Native American Elder Abuse Resources

Jacob Davis
Project Coordinator

Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND

One of the country’s most experienced state rural health offices

UND Center of Excellence in Research, Scholarship, and Creative Activity

Focus on:

– Education, Training, an Resource Awareness
– Community Development and Technical Assistance
– Native American Health
– Rural Health Workforce
– Rural Health Research
– Rural Health Policy
– Program Evaluation

Web site: http://ruralhealth.und.edu

The National Resource Center on Native American Aging

Established in 1994, at the Center for Rural Health, University of North Dakota School of Medicine and Health Sciences

Mission

– Identify and increase awareness of evolving Native elder health and social issues

Vision

– Empower Native people to develop community-based solutions

Needs Assessment

Identifying Our Needs: A Survey of Elder

– Data collected includes:
  • General health status
  • Activities of daily living
  • Vision, hearing, and dental care
  • Screening
  • Health care access
  • Tobacco and alcohol usage
  • Weight and nutrition
  • Social support, housing, and social functioning
  • Demographics

Responsibilities

– Obtaining a resolution from their tribal councils
– Locating a list and selecting names for the sample
– Data collection
– Receiving the findings and getting them to the right people
– Local implementation and coordination
Needs Assessment

• Data Collected
  • Individual Group
    • Tribal
    • Village
    • Homestead
  • Aggregate
    • All the tribal, village, and homestead data combined

Age Distributions:
Cycle III and National

55-59: 14% Cycle, 18% U.S. Gen.
60-69: 23% Cycle, 16% U.S. Gen.
70-79: 27% Cycle, 26% U.S. Gen.
80+: 26% Cycle, 28% U.S. Gen.
Current Projects

• HEROES Project
• Native Service Locator Project
• Native American Map for Elders Services
• WELL-Balanced
• Elder Abuse Resources

Heroes Project

• Started in 2008
• Developed by our late Director, Dr. Alan Allery
• Collaborative project with the Administration on Aging

Heroes Project

Gregoria Chavarria (1905 – 2008)
Heroes Award Plaque

Native American Map for Elder Services

• Developed in 2002
  – Office of Rural Health Policy
• Long Term Care Planning Toolkit

Native Service Locator Project

WELL (Wise Elders Living Longer)-Balanced

• Dr. Laurie Betting
• Reviewers
  – Dr. Marica Mikulak
  – Dr. Beverly Johnson
• Other Contributors
  – Taisha Spawn
  – Ann Miller
  – Kim Rullifson
  – Twyla Baker-Demaray, MS, Mandan
• Logo Creator
  – Laura Vein
• Photographer
  – Wanda Weber
• Models
  – Nancy Martin, MS, InMed program, Spirit Lake Nation
  – Leigh Jeantette, PhD, Director of the American Indian Center, Turtle Mountain Band of Chippewa
**WELL-Balanced**

- Combining Effective Strategies
  - Gait training
  - Exercise programs
  - Modification of hazards
- Key Objectives
  - Reduce falls
  - Improve confidence

**WELL-Balanced**

- Benefits of Participation
  - Confidence concerning falls
  - Ability to prevent falls
  - Exercise
  - Social activity

**Elder Abuse**

- Types of Elder Abuse
  - Physical Abuse
  - Sexual Abuse
  - Emotional/Psychological Abuse
  - Neglect
  - Abandonment
  - Financial/Material Exploitation
  - Self-Neglect

**Elder Abuse**

- Physical Abuse
  - the use of physical force that may result in bodily injury, physical pain, or impairment. Physical abuse may include but is not limited to such acts of violence as striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, and burning. In addition, inappropriate use of drugs and physical restraints, force-feeding, and physical punishment of any kind.

**Elder Abuse**

- Sexual Abuse
  - non-consensual sexual contact of any kind with an elderly person including, but not limited to, unwanted touching, all types of sexual assault or battery, such as rape, sodomy, coerced nudity, and sexually explicit photographing.
### Elder Abuse

#### Emotional/Psychological Abuse
- the infliction of anguish, pain, or distress through verbal or nonverbal acts that includes but is not limited to verbal assaults, insults, threats, intimidation, humiliation, and harassment, treating an older person like an infant; isolating an elderly person from his/her family, friends, or regular activities; giving an older person the "silent treatment;" and enforced social isolation

#### Neglect
- the refusal or failure to fulfill any part of a person's obligations or duties to an elder including the failure of a person who has fiduciary responsibilities to provide care for an elder (e.g., pay for necessary home care services) or the failure on the part of an in-home service provider to provide necessary care.

#### Abandonment
- the desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder, or by a person with physical custody of an elder.

#### Financial/Material Exploitation
- the illegal or improper use of an elder's funds, property, or assets including but not limited to, cashing an elderly person's checks without authorization or permission; forging an older person's signature; misusing or stealing an older person's money or possessions; coercing or deceiving an older person into signing any document (e.g., contracts or will); and the improper use of conservatorship, guardianship, or power of attorney.

#### Self-Neglect
- the behavior of an elderly person that threatens his/her own health or safety
- Self-neglect generally manifests itself in an older person as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions.

### Elder Abuse Resources

#### Native Elder Abuse Links
- Native Elder Organizational Links
  - AoA, NICOA, NARF, NCEA, NCAI
- Fact Sheets
- Guides
  - Using Your Tribal Values To Develop an Elder Abuse Code
  - Elder Abuse Issues in Indian Country
Elder Abuse Resources

- Native Elder Abuse Tribal Codes
  - 34 Tribes have an Elder Abuse Code

Social Media

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www.facebook.com/NRCNAA

National Resource Center on Native American Aging
The University of North Dakota Center for Rural Health

Contact us for more information!

National Resource Center on Native American Aging
Center for Rural Health
501 North Columbia Road, Stop 9037
Grand Forks, ND 58202-9037
Toll Free Phone (800) 896-7628

http://www.nrcnaa.org