

# Preventing and Responding to Abuse of Elders in Indian Country



NATIONAL INDIAN COUNCIL ON AGING  
*for the*  
National Center on Elder Abuse  
Washington, DC

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# Acknowledgements

## **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.

Gary Kodaseet, Interim Executive Director  
National Indian Council on Aging  
10501 Montgomery Boulevard NE, Suite 210  
Albuquerque, New Mexico 87111-3846  
505/ 292-2001 gary@nicoa.org www.nicoa.org

## **National Center on Elder Abuse**

This publication was made possible through a contract between the National Indian Council on Aging and the National Center on Elder Abuse (NCEA). The NCEA serves as a national resource for elder rights advocates, law enforcement and legal professionals, public policy leaders, researchers, and the public. It is the mission of NCEA to promote understanding, knowledge sharing, and action on elder abuse, neglect, and exploitation. The NCEA is administered under the auspices of the National Association of State Units on Aging (NASUA). The Center's partners include the American Bar Association Commission on Law and Aging, the Clearinghouse on Abuse and Neglect of the Elderly at the University of Delaware, the National Adult Protective Services Association, and the National Committee for the Prevention of Elder Abuse, and NASUA.

Sara Aravanis, Director  
National Center on Elder Abuse  
National Association of State Units on Aging  
1201 15<sup>th</sup> Street, NW, Suite 350  
Washington, DC 20005  
202/ 898-2586 NCEA@nasua.org www.elderabusecenter.org

## **Authors and Contributors**

Former NICOA Executive Director David Baldrige served as Project Director. Ms. Lisa Nerenberg served as Chief Elder Abuse Consultant and Primary Author. William F. Benson, of the Benson Consulting Group served as Chief Consultant on the project. NICOA sought the assistance of several outside experts in reviewing drafts of this report and is grateful to them for the time, expertise, and wisdom they contributed. Outside reviewers included: Dr. Arnold Brown, Professor Emeritus and Consultant at Northern Arizona University, Ms. Mim Dixon, Consultant and former Health Director for the Cherokee Nation, Ms. Aileen Kaye, Director of the Abuse Prevention Unit at the Oregon Department of Human Services, and Mr. Jim Kautz, Consultant and former State Long-Term Care Ombudsman. Ms. Cynthia La Counte, Tribal Chairperson of Trenton Indian Service Area, Trenton, North Dakota and Dr. Bruce Finke, Coordinator, Indian Health Service Elder Care Initiative also served as consultant advisors.

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# Preventing and Responding to Abuse of Elders in Indian Country

“How elders perceive abuse is important, as what professionals perceive as abuse may not be perceived as such by elders. For clinicians working with cases of suspected abuse, it would be wise to ask the elder if he or she feels abused.”

Hudson & Carlson, 1999

## I. Introduction to Project

In 2002, the National Indian Council on Aging (NICOA), under contract to the National Center on Elder Abuse, initiated a project to achieve a greater understanding of the scope and nature of elder abuse in Indian country<sup>1</sup>, how it is perceived, services currently being provided, and promising approaches to prevention. This final report for the project – *Preventing and Responding to Abuse of Elders in Indian Country* – is accompanied by a separate document, *Elder Abuse in Indian Country: A Review of the Literature on Research, Policy and Practice*.

Elder abuse spans a broad spectrum. It ranges from physical violence to the neglect of elders who depend on others for their basic needs. Over the past twenty years, states and local communities across the country have crafted policies and programs to stop abuse, treat its effects and prevent its recurrence. Most states have adopted laws, patterned after child abuse response programs, which enlist professionals and the public to report abuse to public agencies for investigation and follow up. Adult protective service (APS) programs are typically authorized to receive and investigate reports and assess victims’ needs for legal, health or social services.

Although little is known about elder abuse in Indian country, the existing literature and accounts by Indian elders and their families, tribes and advocates suggest that it is a serious and pervasive problem. The experiences of Indian elders with abuse, however, and their attitudes about what should be done about it appear to differ from those of non-Indian elders, suggesting the need for new responses to prevention. This project was created to explore the special needs of abused or vulnerable Indian elders and promising approaches for meeting them.

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<sup>1</sup> 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).

## **Methodology**

A project team was assembled, which includes individuals with expertise in aging and long-term care in Indian country and elder abuse (see Appendices for a description of the team). The following activities were carried out:

- A review of the research on elder abuse in Indian country, policy initiatives and current practice was conducted.
- Twelve Indian Health Service Area Behavioral Health Coordinators were asked to help identify projects or programs addressing elder abuse, neglect or exploitation in their facilities or tribes. In particular, they were asked to provide information on screening or referral practices, codes, preventive measures and interventions. Two coordinators identified programs.
- An open discussion on elder abuse was held as part of a workshop at the “Healing Ourselves, Healing our Spirits, Healing our World” conference, which was co-sponsored by NICOA. Held in Albuquerque, New Mexico on September 4-6, 2002, the conference drew 2,300 attendees, including 1,300 elders from 130 tribes. Approximately 150-200 Indian elders and service providers participated in the elder abuse session.
- A small group discussion, which included representatives from Older Americans Act (OAA) Title VI programs and Indian area agencies on aging (see Appendices for a list of participants) was also conducted in conjunction with the “Healing Ourselves, Healing our Spirits, Healing our World” conference. Participants expanded on themes raised during the previous day’s open discussion.
- A survey was sent to Tribal Title VI Coordinators (see Appendices) asking them to describe their perceptions of the scope of the problem and barriers to prevention. They were also asked to identify promising programs and practices.
- At the 2003 meeting of the Indian Health Service’s Combined Clinical Councils, clinic administrators, clinical directors and directors of nursing of IHS-funded hospitals and clinics were asked to describe their experiences serving victims and vulnerable elders and to suggest recommendations for promising practices and approaches. Approximately ten individuals participated.
- A small group discussion was conducted on April 22, 2003 at the annual conference of the National Community Health Representative (CHR) Program, held in Reno, Nevada. Participants included nine community health representatives, CHR directors and the Indian Health Service’s national CHR director.
- Comprehensive interviews were conducted with tribal representatives and experts in matters pertaining to elder abuse and Indian elders (see Appendices for a list of persons interviewed).

This document draws from these activities to shed light on elder abuse in Indian country, challenges in serving Indian elders, and current initiatives. It describes available resources and offers recommendations for program and policy development.

The document does not present a consensus viewpoint or a “one size fits all” approach. Rather, it reflects the diverse perspectives of dozens of individuals who shared their insights, concerns and commitment to improving the lives of vulnerable Indian elders and their families. It is intended to generate further discussion and deliberation by tribal leaders, policy makers, program planners and service providers. It suggests promising approaches, resources and sources of support for future initiatives. When available and deemed helpful, contact information is provided.

## **II. The Problem**

The existing research on elder abuse in Indian country is sparse and limited in scope. A review of the literature conducted as part of this project <sup>2</sup> revealed that only three of the 567 federally recognized tribes in the United States and one urban population have been the subject of research studies. Even among these groups, significant differences have been noted (Baldrige & Brown, 2000; Carson & Hand, 1998).

Establishing the extent and nature of abuse in Indian country was beyond the scope of this project; however, several project activities provided opportunities to explore participants’ experiences with, and perceptions about, abuse. For example, as part of the survey of OAA Title VI directors (described below), which was conducted to help identify promising practices, respondents were further asked to indicate how pervasive they believed the various forms of abuse were and to give examples of specific incidents of abuse. Because these activities were informal and the response rates to surveys were low, the findings should not be taken as representative or conclusive. These informal methods, however, yielded candid responses and offer rich insight into the complexity of the problem, its impact and the need for a wide range of legal and social service interventions.

### **Title VI Directors’ Perspectives on the Extent of the Problem**

In fall, 2002, a survey was sent to 236 Title VI directors asking them to describe current initiatives in abuse prevention carried out by their tribes, barriers they have encountered, and recommendations for needed services and policy. Their responses have been integrated into sections III and IV of this report. The survey further explored respondents’ perceptions about the extent of the problem. This was accomplished by including a checklist with which respondents indicated whether they believed that eight specific types of abuse occurred often, rarely or never.

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<sup>2</sup> See *Elder Abuse in Indian Country: A Review of the Literature on Research, Policy and Practice*, which was completed as part of this project. It is available from the National Center on Elder Abuse and from NICOA.



Perceived Frequency of Abuse Type of Abuse (number of responses)	Abuse Occurs		
	Never	Rarely	Often
Neglect (29)	2 (7%)	13 (45%)	14 (48%)
Self-neglect (29)	2 (7%)	14 (48%)	13 (45%)
Psychological or verbal abuse (28)	3 (11%)	14 (50%)	11 (39%)
Financial abuse by family members (30)	2 (7%)	9 (30%)	19 (63%)
Financial abuse by others (e.g. telemarketing fraud) (29)	5 (17%)	16 (55%)	8 (28%)
Physical abuse by spouses or intimate partners (30)	9 (30%)	18 (60%)	3 (10%)
Physical abuse by children, grand-children, other family (29)	6 (21%)	15 (52%)	8 (28%)
Sexual assault (28)	15 (54%)	13 (46%)	0 (0%)

Thirty Title VI directors responded to the survey. Two respondents (7%) said that no abuse of any type had been reported to them. The most common form of abuse, according to respondents, was financial abuse by family members, with almost two-thirds (63%) reporting that this type of abuse occurs often. Only 7% indicated that this form of abuse never happens. Neglect was reported to be the next most frequently occurring type of abuse with 48% of respondents indicating that it happens often, and only 7% indicating that it never happens. Self-neglect was next with 45% of respondents indicating that neglect occurs often and only 7% indicating that it never occurs.

Respondents were asked about physical abuse by spouses or intimate partners, and abuse by others. Over one-fourth indicated that physical abuse by non-spouses happens often, with just over one-fifth (21) indicating that it never happens. Ten percent of the respondents indicated physical abuse by spouses occurs often, and 30% indicated that it never happens. Respondents were also asked about psychological or abuse, with 39% indicating that this type of abuse occurs often and 11% indicating that it never happens.

The least prevalent form of abuse was sexual assault; none of the respondents believed that this type of abuse happens often. Of some cause for concern, however, is the fact that almost 46% of the respondents indicated that this type of abuse happens sometimes. To date, sexual assault has not been the focus of any studies of abuse in Indian country and few, if any, sexual assault programs that serve Indian elders provide outreach to elderly tribal members.

Several survey respondents gave specific examples of abuse or patterns and trends they had observed. These examples, along with those of other “key informants” to this project (elders, researchers and service providers who participated in group discussions and interviews) are described below. They do not reflect the relative prevalence, lethality or

causes of abuse but, rather, are provided to shed light on some of the dynamics and circumstances surrounding abuse and the impact of abuse on victims.

### **Examples of Abuse Incidents Reported by Key Informants**

- An elderly woman was removed from a nursing home so that family members could gain access to her income checks.
- Family members set up a methamphetamine lab in an elder's home.
- A non-ambulatory elder was left without water or food and was not taken to her dialysis appointments.
- A son and daughter-in-law overmedicated a wealthy older woman in order to hasten her death.
- An elder was taken off dialysis and had her medications withheld as "punishment."
- A woman was "beaten black and blue" and sexually molested by her children.
- An elderly woman's home was taken over by younger people on the reservation who are alcoholic. They financially abused the woman and placed her in a nursing home.
- An elderly woman allowed her nephew and his family to move into her home. The nephew got his aunt to sign a quitclaim deed, transferring ownership of the property to him. She did not understand what she was signing and did not want to give up her home.
- An elder signed over her paid-off Mutual Help home to her grandson, expecting that she would be allowed to continue living there until she died. The grandson subsequently evicted her.
- An 85-year-old woman reported to a domestic violence program that her son had raped her.
- An elderly woman reported to her physician, whom she had known for many years, that she had been the victim of domestic violence for 15 years.

### **Patterns and Trends Observed by Key Informants**

- Elders' family members come to visit at the beginning of the month and either take elders' money or leave when the money runs out.
- Young children are left with elders who lack the strength or resources to provide care.
- Some elders have extremely valuable artifacts, including traditional costumes, baskets and beadwork, which is highly sought after by collectors. These assets are sometimes taken and sold by family members or others who have access to elders' homes. The care and control of these items can become a political issue involving people outside the family because many tribal members do not believe these items should be sold to outsiders.
- Family members threaten elders into signing over funds or become their "self-appointed" guardians.

- Indian grandparents who are the primary caregivers for grandchildren have little support or assistance. In some cases, problems arise when the children reach adolescence. At this point, some begin to neglect, physically abuse or financially exploit their grandparents.
- Family members who want to provide care to elderly members lack adequate resources and time to do everything that is needed.
- Elders are being convinced to purchase items they do not need. Examples include magazine subscriptions for elders who do not read or Medigap insurance policies.
- Elders, particularly those in remote areas, are isolated from family and friends.

### **III. Principles to Guide Program/Policy Development**

A primary goal of the project was to identify promising approaches to addressing elder abuse and neglect in Indian country. Clearly, the diversity and complexity of the cases described above suggest the need for diverse interventions ranging from social and financial support for family caregivers to police protection. Section IV of this report addresses specific areas of need, challenges and promising approaches. In developing the section, several overarching themes emerged, which are presented below as “principles” to guide the development of abuse prevention programs and policy.

1. Prevention and intervention programs should draw from and reflect traditional Indian values and beliefs. Specifically, they should:
  - Promote family unity and cooperation
  - Reflect traditional models of dispute resolution
  - Employ informal community networks
  - Attempt to prevent abuse by maintaining or supporting families and preserving and restoring cultural values and traditions
2. The process of developing programs should also reflect traditional Indian approaches, including consensus-building and intergenerational dialogue.
3. As sovereign governments, tribes decide the extent to which they exercise jurisdiction and control over elder abuse prevention programs. This includes planning and administering programs.
4. “Structural” inequalities and antecedents that place elders at risk must be addressed to effectively prevent abuse. For example, decreasing younger family members’ dependence on elders through jobs that pay adequate salaries can reduce risk. Education and access to health care, daycare and eldercare services are also critical. In addition, income maintenance programs must reflect the intergenerational structure of

Indian families, recognizing that elders will spend income to care for children and grandchildren during hard times.

5. Tribal elder abuse codes could provide authority to intervene and to establish the roles and responsibilities of tribal and non-tribal agencies.
6. Codes alone should not be viewed as a solution. Codes that do not provide for services harm families and further isolate elder victims. Codes should be designed to maintain family units whenever possible.
7. A concerted planning effort is needed to implement promising solutions. Those that are implemented should be evaluated.

#### **IV. Challenges, Recommendations, Promising Practices & Resources**

This section draws from the research on elder abuse in Indian country, the responses to the survey of Title VI coordinators, interviews and group discussions that were conducted as part of the project. It is divided into nine sections; each focuses on a specific area of need and describes specific challenges and recommendations. Profiles of promising practices, resources and funding sources are also included.

##### ***1. Needs Assessment and Policy Development***

###### **Challenges**

Little is known about the service needs of vulnerable Indian elders or about promising approaches for meeting them. Many reasons have been cited for this dearth of information:

- The 567 federally recognized tribes vary in many ways including language and family structure. Significant variations also exist with respect to urban, rural, reservation and non-reservation elders and their families.
- Little applied or policy-relevant research has been conducted.
- Existing studies and policy discussions have typically relied on the input and perceptions of service providers, rather than of elders.
- Developing tribal programs and policy for abused and vulnerable elders requires the support and involvement of tribal leadership. This has proven to be problematic for some tribes. Specific challenges that have been noted include:
  - Elders feel tribal governments neglect them.
  - Younger tribal council members do not focus on elders.
  - Health and social services, court services and police protection are provided by tribal, federal, state and county organizations. As a result, service delivery in some parts of Indian

country is fragmented and characterized by gaps in services and jurisdiction, and a lack of coordination.

### **Recommendations**

- 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 address the needs of elderly members.
- Research is needed to achieve a national perspective of the nature and scope of elder abuse, and how it is perceived, in Indian country. This information will guide national policy and program development and point to promising approaches to prevention. Data collection methods must be culturally sensitive and appropriate. Specific types of needed research include:
  - Epidemiological studies of elder abuse on and off reservations to determine who is at risk
  - Studies to determine how abuse is manifested in Indian country, how it is defined by tribes, and variations among tribes
  - Studies that monitor victims and abusers over time to detect patterns and trends
  - Studies 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 in Indian country and the needs of victims.
  - The federal government should seek guidance from tribes in developing databases on abuse in Indian country to be used in developing programs and allocating funds.
  - The Executive Branch should seek, and Congress should provide, funding for Subtitle B of Title VII of the Older Americans Act, which authorizes a program for tribes, public agencies, or nonprofit organizations serving Indian elders to assist in prioritizing issues relating to elder rights and to carry out activities in support of these priorities. While the elder abuse provisions of Part A of Title VII, which authorizes funds for states and area agencies on aging, have been funded by Congress, funds for Part B have never been appropriated.

- The Elder Justice Act, introduced in both the U.S. Senate and House of Representatives (S. 333 and H.R. 2490 in 2003-2004) should be amended to provide funding for Indian country for purposes of preventing and ameliorating elder abuse in Indian communities.

## **Promising Practices and Resources**

### **Assessing the Needs of Indian Elders**

Dr. Suzanne L. Cross, Associate Professor at the Michigan State University School of Social Work, has conducted focus groups and individual interviews with Indian elders in urban and rural settings, on-reservation and off, across Michigan to explore their perceptions of elder abuse and to solicit suggestions for needed programs. She plans to expand the project beyond Michigan. According to Dr. Cross, many Indian elders see abuse as unintentional, justify it or make excuses for their abusers. Some are reluctant to talk about their experiences in front of members of their own tribes, who are likely to know their extended families. To overcome these barriers, she begins focus groups by asking members about the changing role of Indian elders in their tribes and gradually introduces the topic of financial exploitation and other forms of abuse. Another related topic that elders are more comfortable talking about is kinship care (situations in which elders are the primary caregivers for grandchildren), which may be linked to elder abuse. According to Dr. Cross, researchers' success in eliciting candid responses depends, to a great extent, on interviewers and how they conduct interviews. Elders may be more comfortable talking about culturally grounded values to members of their own tribes.

Contact:

Suzanne Cross, PhD  
Phone: 517.432.3726  
Fax: 517.353.3038  
Email: [suzanne.cross@ssc.msu.edu](mailto:suzanne.cross@ssc.msu.edu)

**Yakama Nation** tribal representatives held discussions with APS, AARP, People for People and other agencies to discuss training and service needs. Among the needs identified were:

- Education for elders on how to recognize abuse and protect themselves against it
- Information on where and how to get help and victims' rights. Members suggested that this information could be disseminated through court-produced newsletters and brochures.
- A board to review elder abuse cases and make recommendations for how victims can be helped
- Continuing education for court personnel, prosecutors, police, advocates and social service providers

Contact:

Arlene Olney  
PO Box 151  
Toppenish, WA 98948  
Phone: 509. 865.7164

Fax: 509.865.2098  
Email: Arlene@yakama.com

**Needs Assessment conducted by the Blackfeet Child & Family Advocacy Center/TRIAD Program**

This program, in collaboration with the Blackfeet Eagle Shield Program, the Heart Butte Senior Citizen Program, a nursing home, law enforcement and community health agencies conducted a community needs assessment and a survey of personal care attendants. They identified the need for a permanent, specially trained investigator; training for law enforcement, the tribal court, probation and other criminal justice professionals; new laws; a domestic violence shelter; crime prevention education; emergency services; and a resource library. The project was supported by a Victims of Crime Act (VOCA) grant from the Department of Justice.

Contact:

Ms. Frances Onstead, Director  
Blackfeet TRIAD Program  
Blackfeet Juvenile Planning Dept.  
PO. Box 870  
Browning, MT 59417  
Phone: 406.338.7860

**Needs Assessment conducted by the State of Wisconsin**

In 2002, as part of its Adult Protective Services Modernization Project, the Wisconsin Department of Health and Family Services (DHFS) explored long-standing questions about the authority and responsibility of tribal courts and county circuit courts in the area of adult protective services. The goal was to ensure that tribal nations' sovereign authority was respected and that the APS needs of tribes were addressed. Department personnel also began working with tribal affairs experts to select the best forum for continued discussions with the tribes to ensure that their specific needs with respect to adult protective services were met. Status reports on the project will be available on the DHFS' website at: <http://www.dhfs.state.wi.us/aps/>

**Tribal Caucus on Elder Abuse**

During a 2000 symposium, "Our Aging Population: Promoting Empowerment, Preventing Victimization, and Implementing Coordinated Interventions," sponsored by the United States Department of Justice (DOJ) and the United States Department of Health and Human Services (DHHS), tribal leaders met and discussed policy and service needs. The caucus was facilitated by NICOA Executive Director, Dave Baldrige.

Members recommended that DOJ:

- Initiate a series of discussions among FBI, Bureau of Indian Affairs, state and local law enforcement agencies operating in Indian Country. Topics should include issues related to domestic violence and elder abuse.
- Facilitate domestic violence and elder abuse training for Indian Country law enforcement, judicial, social service and health care providers. Training should include how to recognize financial fraud and abuse.
- Provide funding and technical assistance to develop and refine tribal elder abuse codes.
- 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.
- Fund demonstration projects to examine the effectiveness of traditional mediation techniques to resolve domestic violence/elder abuse cases.
- Establish an initiative with the Indian Health Service, tribal and urban Indian health providers to fund and facilitate training regarding:
  - Adult Protective Services;
  - Forensic recognition of abuse;
  - Geriatric medicine; and
  - Increased availability of occupational and physical therapy
- 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 provision personnel.
- Join and contribute funding to the recently-established Interagency Agreement (IA) between the Centers for Medicare & Medicaid Services (CMS), the Social Security Administration (SSA), and the Indian Health Service (IHS). The IA, established to provide Indian elder specific outreach about federal benefits and disease education, should be expanded to include abuse education for Indian elders.
- Develop new databases of Indian elder abuse. Existing data should play a role in DOJ’s development of programs and allocation of funding.

“Clearly, the most effective way of responding to existing elder neglect and abuse within Native American communities, as well as preventing future abuse, lies in our willingness as a society to provide real long term support for elders and their families.”

Carson & Hand, 1992

“Policy makers should focus on the structural antecedents to social problems and adopt a more holistic perspective (instead of merely an individual one) about the problem of elder abuse.”

Maxwell & Maxwell, 1992



## **2. Tribal Codes, Policies and Procedures**

Abuse reporting codes are a fundamental component of abuse prevention response systems. They provide statutory authority to investigate reports and define the roles and relationships among key agencies in abuse prevention. Some tribes have developed codes similar to state codes, while others have adapted codes to reflect traditional values and approaches to resolving conflicts. Codes vary significantly with respect to their coverage, what agencies are designated to respond, and what services are provided.

### **Challenges**

- Many tribes are currently in the process of developing codes. Some are experiencing the following difficulties:
  - Tribal councils do not see codes as a priority.
  - Model codes exist but typically need to be modified to reflect tribe-specific jurisdictional issues and resources. Most tribal councils lack staff to customize codes.
- Some tribes' law and order codes contain provisions for abuse that are short, vague or insufficient to provide adequate protection. They may not, for example, clearly define what departments or entities have responsibility for certain tasks or their relationships to one another.
- Many service providers are not aware of their tribes' elder abuse codes.

### **Recommendations**

- The process of developing codes can be used as an opportunity for raising community awareness about abuse and services.
- In developing codes, advocates should work with tribal councils from the early stages and involve elders in making decisions about what to include.
- Codes must include, or be accompanied by, policies and procedures that clearly define the roles of key agencies, steps in the reporting and investigation processes, timelines and penalties.
- Tribes need funding, sample materials and technical assistance to develop and refine tribal elder abuse codes, policies and procedures.
- Codes should provide for a team approach to assessing abuse. Teams may include tribal elders and representatives from the fields of substance abuse, law enforcement, domestic violence, mental health and aging and adult services.
- In assessing abuse, attention should be paid to the following:
  - People who are significant to victims, including friends, neighbors and family members
  - People who are significant to, and who wield influence with, alleged abusers

- The interrelationships and interdependencies among these individuals (above), the extent to which they can provide support and help, and the resources they can offer
  - Substance abuse by any of the parties involved and how it contributes to abuse or case resolution
  - The extent to which the parties involved participate in traditional culture and adhere to traditional values and laws
- Codes should contain provisions for alternative dispute resolution proceedings as deemed appropriate. Further exploration is needed to determine when these approaches are appropriate and do not endanger victims. This may need to be determined on a case-by-case basis.
  - Codes should contain provisions for translators for elders who need them.
  - Codes should contain provisions for assessing and treating offenders.

“People won’t press charges against family members. If we have codes, something will happen.”

A service provider

### **Promising practices and resources**

#### **The Model Tribal Elder Protection Code**

In 1990, the University of New Mexico’s American Indian Law Center published the “Model Tribal Elder Protection Code” with funding from the U.S. Administration on Aging. It contains provisions that tribes can adapt or modify and instructions to guide them. The code is a civil code designed to promote reporting and services to elders and their families. It is available for \$25.00 from:

American Indian Law Center, Inc.  
 P.O. Box 4456 - Station A  
 Albuquerque, NM 87196  
 Phone: 505.277.5462  
 Fax: 505.277.1035  
 Email: ailc@law.unm.edu

#### **National Tribal Justice Resource Center**

The center, which is sponsored by the National American Indian Court Judges Association, was established under a grant from the Bureau of Justice Assistance (BJA), U.S. Department of Justice, to enhance tribal justice systems around the country. The center operates a comprehensive website, which includes extensive information, technical assistance, and the text of tribal elder abuse codes.

National Tribal Justice Resource Center  
4410 Arapahoe Ave, Suite 135  
Boulder, CO 80303  
303.245.0786 or (toll free) at 877. 97NTJRC  
mail@tribalresourcecenter.org  
<http://www.tribalresourcecenter.org/>

### **Navajo Nation Evaluation**

Although the Navajo Nation passed an elder protection code in 1996, the code was not used extensively. To find out why, Three Ts Inc., a private non-profit agency that focuses on education, applied for and received a small grant from the Partnerships in Law and Aging Program (of the Marie Walsh Sharpe Endowment and the Albert and Elaine Borchard Foundation Center on Law and Aging), to review the code and suggest changes. The grant was awarded in 2002.

Project personnel convened approximately 20 meetings with prosecutors, staff at senior centers, members of the Navajo Nation Bar Association, Indian Health Service representatives, and representatives of a team that engages in advocacy and reviews abuse cases. The sessions have included both personnel who work directly with elders and program administrators. Each session begins with a review of the code's provisions followed by a discussion.

Among the problems identified by the groups was lack of familiarity with the code by those most likely to observe abuse, including senior center staff and community health representatives. In addition, many people who work with elders lack skills in handling complex abuse situations. Also cited was the lack of protocols defining the roles of various tribal agencies and departments in handling cases, the need for a central point of entry into the system, and disagreements about what agency should assume the lead in abuse investigations and response. Prosecutors described competing demands on their time and seniors' reluctance to participate in prosecutions. When cases are prosecuted, they are typically charged as assaults, battery, theft, etc., as opposed to elder abuse.

Once project personnel have reviewed and summarized the groups' discussions and recommendations, they will present them to the Navajo Nation's Council on Aging and the Health and Social Services Committee (a standing legislative committee of the Navajo Nation Council) in the hope that they will be used in developing new policy. For more information, contact:

Claudeen Bates Arthur  
Three Ts Inc.  
P.O. Box 696  
St. Michaels, AZ 86511  
Email: batesarthur@citlink.net

### **3. Coordinating Services**

#### **Challenges**

No single agency or service system offers all the services that may be needed by victims, their families and abusers. Adult protective services, law enforcement, domestic violence programs, aging and health services, caregiver support programs and legal assistance are just a few of the services that may be needed to stop abuse and reduce vulnerability.

Coordinating services is particularly difficult for the following reasons:

- Tribal, county or state APS workers may receive and investigate reports of abuse, or the responsibility may rest with tribal law enforcement, court personnel or social service programs. Other tribal programs that have a role to play in elder abuse prevention include housing and health services. The extent to which tribal departments collaborate and coordinate their efforts, as well as the extent to which they collaborate and coordinate their efforts with non tribal entities, varies widely.
- On reservations with more than one tribe, separate law enforcement or social service programs may work jointly. Personnel from the programs may disagree on matters related to elder abuse.
- Reservations that extend across state lines must relate to multiple state and county programs.

#### **Recommendations**

- Tribes need to develop strategies for improving coordination among tribal departments and non-tribal entities that have a role to play in abuse prevention. This may include developing task forces, teams or planning councils.
- Tribal officials' active involvement and leadership is needed to successfully negotiate interagency agreements among tribal, county and state adult protective service systems and to sensitize all personnel involved about tribal needs.
- Coordination among law enforcement agencies is particularly important and is covered in a separate section of this report.

#### **Promising practices and resources**

Several tribes and reservations have multidisciplinary case review teams that address problems with service coordination. The **Standing Rock Reservation**, for example, has a team that includes representatives from several tribal Veterans Administration, Indian Health Service and Bureau of Indian Affairs programs. It is coordinated by the tribe's Community Health Representative (CHR) program.

Contact:

John Red Bear  
Standing Rock Reservation  
Elderly Protection Team

PO Box D  
Ft. Yates, ND 58538  
Phone: 701.854.3752  
Fax: 701.854.2308

The **Cherokee Nation** employs “Elder Advocates” to assist elders access tribal services and, if needed, services outside the tribe (the Cherokee Nation’s principal chief and tribal council have made it a priority to provide tribal services to elders whenever possible). Two full time advocates help elders access services, fill out applications, retrieve documents, etc.

Contact:

Lisa James  
Elderly Services Manager  
Cherokee Nation  
PO Box 948  
Tahlequah, OK 74465  
Phone: 918.456.0671  
Email: ljames@cherokee.org

#### ***4. Raising Awareness***

##### **Challenges**

Among the greatest obstacles to preventing abuse in Indian country is the reluctance of elders, their families, tribal leaders and others to admit that abuse is occurring or to seek help. Over one-fourth (28%) of the respondents to the survey of Tribal Title VI Directors listed denial or underreporting as barriers to developing effective elder abuse systems. Reasons cited for why elders and others fail to come forward include victims’ fear of being perceived as weak or dependent, victims’ desire to protect their abusers, shame, embarrassment and stigma. In addition, Indian elders and other tribal members may not be aware of what behaviors are considered to be abusive. Their perceptions about what is abusive conduct and how it should be handled may differ from those of non-Indians. For these reasons, mainstream approaches to raising community awareness about elder abuse and what can be done about it may not be effective or appropriate in Indian country.

Specific challenges that have been identified include:

- Most existing educational programs do not address cultural issues in abuse or the need for culturally appropriate prevention and intervention strategies.
- Indian elders may not perceive abuse in the same way that non-Indians or non-elders do. They are unlikely to respond to outreach that does not reflect their own perceptions or concerns.

- Most tribes lack funding to produce informational products to increase awareness. This is particularly true of such costly, yet effective, methods as public service announcements (PSAs).
- Families lack information about how to report abuse or about services that can reduce risk.
- Some elders in remote areas do not have access to telephones.
- Some abusers are not aware that they are abusing. This includes, for example, adult offspring who leave their children with elderly parents who lack the resources or energy to provide care, thereby creating hardships for the elders. These family members need to be sensitized about how their actions impact elders.

### **Recommendations**

- Community conversations or summits are needed to provide information to tribal members about abuse. Sessions should include discussions about definitions, reporting laws, tribal codes and services. The sessions can also be used to explore variations in how abuse is perceived in Indian country and attitudes about what should be done about it.
- Outreach should not just focus on reporting abuse. The goal should be to prevent abuse by reinforcing traditional values and beliefs. For examples, campaigns are needed that:
  - Acknowledge and reinforce elders' role in traditional society
  - Reflect how Indian elders perceive and feel about abuse
  - Make respectful treatment of elders a priority
  - Sensitize youth about what it's like to be old and vice versa (sensitize elders about what it's like to be young today). This can be accomplished through role playing.
- Community health representatives (CHRs), as "front line" workers, should be involved in awareness efforts.

### **Promising practices and resources**

**The Great Lakes Intertribal Council**, with funding from the Administration on Aging, Department of Health and Human Services, conducted a public awareness and education campaign in the mid 1980s, which focused on acknowledging tribal elders. Children learned about their grandparents' needs and made posters to honor them. Senior recognition events were also held. In addition, abuse awareness activities were conducted in detention centers, and a variety of outreach materials were produced, including an outreach guide, which is available from the Clearinghouse on Abuse and Neglect of the Elderly (CANE) (File number E2657-25). For more information, contact:

CANE  
University of Delaware  
Dept. of Consumer Studies  
Alison Hall West–Rm. 211  
Newark, DE 19716  
Phone: 302. 831.3525  
Fax: 302.831.6081  
Email: CANE-UD@udel.edu  
Website: <http://db.rdms.udel.edu:8080/CANE/index.jsp>

**Don't Wound My Spirit: Yakima<sup>3</sup> Indian Nation's guide.** This guide was also produced with support from the Administration on Aging, Department of Health and Human Services. It includes an introduction and overview of abuse and sections on the role of advocates, assisting elders with decision-making, and civil and criminal remedies for stopping abuse. It is available from CANE (File number E2826-90). See above for contact information.

### **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.

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<sup>3</sup> Since the publication of this manual, the tribe has changed the spelling of its name to Yakama.

“We need to find ways to let elders know that there is help and someone who cares about them.”

A service provider

## **5. Screening, Reporting and Assessing Abuse**

### **Challenges**

Because many victims and vulnerable elders are unable or reluctant to ask for help or to locate needed services for themselves, it is important for service providers who work with elders to recognize the signs and symptoms of abuse and know how to respond. Agencies that are authorized to accept and respond to reports must do so in a timely, consistent and sensitive manner, recognizing that victims may have apprehensions, fears and reservations about accepting help. The following barriers to screening, reporting and assessment have been identified:

- Health care professionals are failing to detect elder abuse. Even those who screen for domestic violence often fail to ask elders about abuse.
- Community health representatives, who are in a prime position to discover abuse, often don't have time to really find out what's going on.
- The common perceptions that elders will refuse help or that they will not take action against abusers may discourage some service providers and others from reporting.
- Concerns about confidentiality and lawsuits prevent some agencies and service providers from taking action.
- Lack of coordination among agencies decreases the likelihood that abused elders will receive the help they need (see Section 3, Coordinating Services.)
- Agencies lack sufficient staff to provide education, outreach and assessments.
- Elders may refuse help for the following reasons:
  - Fear of being perceived as weak or dependent
  - Desire to protect their abusers
  - Shame, embarrassment and stigma
  - A belief that they cannot leave abusive situations for financial reasons, family pressure or cultural ties
  - Victims may not view themselves as abused, neglected or exploited by family members
  - Elders may believe that abuse results from factors that cannot be remedied through services or interventions (e.g. insufficient prayer)



- Cultural beliefs or values that discourage confrontation, intervening in others' lives, or accepting help from "outsiders"
- Distrust of the social service system and law enforcement
- 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 not report because they don't want to bring federal investigators into family matters.

### **Recommendations**

- Better assessment tools are needed to help communities detect abuse, particularly in the early stages.
- In particular, health care providers, including community health representatives, community health nurses and other professionals who see elders in their homes on a daily basis, need training in how to effectively screen for abuse.
- Culturally appropriate outreach is needed to encourage elders to come forward for help, and to encourage others to report.
- The structural and institutional problems and barriers described in other sections of this report must be addressed to ensure that victims who do come forward for help receive an appropriate and effective service response.

### **Promising practices and resources**

Community Health Nurses at the **Not-tsoo Gah-nee Indian Health Center in Fort Hall, Idaho** routinely screen all elders for elder abuse at least once a year. Any elder believed to be abused is discussed at a weekly case management committee meeting, which is attended by the elder's primary care providers. The medical social worker is usually asked to further evaluate situations, as needed, with assistance from primary medical care providers, including community health nurses. Adult Protective Services may be contacted for assistance.

Contact:

Craig Nicholson, MD Clinical Director  
 Not-tsoo Gah-nee Indian Health Center  
 P.O. Box 717  
 Fort Hall, ID 83203  
 Phone: 208.238.2400  
 Email: cnichols@fth.portland.ihs.gov

**The Committee to Enhance Elderly Care (C.E.E.C.) of the White Mountain Apache Tribe** was formed, following the enactment of an adult protection code in 1994, to strengthen the reporting, investigation and treatment of elder abuse, neglect, sexual abuse

and exploitation. The committee includes the tribe's elderly services coordinator, the client business office director, representatives from tribal social services, an adult case manager, an Indian Health Service social worker, and APS workers. The group meets biweekly to review all new referrals and active cases of abuse. Following the assessment, the group addresses the elder's safety needs and current disposition, identifies appropriate community resources, and makes recommendations for a plan of action. The group routinely reviews ongoing cases to evaluate the progress of the treatment and update recommendations.

Contact:

Clementine Potter  
White Mountain Apache Tribe  
Elders Program  
P.O. Box 700  
Whiteriver, AZ 85941  
Phone: 928.338.4346

**The Blackfeet Tribe Elder Protection Team**, a volunteer group, was created to review cases that are referred by family members or other concerned persons (the state of Montana does not provide or fund adult protective services on the reservation). The team, which includes representatives from BIA Social Services, Blackfeet Housing, Indian Health Services, a senior citizen center, and personal care providers, has been meeting twice a month for seven years.

Contact:

Teri Flamond, Director  
Blackfeet Tribal Elder Protection Team  
P.O. Box 1468  
Browning, MT 59417  
Phone: 406.338.3482  
Fax: 406.338.3202

"I see mostly financial abuse by children. But when my agency (a senior companion program) makes reports to social service agencies, we're told that they cannot intervene because the seniors will deny the abuse because they're afraid of their children."

A service provider

“I called APS and reported that my mother was being abused by my brother. It didn’t work, so I took matters into my own hands and called a family meeting. We talked “talking circle fashion.” It was a battle. We asked my mother if she wanted to stay; she said no, so she went into her room and cried while we talked.”

A family member

## **6. Training and Education for Professionals and Families**

### **Challenges**

Professionals and non-professionals in diverse settings are likely to come into contact with abused or vulnerable Indian elders. Providing appropriate training to help these individuals understand elder abuse and victims’ needs is a formidable task, particularly in light of scarce resources. Specific concerns with respect to professional training that were raised include:

- Lack of awareness about the problem by health, domestic violence, legal and social service professionals
- Some workers who investigate reports of elder and adult abuse lack special training in working with vulnerable elders or even elders. On some reservations, adult abuse reports are investigated by Indian Child Welfare investigators.
- Some service providers are unaware of whether their tribes have elder abuse codes and lack training in how to respond to cases they observe.
- Non-Indian professionals who work with Indian elders are likely to perceive abuse and neglect differently from the elders they serve.

### **Recommendations**

- Targeted training is needed by specific groups, including:
  - Service providers, law enforcement personnel, judges, tribal council members, tribal courts and elders need training to raise their awareness about abuse and neglect, reporting codes and reporting responsibilities.
  - Training should also raise awareness about the need for a coordinated response.
- It is particularly critical that community health representatives and others who have direct and regular contact with vulnerable elders receiving training that includes information about elder abuse codes.
- Informal caregivers need training and education. Training for caregivers should:
- Help families anticipate elderly members’ future care needs
- Provide instruction in developing plans for providing care and carrying out caregiving tasks
- Alert families to the potential for abuse

- Provide information about common physical and mental problems experienced by elders
- Instruct caregivers in how to relieve stress and avoid becoming exhausted or depressed
- Training and education should be culturally specific to address the special needs of vulnerable Indian elders.
- Non-Indian professionals who work with Indian elders need training to help them understand cultural norms and factors that play a role in how Indian elders perceive abuse and what they want to see done about it.
- Tribal domestic violence program staff need training aimed at helping them recognize and respond effectively to abuse of elderly victims of domestic violence.

### **Promising practices and resources**

#### **Restoring the Sacred Circle: Responding to Elder Abuse in American Indian Communities**

This 30-minute training video was produced by the Oregon Department of Human Services (ODHS) in consultation with an advisory committee that included representatives from the **Yakama Nation, Confederated Tribes of Warm Springs, Confederated Tribes of Grand Ronde, the Trenton Indian Service Area, the Nez Perce Tribe, the Quinault Indian Nation, Klamath Tribes** and the National Indian Council on Aging (NICOA). It describes, from the Indian perspective, factors that contribute to elder abuse, emphasizing that abuse is contrary to traditional culture. It further illustrates how the Yakama tribe responds to abuse using a multi-disciplinary approach. The video, which was produced by Phil Lucas and features actor Gary Farmer, won an award from the American Indian Film Institute. A companion 14-minute video, "Roll Call: Elder Abuse" is intended for law enforcement audiences. It uses case scenarios to illustrate abuse in Indian country and encourages law enforcement personnel to work with Adult Protective Services. The price for each video is \$15. For information on how to obtain copies, contact:

Aileen P. Kaye  
 Abuse Prevention Unit  
 Oregon Department of Human Services (ODHS)  
 500 Summer Street NE, E-95  
 Salem, OR 97301-1074  
 Phone: 503. 945.6399  
 E-Mail: [Aileen.P.Kaye@state.or.us](mailto:Aileen.P.Kaye@state.or.us)

**The Grand Ronde** tribe, in collaboration with the Oregon Department of Human Services, Seniors & People with Disabilities (SPD), developed a training manual for tribes. It draws from the proceedings of a 2001 conference on elder abuse by the Confederated Tribes of Grand Ronde with funding from the Office for Victims of Crime, U.S. Department of Justice. Over 100 people, including the staff of several tribal departments and the Tribal Council, attended the 7-hour training, which covered the nature and scope of abuse, identification, reporting and how to make referrals. The manual was developed by a

committee of personnel from the tribe and SPD. It is available from the Oregon Department of Human Services (ODHS) for \$5.00. For more information, contact:

Aileen P. Kaye  
Abuse Prevention Unit  
Oregon Department of Human Services (ODHS)  
500 Summer Street NE, E-95  
Salem, OR 97301-1074  
Phone: 503.945.6399  
E-Mail: Aileen.P.Kaye@state.or.us

### **NECHI Training, Research and Health Promotions Institute**

This Edmonton, Alberta-based institute offers a course in elder abuse for Natives that covers:

- The traditional role of elders within Native culture
- Four categories of elder abuse within the Native community
- Symptoms of abuse and neglect
- Community resources
- Factors that lead to abuse of the elderly
- The ways in which grieving issues are linked to depression and/or acting out behaviors in the elderly

The course also provides an opportunity for service providers to explore their feelings about working with elder abuse and assess their strengths and weaknesses. For more information, contact:

Georgina Woodward  
NECHI Training, Research and Health Promotions Institute  
Box 34007, Kingsway Mall P.O.  
Edmonton, AB T5G3GA  
Phone: 1.800.459.1884  
Fax: 780.458.1883  
Email: info@nechi.com

- **Saginaw Chippewa** conducts educational sessions to elders on signs of financial exploitation and how to deal with telemarketers.

Contact:

Lisa Kennedy, Seniors Program Director  
Saginaw Chippewa Indian Tribe  
7070 East Broadway  
Mt. Pleasant, MI 48858  
Phone: 989.775.4593  
Fax: 989.775.4539

### **Project SHARE: Native American Elder Abuse Nurses' Training**

This project of South Dakota State University's College of Nursing was designed to improve the health status of elderly Native Americans who experience a high rate of preventable acute and chronic illnesses. Developed in 2002 by Native American nurses and caregivers, the multimedia, culturally specific on-line continuing nurse education program for nurses contains a section (Module 3) that focuses on:

- How changes in Native American culture have increased the risk for elder abuse and substance abuse.
- Ways to work with resources for Native American elders who are abused or have substance abuse problems.
- Identify culturally appropriate nursing interventions for elders at risk for abuse or substance abuse.

The curriculum is available online at: <http://learn.sdstate.edu/share>.

### ***7. Legal Interventions: Western and Traditional Approaches***

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.

#### **Challenges**

- Traditional tribal approaches to justice and conflict resolution differ from western, or mainstream, 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.
- Jurisdictional issues. 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. The following problems may prevent victims from receiving the help they need (Jones, 2000):
  - Gaps in jurisdiction (e.g. tribes lack jurisdictions over non-Indian perpetrators in some crimes)
  - Overlapping jurisdiction
  - Lack of clarity about who is responsible for interventions
- Social workers and counselors withhold confidential information from law enforcement due to a lack of understanding about immunity from prosecution.

- Problems with “full faith and credit” and “comity.” Full faith and credit refers to situations in which courts honor one another’s orders because the law requires them to do so. Comity refers to situations in which one court honors another’s out of respect. Many state courts do not understand tribal court procedures and are cautious when confronting tribal court orders.
- Lack of resources.

### **Recommendations**

- Tribes need to determine what courts have jurisdiction in various types of abuse cases involving their members and 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 on reservations can be made to be more effective in preventing abuse.

### **Promising practices and resources**

**Tribal-state forums have been formed in** some states to provide opportunities for state and tribal judges to meet and learn about each other’s systems. The forums have led to agreements about such issues as full faith and credit (Jones, 2000).

### **Navajo Peacemaker Court**

In 1982, judges from the Navajo Nation adopted rules of procedure based on an ancient practice of Naat’aanii or “headman,” who arbitrates disputes, resolves family difficulties, and tries to reform wrongdoers (Navajo Nation, 1982). The court handles cases that can’t be handled well using the adversarial Anglo-European legal system, including problems among husbands and wives and their families, disputes among parents and children, minor problems between neighbors, and problems involving the use and abuse of alcohol by members of the family or neighbors. The techniques used in peacemaker courts are similar to what is known in modern courts as mediation. The approach is designed to preserve Naat’aanii ideals while reinforcing them with modern civil rights protections and court procedures. Its provisions include:

- All rules are in both legal language for the benefit of judges and court clerks and in plain English for persons who do not have formal legal training. Both sets have equal force.

- District court judges appoint peacemakers to cases. All members of the tribe and all Indians living in the Navajo Nation can be ordered to take part.
- Peacemaker court decisions are binding.
- Because the Peacemaker court is based on people sitting down together to work out problems with the help of a community leader using harmony rather than confrontation, lawyers do not participate. Following Navajo tradition, peacemakers are people who have trust and respect in their communities.
- Peacemakers are authorized to instruct the parties involved in traditional Navajo ways. Parents may, for example, want someone with authority to lecture children on the traditional ways.
- If people cannot reach an agreement, they can ask the peacemaker to do so for them.

The Navajo Peacemaker Court manual was created for Navajo judges, community leaders and court personnel as well as others outside the Navajo Nation. It is available from the Clearinghouse on Abuse and Neglect of the Elderly (CANE) (File number J3898). For more information, contact:

CANE  
 University of Delaware, Dept. of Consumer Studies  
 Alison Hall West- Rm. 211  
 Newark, DE 19716  
 Phone: 302. 831.3525  
 Email: CANE-UD@udel.edu  
 Website: <http://db.rdms.udel.edu:8080/CANE/index.jsp>

### **Tribal Court Clearinghouse**

The Tribal Court Clearinghouse was created in 1999 by the Tribal Law and Policy Institute as a resource for tribal justice systems and others involved in the enhancement of justice in Indian country. It provides updates on emerging issues, information on funding opportunities, and links to native organizations, federal agencies and policy institutes.

Contact:

Tribal Law & Policy Institute  
 8235 Santa Monica Blvd., Suite 211  
 West Hollywood, CA 90046  
 Phone: 323.650.5467  
 Website: <http://www.tribal-institute.org>



## **Restorative Justice Approaches and Programs**

Peacemaker courts and other traditional approaches to justice have attracted attention within and beyond Indian country. “Restorative justice” approaches, patterned after Indian and native justice traditions, have received widespread attention by criminal justice and corrections professionals and victims advocates in Canada, New Zealand, and, increasingly, in the United States (Bilchik, 1998). The approach addresses crime and abuse as violations of relationships rather than simply as infractions of the law. Restorative justice approaches involve victims, offenders, the families of victims and offenders, and communities in the search for solutions. They consider why abuse happened, what can be done to repair the harm, and what can be done to prevent it from happening again. Restorative justice techniques include:

- **Family Group Conferencing**, or Community Conferencing, is a method for resolving conflict that is similar to mediation; however, while mediation typically involves only those people who are directly involved in a conflict, conferencing includes people who are indirectly affected, including victims’ and perpetrators’ families, friends, supporters, health and social service providers, spiritual advisors and others. All the people present at conferences have the opportunity to describe how the abuse affected them and to provide input into how the harm should be repaired.
- **Sentencing Circles**. This approach is used in cases that are being handled by the criminal justice system. Judges refer cases to circles, which may include victims and offenders, their supporters, key community members, and others in the community, to make sentencing recommendations. In some situations, the judge, prosecutor and defense attorney participate in the circle, and the agreement reached becomes the final sentence. In others, agreements made by the circles are presented to the judge as sentencing recommendations. Sentencing circles attempt to address the underlying causes of crimes, seek responses and agree on offenders' responsibilities. The process is based on peacemaking, negotiation and consensus, and each circle member must agree on the outcomes. Sentencing circles are so named because participants sit in a circle, and a "talking piece" (e.g., a feather) is passed from person to person. When participants take the talking piece, they explain their feelings about the crime and express support for the victim and the offender. Separate circles may be held for the offender and the victim before they join in a shared circle.
- **Victim-Offender Mediation**, also referred to as “victim-offender reconciliation” or “victim offender dialog,” is a process in which victims have the opportunity to meet offenders in a safe, structured setting and engage in a mediated discussion of the crime. With the assistance of a trained mediator, the victim can tell the offender about the crime’s physical, emotional and financial impact and ask the offender questions. The victim is also directly involved in developing a restitution plan for the offender.
- **Community Reparative Boards**, which are primarily used for youthful offenders or adult offenders convicted of nonviolent and minor offenses, are typically composed of trained citizens who conduct public, face-to-face meetings with offenders who are ordered by courts to participate. During reparative board meetings, members discuss the nature of offenses and their negative consequences. Members then develop a set of proposed sanctions, which they discuss with the offender until an agreement is reached on the specific actions the offender will take within a given time period. The boards develop sanction agreements with offenders, monitor compliance and submit compliance reports to the court.

### **Nishnawbe-Aski Legal Services (NALSC)**

This agency, which offers a wide range of law-related services to members of Canada's Nishnawbe-Aski, has developed a "how to" manual on restorative justice approaches. The manual has been translated into Ojibway, Cree and Oji-Cree. The agency also conducts workshops to train facilitators. Contact:

Nishinawbe-Aski Legal Services Corp.  
site 6, Box 23, R. R. #4, Mission Rd.  
Fort William Indian Reserve  
Thunder Bay, Ontario P7C 4Z2  
Email: nalsaski@baynet.net

### **Restorative Justice Approach to Elder Abuse Project**

(Although this Canadian project is not tribally based, it was designed with the help of a tribal elder. It is included to highlight how traditional Indian approaches are being used beyond Indian country).

The Community Care Access Centre of Waterloo Region (CCAC), in partnership with six other agencies, designed and is currently evaluating a model which uses "talking circles" to prevent elder abuse. The program was developed in recognition of the fact that many seniors fail to report abuse or seek outside help for fear of losing their relationships with abusive family members or friends if they do so. The goal of the circles is to restore relationships among family and community members by helping all concerned parties understand why the abuse occurred, what can be done to repair the harm, and what can be done to prevent it from happening again.

An extended planning process was carried out prior to starting the program. A steering committee, which included community partners, seniors, representatives from multicultural and faith communities, and experts in restorative justice met to design the project and develop guiding principles (project staff emphasize the importance of this consensus-building phase). An extensive literature review was also conducted.

Modifications were made to adapt the model (originally developed for children) for elders. Group sessions are shorter, and more attention is paid to elders' physical comfort and needs. A primary consideration is victims' safety. For example, the facilitators may determine that it is not safe to have abusers with drug or alcohol problems participate unless they are in recovery. Similarly, if the offender suffers from a mental illness, the facilitators may need to determine if the person's illness is under control.

Referrals for the circles come to Community Justice Initiatives (CJI), one of the partner agencies, which has experience in restorative justice programming. The agency has assembled a team of volunteers who have received special training in elder abuse and restorative justice. An intake worker screens cases and refers appropriate cases to facilitators who identify all the people who will be involved in the circles, including family

members, social workers, personal care workers, homemakers, friends or others. The facilitators make contact with those who will be involved, invite them to participate, and prepare them for the circle.

Circles typically include 15–20 people and take place in seniors’ homes. “Talking pieces” are used to encourage members to speak freely and from the heart. The talking piece may be a feather or another object that has special significance to the members of the circle. Members do not speak until they have the talking piece, and the person holding the piece is never interrupted. Project staff note that the use of talking pieces has been particularly empowering to seniors who may take longer to formulate what they have to say.

Contact:

Arlene Groh  
Project Coordinator  
Restorative Justice Approach to Elder Abuse  
Phone: 519.883.5500 ext. 6115  
Email: Arlene.Groh@waterloo.ccac-ont.ca

“Jail doesn’t help anyone. A lot of our people could have been healed a long time ago if it weren’t for jail. Jail hurts them more, and then they come out really bitter. In jail all they learn is hurt and bitterness.”

An elder

“Tribal law enforcement “sweeps abuse under the rug.””

A service provider

“An elder pleaded with me not to let them prosecute her son. Then she went to my supervisor and talked her into withdrawing a court order.”

A court advocate

## **8. Services to Prevent Abuse and Neglect**

### **Challenges**

Service interventions that may be needed to prevent elder abuse span a broad spectrum and 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. Services for Indian elders are provided by tribal courts, health services, social services, 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:

- Lack of adequate financial and human resources. Personnel at existing health, social and law enforcement programs often have multiple responsibilities and are likely to be overextended.
- Specific service needs identified by key informants include:
  - 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 on many reservations, 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 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 Indian 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 Indian 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 Indian elders to accept services

### **Recommendations**

- The following services may help tribes prevent or reduce the risk of abuse:
  - Services to support families in times of stress. Caregivers need assistance in developing plans for providing care as well as education about contributing conditions such as Alzheimer’s disease.
  - 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 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.
  - Assistance with childcare. 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.
- 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.
  - 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 (see Section 9, Serving Elderly Victims of Domestic Violence). 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 older Indians about various services available to them and encourage them 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.

### **Promising practices and resources**

#### **National Resource Center on Native American Aging Long Term Care Toolkit Project**

In September of 2002, the University of North Dakota’s National Resource Center on Native American Aging (NRCNAA) received a grant from the Office of Rural Health Policy at the Health Resources and Services Administration (HRSA) to develop a toolkit for tribes to use in planning and developing long term care services. The toolkit describes the full array of home, community-based and institutional long term care services and assists American Indian and Alaskan Native groups plan, develop and implement services.

Contact:

National Resource Center on Native American Aging  
 Center for Rural Health  
 PO Box 9037  
 Grand Forks, ND 58202-9037  
 800.896.7628 or 701.777.3437  
[http://www.med.und.nodak.edu/depts/rural/nrcnaa/pdf/booklet\\_no\\_survey.pdf](http://www.med.und.nodak.edu/depts/rural/nrcnaa/pdf/booklet_no_survey.pdf)

#### **Jamestown S’klallam Family Group Conferencing**

This three-year demonstration project, which was funded by the U.S. Administration on Aging in 2000 as part of the Native American Caregiver Support Program, draws from the family group conference model (see Restorative Justice Approaches and Programs) to enhance caregiving systems. The model, which was developed and enacted into law in New Zealand in 1989, has been used extensively with vulnerable children and is based on the concept of “talking circles.” It assumes that if families are involved and provided with adequate information, they can develop appropriate plans to deal with family

problems. Families are seen as the “experts” who know their members’ strengths, weaknesses, resources and which members can be counted on.

Jamestown is adapting the model for use with elders and their caregivers to ensure that caregiving plans are agreed upon by all family members and that responsibilities are shared. Another objective is to reduce caregiver burnout by helping caregivers deal with anger and guilt. Because the model has traditionally been used with children, some adaptations have been needed. For example, conferencing for children and their families is typically ordered by courts; in contrast, elders and their families must agree to participate. In addition, greater attention is paid to elders’ health, safety and special needs. Although conferences for children are typically held in “neutral” settings, the Jamestown program conducts conferences in elders’ homes where they are more comfortable and can take breaks if needed.

Referrals for the conferences, which come from community health nurses, physicians, APS workers and others, are made to address a variety of problems and concerns. These include caregivers who have abandoned their elders as a result of burnout, sibling rivalry that gets in the way of family caregiving, and the need to address end-of-life issues. Once referrals are received, the Family Support Administrator meets with the elders to let them know about the concerns that have been raised, explain what a conference is, and ask if they would like to have one. Elders who agree decide whom to invite. Common participants are friends, family members, service providers and spiritual leaders, which may include pastors, church members, shamans or anyone to whom the elder has a spiritual connection. The Administrator also meets with service providers to discuss their concerns about the elders’ health and safety. In some cases, elders have chosen not to participate in the conference (circle) themselves.

Conferences typically include twelve to fifteen people, and no more than one service provider is present at a time. The circles typically take five or six hours, with breaks for meals. The discussions are based on the “medicine wheel” concept, and groups consider the four aspects of life in developing plans of care: the emotional, physical, spiritual and social.

Conferences often focus on families’ resources. For example, some elders refuse to pay for needed attendant care because they want their money to go to their children. When families talk about these situations, the elders often begin to see that it is all right to spend money on themselves. Safety is another common topic. Groups may, for example, discuss when it is safe for elders with mobility problems to be left alone. Families are also told about available resources, and elders’ fears about services are addressed.

During the first year of the three-year project, initial development and testing of the model was initiated with both Indian and non-Indian families. Once the model is fully developed, a Family Group Conference Model manual, which will include sample materials, will be

developed. During the second year, six tribes in the state received training. Eight additional tribes will receive training during the third year. A history and philosophy of the Elder Group Conferencing concept will also be developed. Contact:

Liz Mueller, Family Support Administrator  
Family Support Center  
1033 Old Blyn Highway  
Sequim, WA 98382  
Phone: 360.683.1109  
Email: lmueller@jamestowntribe.org

“Agencies alone can’t stop abuse. Families have to be involved.”

An elder

“Formal systems lack the resources of time and personnel that the informal system has. On the other hand, the informal systems typically lack professional skills and expertise, which the formal system possesses.”

A service provider

“If a service provider is young, it’s hard for us to talk. They talk “above our train of thought.”

An elder

### **9. *Serving Elderly Victims of Domestic Violence***

Elder abuse may include physical violence and sexual assault. Elderly victims of these forms of abuse are believed to “fall through the cracks” of the service delivery system for a variety of reasons. Provisions for physical violence, sexual assault and domestic violence are often included in tribal codes, but they are not typically written with elders in mind. Services to prevent domestic violence, including shelters, sexual assault advocates and counseling programs, are rarely equipped to meet the needs of elderly women or men.

#### **Challenges**

- Domestic violence programs, many of which are funded by the Department of Justice, focus on legal interventions that may not be acceptable to Indian elders.
- Mediation, a key approach in the Indian justice system, is discouraged by many domestic violence advocates who believe that differences in power between victims and perpetrators make it unfair and dangerous to ask victims to confront their offenders.
- Many domestic violence programs are not screening for, or recognizing, domestic violence against older women.



## **Recommendations**

- Tribal domestic violence programs and other programs that serve Indian elders need to be made aware that domestic violence continues into advanced age. It may begin or worsen as partners age. Programs further need to be provided with information about the special needs of elderly survivors and encouraged to adapt services and practices to accommodate them.
- Forums are needed to explore how and when traditional approaches to justice can be used safely in domestic violence situations.
- Programs that serve vulnerable Indian elders need information about domestic violence and other services that are available.

## **Promising practices and resources**

The resources listed in this section focus on domestic violence against all Indian women; they do not specifically address domestic violence against elderly women. They are presented to stimulate discussion about promising approaches to meeting the needs of older survivors.

In the late 1990s, the Indian Health Service (IHS) added goals and objectives related to the prevention of domestic violence to its **Government Performance and Results Act (GPRA)** performance measurements. In addition to ensuring that progress toward achieving these objectives is routinely monitored and reported on, their inclusion has raised the visibility of domestic violence. The performance measurements do not specifically address domestic violence against elderly women.

The **Domestic Violence Pilot Project**, developed by IHS in partnership with the Administration for Children and Families of the U.S. Department of Health and Human Services, was designed to help tribes raise the visibility of domestic violence as a public health issue, strengthen advocacy for domestic violence issues in the health care setting 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.

The **Blackfeet** Child & Family Advocacy Center/TRIAD Program on the Blackfeet Indian Reservation has a Domestic Abuse victims program that has served four elders in the last year.

Contact:

Frances Onstead, Director  
Blackfeet TRIAD Program  
Blackfeet Juvenile Planning Dept.  
PO. Box 870  
Browning, MT 59417  
Phone: 406.338.7860

### **Family Violence and American Indians/Alaska Natives: A Compendium**

The compendium, which was prepared for the IHS and published in 2002, includes a review of the literature on violence against American Indian/Alaska Native Women as well as an extensive listing of resources compiled in consultation with leading experts in the field. It is available on line at:

[http://www.ihs.gov/publicinfo/publicaffairs/pressreleases/press\\_release\\_2002/Compendium\\_Part\\_I\\_and\\_II.pdf](http://www.ihs.gov/publicinfo/publicaffairs/pressreleases/press_release_2002/Compendium_Part_I_and_II.pdf)

### **The Sacred Circle National Resource Center**

Administered by Cangleska, Inc. with funding from the Administration for Children and Families (USDHHS), the center produces a wide range of materials on domestic violence against Indian women including information packets on advocacy and shelter, and a “cultural competence” manual for non-Indians who work with Indian survivors. The Center has also developed a training program, which focuses on shelter, the criminal justice system, and men’s re-education. Several points are emphasized in all materials:

- Domestic violence is not part of Indian tradition. Colonization, the disruption of family life that resulted from residential schools, and the effects of oppression have contributed to violence.
- Indian tradition has, embedded in it, a worldview that can lead to healing. This worldview is reflected in ceremonies, spiritual life and traditional relationships.
- Understanding the roots of historical trauma can promote healing.

Contact:

Sacred Circle  
Cangleska, Inc.  
722 St. Joseph St.  
Rapid City, SD 57701  
Phone: 605.341.2050  
Fax: 605.341.2472  
Email: [scircle@sacred-circle.com](mailto:scircle@sacred-circle.com)

### **Mending the Sacred Hoop Technical Assistance Project (MSH-TA)**

The project operates under Minnesota Program Development, Inc., a non-profit corporation that works to eliminate violence in the lives of women and their children. The project began as an advocacy and support group but later began conducting systems advocacy and intervention projects. Project personnel work with villages, reservations,

rancherias and pueblos across the United States to improve the response of the justice system, law enforcement and service providers. In 1995, the program received a grant from the U.S. Department of Justice to organize and provide on-going technical assistance to tribal grantees of Violence Against Women Act (VAWA) funds. Services include training in sexual assault and personal and social change, on-site technical assistance, a training institute for tribal prosecutors, and strategic planning with programs across the country. The project also produces outreach materials and operates a national information line and resource library. A newsletter is available on-line at <http://www.msh-ta.org/newsletters/MSH-TA%20sept%2098%20Newsletter.pdf>.

Contact:

Mending the Sacred Hoop  
202 East Superior Street  
Duluth, MN 55802  
Phone: 1.888.305.1650  
Fax: 612.664.0840  
Email: mshtap@aol.com  
Website: www.msh-ta.org

### **Tribal Court Clearinghouse Domestic Violence Resources**

The Tribal Court Clearinghouse, which was designed in 1999 by the Tribal Law and Policy Institute, includes a comprehensive list of resources related to domestic violence against Native American and Alaskan Native women.

Contact:

Tribal Law & Policy Institute  
8235 Santa Monica Blvd., Suite 211  
West Hollywood, CA 90046  
Phone: 323.650.5467  
Website: [www.tribal-institute.org/lists/domestic.htm](http://www.tribal-institute.org/lists/domestic.htm)

Domestic violence is rampant. It carries through from childhood.”

A service provider

“There are many Indian women in federal prisons who were victims of domestic violence who fought back. Many are elderly. The needs of these women is not being met.”

A service provider

## **VI. Appendices**

- Project Team
- Participants in Small Group Discussion
- Survey Sent to Title VI Coordinators
- In-Depth Interviews
- References

## ***Project Team***

- **Dave Baldrige**, Project Director, former Executive Director of the National Indian Council on Aging (NICOA). NICOA represents the interests of 250,000 American Indian and Alaska Native elders. This includes interpreting Indian aging issues for congressional committees, federal agencies and task forces, federal and state aging organizations, Indian organizations, tribal governments and inter-tribal councils. Mr. Baldrige had overall responsibility for the project, which includes its design and implementation, fiscal oversight, the design of survey instruments, and the production of deliverables.
- **William F. Benson**, Project Chief Consultant. Mr. Benson presently serves as National Policy Advisor to NICOA and is the principal investigator on NICOA's Retirement Research Foundation-funded project, *Long-Term Care in Indian Country*. He has extensive knowledge of, and experience in, matters related to elder abuse. He serves as National Policy Advisor to the National Association of Adult Protective Services Administrators and is a former state long-term care ombudsman (he helped write California's elder abuse mandatory reporting and durable power of attorney statutes). He also served as a congressional staff member and was a chief architect of Title VII of the Older Americans Act (OAA) and subsequent amendments, which provided for the creation of the National Center on Elder Abuse and a national incidence study of elder abuse. He was largely responsible for significant improvements to Title VI of the OAA in both the 1987 and 1992 reauthorizations. He provided oversight in all aspects of the project design and implementation.
- **Cynthia LaCounte**, Project Consultant. Ms. LaCounte is a member of the Pembina Band of the Turtle Mountain Chippewa and is presently the Tribal Chairperson of the Trenton Indian Service Area in Trenton, North Dakota. She manages her own consulting practice, specializing in aging, health care and American Indian issues. She previously served as Coordinator for the Great Lakes Inter-Tribal Council, Inc. in Lac du Flambeau, Wisconsin, overseeing an Administration on Aging supported project to explore effective public awareness efforts in tribal communities. Ms. LaCounte assisted in the identification of experts and best practices and in designing the survey instruments and interview guides. She facilitated the open discussion on elder abuse at the "Healing Ourselves, Healing our Spirits, Healing our World" conference.
- **Lisa Nerenberg**, Chief Elder Abuse Consultant and Principal Writer. Ms. Nerenberg was founding director of the San Francisco Consortium for Elder Abuse Prevention, which piloted the nation's first elder abuse multidisciplinary team and other innovative services that have been replicated across the United States and Canada. She has presented at hundreds of professional forums, provided training and technical assistance to state and local programs across the country, and authored numerous articles, chapters and other publications. Ms. Nerenberg conducted the literature review, assisted in the design and analysis of the survey of Title VI directors, conducted interviews and discussion groups, and assisted in the development of the project report.

- **Dr. Bruce Finke**, Key Advisor. Dr. Finke is Coordinator of the Indian Health Service Elder Care Initiative and serves as lead geriatrician for the IHS. He is also a primary care physician for the IHS Zuni Comprehensive Community Health Center at the Zuni Pueblo in NM. Dr. Finke has chaired the Professional Advisory Committee for the Zuni Home Health Care Agency since 1994, and is Co-Chair of the Zuni Elder Care Team. Dr. Finke assisted in the development of the survey instrument, identified opportunities to meet with experts, reviewed product materials, and provided general advice and guidance.

### ***Participants in Small Group Discussion***

The focus group was held with representatives from Older Americans Act Title VI programs in conjunction with the “Healing Ourselves, Healing our Spirits, Healing our World” conference sponsored by the National Indian Council on Aging and held in Albuquerque, N.M. on September 4-6, 2002.

- Margaret Ambrose, Yakama Nation
- Sydney J. Bird, Omaha Tribe of NE
- Ida Curley, Coeur d’Alene
- Jeanette Daniels, Ft. Belkamp
- Mariane Hurley, Coeur d’Alene
- Andre’e C. Harris, National Center for Chronic Disease Prevention and Health Promotion Center for Disease Control and Prevention
- Lisa James, Elderly Services Manager, Cherokee Nation
- Arlene Olney, Yakama Nation Area Agency on Aging
- Arleen A. Perkins, Elders’ Activities’ Coordinator, Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
- Carolyn Rackard, Poarch Creek Indians Tribal Council
- Elinor Sullivan, Ft. Belkamp
- Sharon Wolf, Northwest Regional Council (NWRC)

**ABUSE OF ELDERS IN INDIAN COUNTRY**  
**A SERIOUS PROBLEM IN NEED OF SERIOUS RESPONSES**  
**2002 Title VI Program Survey**

1. Name and title of person completing survey: \_\_\_\_\_  
 \_\_\_\_\_

2. Contact information (address, phone, fax and e-mail address, if available)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Name of tribe: \_\_\_\_\_

4. We are interested in knowing if elderly members of your tribe experience abuse and neglect. Please use the following scale using a check mark (√) to indicate how often you believe each form of abuse occurs:

Type of Abuse	Never	Rarely	Often	Comments
Neglect				
Self-neglect				
Psychological or verbal abuse				
Financial abuse by family members				
Financial abuse by others including telemarketing fraud, home repair scams, etc.				
Physical abuse by spouses or intimate partners				
Physical abuse by children, grandchildren or other family members				
Sexual assault				
Other (specify)				

**We are interested in knowing: if your tribe has its own ordinances or codes and services to protect elders; if you collaborate with state and local programs including Adult Protective Services (APS); and how well the current system is working.**

5. Does your tribe have an Elder Abuse Ordinance or Code?

\_\_\_ Yes (please include a copy or describe what the code does. For example, does it require professionals or others to report abuse, establish penalties, require investigations, etc.?)

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\_\_\_ No

\_\_\_ Don't know

6. What services are currently available to elders to stop abuse? (Please indicate who provides them).

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7. Does your tribe have any special grants or projects to serve elderly victims of abuse?

\_\_\_ Yes (please describe and indicate who provides the service):

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\_\_\_ No

\_\_\_ Don't know

8. Does your elder abuse program include assistance for those who commit abuse (abusers)?

\_\_\_ Yes (please describe and provide contact information):

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- No
- Don't know

**We are also interested in knowing if elderly members of your tribe who are victims of domestic violence and sexual assault are receiving the services they need.**

9. Does your tribe have a sexual assault or domestic violence shelter or other services for victims?

Yes (please describe and provide contact information):

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- No
- Don't know

10. In your opinion, what additional services or activities are needed to prevent or treat elder abuse and neglect?

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11. In your opinion, are there barriers to developing an effective elder abuse system for your tribe?

Yes (please describe):

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- No
- Don't know

12. Are you aware of any programs or individuals that you believe are doing a good job of addressing elder abuse and neglect, either within your tribe or elsewhere in Indian Country? If so, please tell how we might contact them to learn more about what they are doing.

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13. Please share with us any other comments or suggestions you may have about elder abuse in Indian Country or to highlight practices that we should know about:

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14. Would you be willing to have a follow-up conversation with us by phone if needed?

- Yes
- No

*Please return this survey either by fax or mail by November 12, 2002*

***Please send it to the attention of:***

***Eva Gardipe***

***National Indian Council on Aging***

***10501 Montgomery Blvd., NE, Suite 210***

***Albuquerque, NM 87111***

***Phone 505/292-2001 FAX 505/292-1922]***

*Thank you for completing our survey!*

### **In-Depth Interviews**

The following individuals who have experience and expertise in developing services for vulnerable Indian elders were interviewed:

- Dr. Susanne L. Cross, Associate Professor, School of Social Work, Michigan State University
- Liz Mueller, Tribal Vice Chair and Administrator of Family Services, Jamestown S’Klallam Tribe
- Toby Grossman, Senior Staff Attorney/ Administrator, Southwest Intertribal Court of Appeals, American Indian Law Center, Inc.
- Chris Horvath, South Dakota Office of Adult Services and Aging
- Arlene Groh, Project Coordinator, Restorative Justice Approach to Elder Abuse
- Personnel of Cangleska, Inc. including Brenda Hill, and Catherine Grey Day
- Ron Stromberg, Administrator for Adult Protective Services, State of Utah
- Claudeen Bates Arthur, Executive Director, Three T’s, Inc.

## References

- 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>
- Bilchik, S. 1998. Guide for implementing the balanced and restorative justice model. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.
- 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.
- 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.
- Navajo Nation.(1982). Navajo Peacemaker Court manual: A guide to the use of the Navajo Peacemaker Court for judges, community leaders and court personnel. Window Rock: author.
- 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, D.C.: 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.