Institute for leadership, management and Policy. The University of Arizona.
- deVries, M.W. (1996). Trauma in cultural perspective. In B.A. van der Kolk, A.C. McFarlane, & L. Weisaeth (Eds.). Traumatic Stress (pp. 398-413). NY: The Guilford Press.
- Duran, E. & Duran, B. (1995). Native American postcolonial psychology. Albany, NY: SUNY Press.
- First Alaskans Institute (2004). Our choices, our future: An analysis of the status of Alaska Natives report 2004. Anchorage, AK: First Alaskans Institute.
- Fisher, P., & Ball, T. (2002). The Indian family wellness project: An application of the tribal participatory research model. Prevention Science, 3(3), 235-240.
- Harvey, E., Rawson, R. A., & Obert, J. L. (1994). History of sexual assault and the treatment of substance abuse disorders. Journal of Psychoactive Drugs, 26(4), 361-367.
- Jilek, W.G. (1981). Anomic depression, alcoholism and a culture-congenial Indian response. Journal of studies on Alcohol, 9, 159-170.
- Martens, T. (1988). The Spirit Weeps. Edmonton, AB: Nechi Institute.
- National Center on Elder Abuse (1999). Types of Elder abuse in domestic settings. Elder Abuse Information Series No. 1. Washington, D.C.: National Center of Elder Abuse.
- Napoleon, H. (1996). YU'YA'RAQ: The way of the human being. Unpublished Manuscript. Hooper bay, Alaska.
- National Committee for the Prevention of Elder Abuse (2004). What is Elder abuse? From <http://www.preventeelderabuse.org>.
- Olsen, O.R. (1985). Cultural change and health consequences in Inuit. Arctic Medical Research, 40, 28-31.
- Segal, B., et al. (1999). Alaska Natives combating substance abuse and related violence through self-healing: A report to the people. Anchorage, AK: Alaska Federation of Natives.



Townsley, H.C., & Goldstein, G.S. (1977). One view of the etiology of depression on American Indian youth. Public Health Reports, 92. 4458-4461.

Turner, E., & Segal, B. (Aug. 1995). Culturally sensitive and culture specific treatment issues in Alaskan Native Populations. Paper presented at the Conference on Alcohol-related Problems in Alaska, August 30-September 1, Anchorage, Alaska.

Vierck, E., & Hodges, K. (2003). Aging. Westport, CT: Greenwood Press.

Williams, G.D., Stinson, F.S., Sanchez, L.L. & Dufour, M.C. (1998). Apparent per capita alcohol consumption: National, state, and regional trends, 1977-96. Surveillance Report #47. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism.

Wolf, L. (1988). Elder abuse and neglect. Retrieved August 26, 2004, from <http://www.webster.edu>.

