

**White Paper: Elder Justice Coordinating Council**

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**Building the Foundation to Prevent Elder Abuse:  
Cultural Diversity and the Role of Community**

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Elder abuse is a substantial global public health issue. The World Health Organization has declared that elder abuse is a violation of one of a human being's most basic fundamental rights: the right to be safe and free of violence (1). In the United States, an estimated 10 percent of elders experience abuse each year, and many of them experience it in multiple forms (2;3). In addition, elder abuse is associated with increased risk of premature morbidity and mortality (4-7). Despite the accessibility of Adult Protective Services (APS) and nursing home regulations in all fifty states, an overwhelming number of abused older adults pass through our health care system undetected and untreated.

A major complexity in advancing the field of elder abuse is exemplified by the issues of cultural diversity surrounding elder abuse. In 2003, the National Research Council put forth a strong recommendation to urge the field to explore the cultural issues related to elder abuse (8). In 2010, National Academy of Science and National Institute on Aging organized a state-of-science meeting on research issues in elder abuse and financial fraud and identified the cultural diversity as a major gap for the field of elder abuse (9). Despite these reports and the continued effort of multiple disciplines across academic, community, state and federal organizations, there remain vast gaps in our understanding of cultural issues on elder abuse.

Aging population (ages 65 and over) represents approximately 40 million (12.9%) of the US population and by 2030, there will be about 72.1 million older people, more than twice the number in 2000. In 2010, approximately 20% of people ages 65 and over are minorities, with 8.4% are African American, 6.9% were of Hispanic origin, 3.5% were Asian or Pacific Islander and 1% were American Indian or Native Alaskan (10). From 2010 US census, minority populations are growing rapidly. In the last decade, the rate of growth has been 5.7% in the white population, 43.0% in the Hispanic population, 43.3% in the Asian population, 18.3% in the Native American population, and 12.3% in the African American population.

Recent studies have expanded our knowledge about elder abuse in diverse populations. Evidence suggests that prevalence of financial exploitation is almost 3 times higher and psychological abuse is 2 times higher in African American older adults than white older adults (2). A recent study in a low-income Latino community indicates that 40% of older adults have experienced abuse in the last year, yet only 2% were reported to authorities (11). In the Chinese population, despite the high cultural expectations of filial piety from older adults, 35% Chinese older adults have self-reported elder abuse (12;13). Despite these alarming data, a severe lack of research has directly hampered our ability to devise targeted prevention and intervention strategies. Research is needed to explore the issues of cultural norms and expectations in relation to the perception, determinants, and impact of elder abuse in diverse communities.

Future quantitative and qualitative studies are needed to better define the concept and cultural variations in the construct, definition and understanding of elder abuse. Cultural explorations are needed to better explore the barriers to reporting elder abuse and help-seeking behaviors with respect to the specific socio-cultural contexts. Moreover, systematic studies are needed to understand the prevalence, incidence, risk/protective factors, and consequences associated with incident cases of elder abuse and its subtypes in diverse populations. Furthermore, research is needed to explore the issues of cultural norms and cultural expectations in relation to the perception, determinants, and impact of elder abuse in different racial/ethnic communities.

However, significant challenges exist in the preparation and conduct of aging research in diverse populations, especially on culturally sensitive issues, which may be associated with stigma and shame. For example, in Chinese, the word dementia literally translates into two

characters: Crazy and Catatonic; the word depression is synonymous with schizophrenia; and elder abuse elicits unbearable family shame and frank violation of the most sacred cultural norms. In order to devise intervention and prevention strategies, linguistic and cultural complexities and nuances are critical to provide deeper understanding of elder abuse in diverse communities. The Community Based Participatory Research (CBPR) approach could be a potential model to explore the issues of elder abuse in minority communities. CBPR necessitates equal partnership between academic institutions with community organizations and key stakeholders to examine the relevant issues. This partnership requires reciprocal transfer of expertise and needs to build infrastructure towards sustainability. Recent elder abuse research in the Native American and Chinese communities have demonstrated success and have enhanced infrastructure and networks for community engaged research and community-academic partnerships (13;14). CBPR methodology could be a novel model for conducting systematic and culturally appropriate elder abuse research in minority populations.

The PINE (Population Study of Chinese Elderly) 華人松年研究 is one example of fruitful collaboration between academic and community, leveraging the principles of CBPR to advance the scientific knowledge of elder abuse, filial piety and psychological distress in Chinese populations. We instituted a community advisory board of key stakeholders to guide our ongoing collaborations and initiated a grass-roots educational initiative on health and psychosocial distress facing the Chinese population. The PINE study is a population-based epidemiological study of 2,700 Chinese older adults in the greater Chicago area. With strong community support and our bicultural/bilingual research team, 89% of Chinese older adults have agreed to participate in our in-depth survey interviews. In addition, through the integration of grass-roots civic engagement with culturally appropriate activities (i.e.,

calligraphy, Tai-chi, Chinese poetry, water painting and etc), Chinese older adults have been more willing to discuss and disclose family conflict and elder abuse in research studies.

At a broader level, city and state leadership could collaborate broadly with diverse communities to bring lights to the issues of elder abuse. In 2004, under the direction of Chicago Mayor, Chicago Wellbeing Task Force was formed to establish: an on-going multidisciplinary task force, training for diverse disciplines to identify vulnerable older adults, services at the community, city and state level to assist these vulnerable older adults. Over the last 10 years, the task force has trained more than countless persons on aging issues and vulnerability factors. Through the work of the taskforce, Legislative Task Force was formed to update the IL Elder Abuse Act, which was unanimously passed and implemented at the state level.

As an APSA Congressional Policy Fellow/Health and Aging Policy Fellow over the last 2 years, I have had the privilege to work with policy makers on elder justice issues nationally and internationally. Moreover, as a member of the Institute of Medicine Global Violence Prevention Forum, we continue to push for the prevention of elder abuse and violence towards our most vulnerable populations. In Chinese communities, violence towards older adults does not only include elder abuse, but also self-directed violence: suicide. Globally, suicide in the Chinese population accounts for 20% of suicide in the world and Chinese older adults have a rate that is 5 times higher than that of younger adults. In the US, Chinese older adults, particularly Chinese older women have higher suicide rates than other racial/ethnic groups. Among many etiologies, family conflict is a predominant factor in these suicidal ideations and attempts. Our current work in the PINE study will help to more precisely understand the relationships among elder abuse, cultural factors and psychological distress in Chinese families.

Culturally appropriate education and training are critically needed for health care professionals, law enforcement personnel, social services agencies, adult protective services, community organizations, and others who have contact with older adults (15). Federal programs that provide funding to academic institutions should mandate elder abuse and cultural diversity training and/or violence-across-lifespan training for internal medicine, geriatric medicine, family medicine, and other relevant medical and surgical subspecialties. Culturally appropriate training and resources for the Adult Protective Services (APS) and other front-line workers will be critical to alleviate factors exacerbating abusive situations and to prevent elder abuse recidivism. Moreover, this education and training must emphasize medical, social and cultural complexities of the vulnerable seniors with respect to cognitive impairment, dementia, and decision-making capacity issues. Furthermore, this education and training needs to be vertically integrated across relevant disciplines in order to maximize learning and knowledge retention. Comprehensive and culturally appropriate advocacy and policy efforts are needed to push for the culture diversity issues of elder abuse in these legislations at the local community, city, state, and federal levels (16).

Elder abuse is a pervasive public health issue, yet there are major gaps in research, education and training and policy. Nationally representative longitudinal research is needed to better define the incident, risk/protective factors, and consequences of elder abuse in diverse racial and ethnic populations. Collective federal, state, and community efforts are needed to support the culturally appropriate training and education on the issues of elder abuse and to enable practice and policy changes for our increasing diverse vulnerable aging populations. In conclusion, I hope the Elder Justice Council could consider to: 1) invest in community-based participatory research to understand the complex linguistic and cultural issues surrounding elder abuse across diverse communities; 2) integrate cultural and

community issues on elder abuse into professional education and training on aging issues, especially on psychosocial wellbeing; and 3) recommend the inclusion of community members and key stakeholders in the multidisciplinary teams dealing with elder abuse issues at the city, state and national levels.

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