

COMMUNITIES OF COLOR

In the United States, elder abuse or abuse in later life is a hidden epidemic among a growing population.

According to the U.S. Census Bureau, the number of people over 65 years-old will increase to 20.7% of the total population by the year 2050.¹ As a result, more aging adults will require services and resources to address their needs and protect them from later life abuse.

The U.S. National Academies of Sciences has defined elder abuse as: “(a) intentional actions that cause harm or create a serious risk of harm (whether or not harm is intended), to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder, or (b) failure by a caregiver to satisfy the elder's basic needs or to protect the elder from harm.”²

Many elders do not seek out help because they are embarrassed or scared. If the abuser is the caregiver or in a relationship of trust with the victim, the victim may be afraid the abuser will retaliate by withholding

medicine, food or other basic needs. Victims often live in fear and feel helpless because they believe if they report their abuse it will just be ignored, disbelieved, or they could possibly be placed in a nursing home. Reporting violence can be especially difficult if the abuser is a loved one and the elder does not want to get them in trouble with other family members or with the police.

A 2003 national study estimated between 1-2 million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone upon whom they depended on for care or protection.³ However, many experts believe these figures grossly underestimate the magnitude of the problem. This is primarily attributed to the absence of a uniform reporting system, and the unreliability of available national incidence and prevalence data due to varying State definitions and reporting mechanisms.⁴ In contrast, it has been estimated that for every one case of elder abuse, neglect, exploitation, or self-neglect

1 U.S. Administration on Aging (AOA) 2004.

2 National Academies of Sciences. Bonnie R, Wallace R, eds. (2002) *Elder abuse: abuse, neglect, and exploitation in an aging America*. Washington, D.C.: National Academy Press.

3 *Elder Mistreatment: Abuse, Neglect and Exploitation in an Aging America* (2003). Washington, DC: National Research Council Panel to Review Risk and Prevalence of Elder Abuse and Neglect.

4 National Institute of Justice, *Elder Abuse*. Available at: <http://www.ojp.usdoj.gov/nij/topics/crime/elder-abuse/welcome.htm>



Women of Color Network
National Advocacy Through Action
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reported to authorities, about five more go unreported.⁵ Comprehensive research is needed to get a more accurate understanding of the prevalence and incidence of elder abuse.

Abusers can be anyone who has developed a relationship with the elder victim – a spouse, son, daughter, sibling, in-law, friends, doctors, caregivers, nursing home employees, lawyers, or strangers. In frequent cases, the abuser will isolate the elder from outside contact with others as a way to control and manipulate them. A victim may also have mental and/or physical impairments that make them unable to defend themselves or communicate their victimization to others.

- In approximately 90% of cases, perpetrators of abuse in later life are family members.⁶
- Several studies show the rates of elder abuse rise as the age of the victim rises.⁷
- Victims of abuse in later life are typically 50 years of age and older and are primarily women.⁸
- Approximately 48% of substantiated cases of abuse involve older adults who are not physically able to care for themselves.⁹

Types of Elder Abuse¹⁰

Physical Abuse

Physical abuse includes:

- Physical assault (e.g., slapping, punching, pinching, hitting with objects, burning, force-feeding, strangulation)
- Inappropriate use of medication
- Inappropriate use of physical restraints
- Rough-handling during care giving

Emotional Abuse

Emotional abuse includes:

- Inflicting emotional anguish and distress
- Verbally assaulting, threatening, humiliating, or intimidating
- Yelling and cursing
- Subjecting an elderly person to isolation, punishment, or confinement

Neglect

Neglect includes:

- Failure to provide adequate food and water
- Abandonment
- Failure to provide medical care (in a timely fashion)
- Failure to provide clothing and shelter
- Inadequate assistance with personal hygiene
- Failure to provide services and supervision necessary to avoid physical harm

5 *National Elder Abuse Incidence Study (1998)*. Washington, DC: National Center on Elder Abuse at American Public Human Services Association.

6 *Research on Abuse in Later Life*. (2003). Available at: http://www.ncall.us/docs/Abuse_In_Later_Life_Fact_Sheet.pdf

7 *The Basics*. *American Society of Adult Abuse Professionals and Survivors*. Available at: <http://www.asaaps.org/basics/index.php>

8 *Definitions*. National Clearinghouse on Abuse in Later Life. Available at: <http://www.ncall.us/index.php>

9 *National elder abuse incidence study*. Available at: <http://www.elderabusecenter.org/pdf/research/victims.pdf>

10 *Helpguide.org, Elder Abuse: Types, Signs, Symptoms, Causes, and Help*. Available at: http://www.helpguide.org/mental/elder_abuse_physical_emotional_sexual_neglect.htm

Types of Elder Abuse (continued)

Sexual Abuse

Sexual abuse includes:

- Forced intercourse
- Fondling of genitals (e.g., the abuser fondling the elder's genitals or the abuser forcing the elder to fondle the abuser's genitals)
- Unwanted touching or kissing
- Sodomy
- Coerced nudity
- Sexually-explicit photographing
- Forcing the elderly to engage in or observe sexual acts

Financial Exploitation

Financial exploitation is when someone illegally or improperly uses an elder's assets, funds, or property.¹¹ Potential abusers can be a trusted loved one, a caregiver, attorneys, trustees, accountant, or doctor.

Financial exploitation includes:

- Money withdrawals from elder's bank account through an ATM without his/her consent
- Misuse of power of authority that an elderly person has granted someone

- Cashing an elder's checks without authorization
- Identity theft
- Embezzlement
- Stealing elder's check, such as Social Security checks or pension checks, from the U.S. mail
- Telemarketing fraud
- Predatory lending
- Home improvement and estate planning scams
- Investment fraud
- Forging the elder's signature
- Stealing household goods or money while caring for an elder

Healthcare Fraud or Healthcare Abuse

Healthcare fraud or healthcare abuse of the elderly includes:

- Charging for medical services that were not provided
- Double billing or overcharging for medical services
- Overmedicating or under-medicating
- Medicaid fraud
- Patient abuse or neglect

¹¹ National Center on Elder Abuse. *Types of Elder Abuse in Domestic Settings*. Available at: http://www.ncea.aoa.gov/NCEARoot/Main_Site/pdf/basics/fact1.pdf

The Women of Color Network (WOCN) Facts & Stats Collection is intended to present a series of data relevant to communities of color in a easy-to-read, concise document. The information and statistics published are not meant to be exhaustive. Statistical data may change and are not fully representative of all communities of color. Therefore, WOCN strongly encourages individuals to conduct additional research and/or contact WOCN and the resources above for further information.

Warning Signs of Elder Abuse

The following are some signs and symptoms of elder abuse that may require further investigation or immediate attention:

- Unexplained bruises, welts, cuts, and burns
- Sprains and dislocations
- Broken bones and fractures
- Poor hygiene
- Malnourished or dehydrated
- Elder reports abuse is occurring
- Torn, stained, or bloody clothing
- Unexplained sexually transmitted diseases

- Untreated medical conditions
- Unsafe and unclean living conditions (e.g., animal feces in the house, no running water, no heat)

Behavioral warning signs include:

- Withdrawal
- Depression
- Confusion
- Non-communicative
- Frightened
- Crying or suddenly sleeping all day long

The following sections highlight specific issues and distinguishing dynamics that confront different communities of color

Latino/Hispanic

By 2028, Latino/Hispanic populations aged 65 and older are expected to comprise the largest racial/ethnic group in the U.S.¹² In response, more service providers will need to be culturally and linguistically competent to effectively respond to elder abuse in the Latino community.

Elderly victims in the Latino/Hispanic community may have cultural values and beliefs that discourage them from reporting abuse. An elderly victim may not want to bring *pena* or

shame to the family. Instead, the elder will decide not to report their abuse to any “outsiders” and will endure the abuse for the sake of *la familia*.¹³ Other issues providers should be aware of may include: understanding the family is hierarchical in nature; immigration status or fear of deportation; and Latino children traditionally having the responsibility of caring for their parents but some may be financially unable to do so.¹⁴

12 U.S. Department of Health and Human Services, Administration on Aging, *A Statistical Profile of Hispanic Older American Aged 65+*. Available at: http://www.aoa.gov/press/fact/pdf/fs_hispanic_elderly.pdf

13 Shining Light on Elder Abuse (Spring 2003). *Examining Elder Abuse in the Latino Community*.

14 Torres-Gil, Fernando & Moga, Karra Bikson (2001). “Multiculturalism, Social Policy and the New Aging,” *Journal of Gerontological Social Work* Vol. 36, No. (3/4), 2001, p. 14.

Native American/Alaskan Indian

There is scarce information about the prevalence of elder abuse and neglect in the Native American and Alaskan Indian (NA/AI) community. Many believe that centuries of racism, massacres, poverty, forced relocation, the establishment of boarding schools, and the dissolution of tribal sovereignty has had a profoundly negative effect on the NA/AI family unit.¹⁵ These historic experiences have been linked to family violence, including later life abuse.

Native American/ Alaskan Indian elders may require services that respond to the unique challenges they have. Barriers to service delivery

can include those that are geographically inaccessible for elders who reside in rural areas; elders who do not speak English fluently or may not speak it at all; culturally insensitive service providers; and NA/AI people who hold a deep-rooted distrust for non-Indian service agencies, law enforcement, and criminal justice systems.¹⁶ Institutions and agencies that provide residential care, assisted living, mental health services, substance abuse treatment, and domestic violence intervention and prevention may help reduce the risk of elder abuse within the NA/AI community.¹⁷

Asian & Pacific Islander

According to the National Center on Elder Abuse (1996), Asian and Pacific Islanders (API) accounted for less than one percent of victims of domestic elder abuse.¹⁸ Although, the API community is under-represented compared to other communities of color, cultural values such as collectivism (putting the family's or groups needs before self), family harmony, and avoiding shaming the family, may all be contributing factors to under-reporting.

Based on their culture, upbringing, or experience in their country of origin, some victims may have a strong distrust towards services and agencies,

such as law enforcement.¹⁹ In addition, many API elders will not report their abuse for fear of jeopardizing their citizenship status. Often, along with cultural barriers, victims face economic and linguistic challenges. API elders may also be reluctant to seek help, because of the possible risk of being isolated from their family, friends, and community.

15 National Indian Council on Aging for the National Center on Elder Abuse (2004). *A Review of the Literature: Elder Abuse in Indian Country Research, Policy, and Practice*. Washington, DC.

16 National Indian Council on Aging for the National Center on Elder Abuse (2004). *Preventing and Responding to Abuse of Elders in Indian Country*. Washington, DC.

17 *Id.*

18 National Center on Elder Abuse. *Types of Elder Abuse in Domestic Settings*. Available at: http://www.ncea.aoa.gov/NCEARoot/Main_Site/pdf/basics/fact1.pdf

19 Legal Outreach: Elder Abuse Prevention & Technical Assistance, *Elder Abuse Training Curriculum*. Available at: <http://www.stopasianelderabuse.org/training.html>

African American

A lack of research and understanding has resulted in limited information about elder mistreatment within the African American community. Contrasting studies have either found no differences in elder mistreatment among ethnicities, that there are higher rates of abuse among whites than non-whites, or higher rates among minorities than whites.²⁰

According to the National Elder Abuse Incidence Study (1998), African Americans accounted for 18.7% of reported cases of elder abuse. African American elders were over-represented in almost every category of maltreatment (with the exception of physical abuse) relative to their representation in the elderly population.²¹ See the following results.

African American elder victims were overrepresented in:

- Neglect – 17.2% reported cases
- Emotional/Psychological – 14.1% (out of 35.5% of all reported cases)
- Financial/ material exploitation – 15.4% (out of 30.2% of all reported cases)
- Physical Abuse – 9.0% (out of 25.6% of all reported cases)
- Abandonment – 57.3% (although this type of abuse accounted for only 3.6% of all victims of elder abuse and white victims accounted for 41.3%, African Americans over-represented in proportion to the elderly population)

Conclusion

The older population in communities of color will triple by 2030.²² Disparities in socioeconomics and health are causative factors that undermine these groups' accessibility and effective utilization of health and human services.²³ More research is needed to increase understanding of the unique challenges of specific racial and ethnic later life communities.

Further, service organizations and providers can adopt approaches and programs that are culturally appropriate and accessible, including avoiding stereotyping and acknowledging personal biases, and hiring staff that reflect the client population.²⁴ Developing (or improving existing) culturally sensitive programs will help respond to elderly communities of color who are vulnerable to later life abuse, and whose needs may be more likely to be ignored.

20 Pillemer, K. and Finkelhor, D. (1988). "The prevalence of elder abuse: A random sample survey." *The Gerontologist* 28:51-57; Greenberg, J., McKibben, M. and Raymond, J. A. (1990) "Dependent adult children and elder abuse." *Journal of Elder Abuse and Neglect* 2: 73-86; Hall, P.A. (1986). "Minority elder maltreatment: Ethnicity, gender, age and poverty." *Journal of Gerontological Social Work* 9(4):53-72.

21 Brigitte Settles Scott, (2002) *Elder Abuse: A Growing Concern in the African American Community. Closing the Gap, Violence Prevention-Who's Responsible?* Available at: <http://www.omhrc.gov/assets/pdf/checked/Elder%20Abuse--A%20Growing%20Concern%20in%20the%20African%20American%20Community.pdf>

22 Achieving Cultural Competence: A Guide for Providers of Services to Older Americans and Their Families. 2001. Available at: <http://www.aoa.gov/prof/adddiv/cultural/CC-guidebook.pdf>

23 *Id.*

24 *Id.*

Resources

Alianza: National Latino Alliance for the Elimination of Domestic Violence

P.O. Box 672
Triborough Station
New York, NY 10035
Phone: (800) 342-9908
Fax: (800) 216-2404
www.dvalianza.org

Arte Sana

Victim Advocacy SIN Fronteras
P.O. Box 1334
Dripping Springs, TX 78620
artesanando@yahoo.com
www.arte-sana.com

Asian & Pacific Islander Institute on Domestic Violence

450 Sutter Street, Suite 600
San Francisco, CA 94108
Phone: (415) 954-9988 ext. 315
Fax: (415) 954-9999
<http://www.apiahf.org/apidvinstitute>

Institute on Domestic Violence in the African American Community

290 Peters Hall
1404 Gortner Ave
St. Paul, MN 55108
Phone: (612) 624-5357
Fax: (612) 624-9201
www.dvinstitute.org/

Sacred Circle

722 Saint Joseph Street
Rapid City, SD 57701
Phone: (605) 341-2050
Fax: (605) 341-2472
www.sacred-circle.com

Sisters of Color Ending Sexual Assault (SCESA)

P.O. Box 625
Canton, CT 06019
Phone: (860) 693-2031
Fax: (860) 693-2031 (please call first)
www.sisterslead.org

Administration on Aging

1 Massachusetts Ave. NW
Room 5710
Washington, DC 20001
<http://www.aoa.gov/>

Area Agency on Aging

1366 E. Thomas Rd., Suite 108
Phoenix, AZ 85014
Phone: (602) 264-225
Fax: (602) 230-9132
<http://www.aaaphx.org>

National Center on Elder Abuse

1201 15th Street, NW, Suite 350
Washington, DC 20005
Phone: (202) 898-2586
Fax: (202) 898-2583
<http://www.elderabusecenter.org>

National Center for Trauma-Informed Care

4550 Montgomery Avenue
Suite 800 North
Bethesda, MD 20814
Phone: (301) 634-1785
Fax: (301) 634-1801
<http://mentalhealth.samhsa.gov>

National Citizens Coalition for Nursing Home Reform (NCCNHR)

1828 L Street, NW, Suite 801
Washington, DC 20036
Phone: (202) 332-2276
Fax: (202) 332-2949
<http://www.nccnhr.org>

National Clearinghouse on Abuse in Later Life (NCALL)

307 S. Paterson St. #1
Madison, WI 53703
Phone: (608) 255-0539
Fax: (608) 255-3560
<http://www.ncall.us>

SAGE: Services and Advocacy for Gay, Lesbian, Bisexual and Transgendered Elders

305 7th Avenue, 16th Floor
New York, NY
Phone: (212) 741-2247
Fax: (212) 366-1947
<http://sageusa.org>

WOCN's mission is to provide and enhance leadership capacity and resources that promote activities of Women of Color advocates and activists within the United States and territories to address the elimination of violence against women and families.

For technical assistance, training or resources on domestic violence and communities of color, contact Women of Color Network office at 800-537-2238 or wocn@pcadv.org.