



Native Elderly Falls and Depression as Related to Elder Abuse Services

Daisy Riley, Paula Carter, PhD, Harmony Lindgren, MA, and Jacqueline S. Gray, PhD
University of North Dakota School of Medicine and Health Sciences



Background

The 2010 United States Census Bureau anticipates by 2050 there will be 88.5 million people who are age 65 and older (US Census Bureau, 2010). Moreover, the Administration on Aging (AOA) predicts the American Indian and Alaska Native elderly population will increase from the 2007 total of 212,605 to 918,000 by 2050 (AOA, 2014). The National Indian Council on Aging (NICOA) predicts that elder abuse will become more prevalent resulting in a greater need for elder abuse prevention and intervention services on Native American reservations (NICOA, 2013).

Programs that focus on elder services are vital for tribal communities to prevent, protect, and aid those who suffer from elder abuse. The National Committee for the Prevention of Elder Abuse (NCPEA) defines elder abuse as "any form of mistreatment that results in harm or loss to an older person" (NCPEA, 2008). They also define the various types of abuse:

- Physical abuse is physical force that results in bodily injury, pain, or impairment. It includes assault, battery, and inappropriate restraint.
- Domestic violence is an escalating pattern of violence by an intimate partner where the violence is used to exercise power and control.
- Psychological abuse is the willful infliction of mental or emotional anguish by threat, humiliation, or other verbal or nonverbal conduct.
- Neglect is the failure of a caregiver to fulfill his or her care giving responsibilities.
- Self-neglect is failure to provide for one's own essential needs.

There are many warning signs that abuse is occurring including poor hygiene, unusual weight loss, an unexplained withdrawal from normal activities and depression. More importantly, universal warning signs such as bruises, dislocations, fractures, and broken bones coincide with those incurred as a result of falls (NCEA, 1985; NRCNAA, 2012). According to Lachs and Pillemer (2004), "injuries are a common cause of death in old people, but injuries related to falls (fractures, bruises, contusions, head injuries, and lacerations) can also be sustained through elder abuse" (p. 1268).

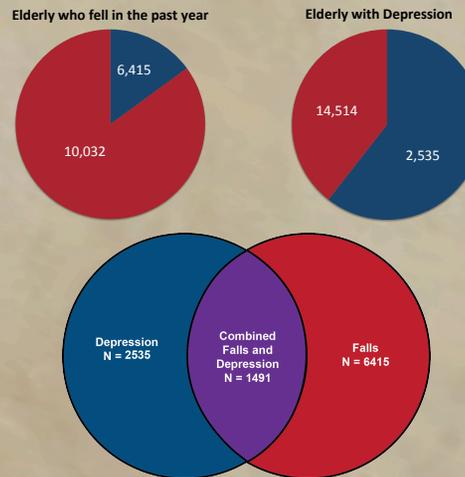
Methods

The data used for this study was obtained from the National Resource Center on Native American Aging's (NRCNAA) "Identifying Our Needs: A Survey of Elders V." Data was gathered by NRCNAA over a 3-year period from 2011-2014 for Cycle V, surveying 17,049 Indigenous elders representing 262 tribes, Alaska Native villages, and Hawaiian homesteads. Trained community members and/or volunteers administered surveys collecting needs information and conducted face-to-face interviews with elder's age 55 and older. Information on health status, demographics, and social support were collected from the survey. Variables used in this analysis included:

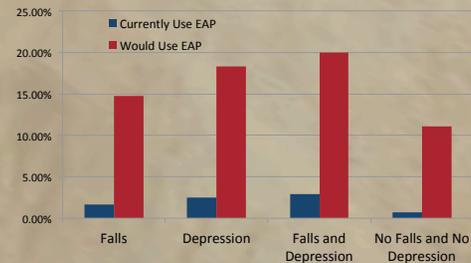
- Depression
- Elder Abuse Prevention (EAP) Program: Now Use and Would Use
- Number of Falls in the past year

For this analysis, cross tabulations were performed to determine interrelationship between depression and falls in the past year and the use or would use of EAP Programs. A Chi-square test was conducted to determine if there was a statistically significant relationship between the depression, falls and use of EAP services.

Results



Relationship between Elders who fall and/or are depressed and their use or intent to use EAP Services



Key Findings

Crosstabs

Of 2535 elders who are depressed 2.5% currently use an elder abuse prevention program Of 14,514 elders who are not depressed 0.9% currently use an EAP.
• Depressed elders utilize EAP Programs 250% the rate of elders who are not depressed.

Of 6415 elders who fell in the past year 1.7% currently use an EAP Of 10,032 elders who did not fall in the past year 0.8% currently use an EAP program.
• Elders who have fallen are twice as likely to use EAP programs than elders who have not fallen.

Of 2535 elders who are depressed 18.3% would use an EAP program Of 14,514 elders who are not depressed 11.7% would use an EAP program.
• Depressed elders are 156% more likely to want to utilize EAP than those who are not depressed.

Of 6415 elders who fell in the past year 14.8% would use an EAP program Of 10,032 elders who did not fall in the past year 11.6% would use an EAP program.
• Elders who have fallen are 128% more likely to want to utilize EAP than those who did not fall.

Chi squared analysis indicates among elders who fall and are depressed there is a significant difference between those who use and do not use an EAP program.

Discussion

These results have direct implications for health care professionals. Falls and depression alone and when combined are clear indicators that abuse may be occurring. This suggests it may be best practices for healthcare professionals to further investigate various physical injuries especially those reported to have been the result of a fall. According to Gibbs and Mosqueda (2010) "Abusers of the elderly commonly cite falls as the reason for various physical injuries. Studies that distinguish injuries resulting from accidental falls versus forced pushing are needed" (p. 744). There is a paucity in the research conducted on elders and falling. Thus, health professionals need to be more vigilant and thorough in investigating such injuries due to the possible correlations with abuse.

The results also suggest a great need in Indian Country for more EAP programs. There are a significant number of participants who are willing to utilize an EAP program if they were available. Such programs could provide awareness, prevention and intervention services to elders and the communities that serve them. Elders deserve and need extra protections in their latter years as they are vital to Native families and communities.

Acknowledgements

This project was supported in part by SGOE through Health Resources and Services Administration grant #D34HP24462 and the National Indigenous Elder Justice Initiative through National Center on Elder Abuse contract # 90AB0001 Jacqueline S. Gray, Principal Investigator and the National Resource Center on Native American Aging Administration for Community Living contract # OI-90010005, Paula M. Carter, Ph.D., Principal Investigator. Grantees carrying out projects under government sponsorship are encouraged to express freely their findings/conclusions. Points of view/opinions do not necessarily represent official HRSA, ACL, or NCEA policy.

For More Information

- ❖ Website: www.nieji.org
- ❖ E-mail: info@nieji.org
- ❖ Toll free Phone: (855)834-1572

