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Elder Abuse Among American Ethnic Minorities: Improving Future Research and Professional Services Through Cultural Understanding

By

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ABSTRACT

Elder Abuse Among American Ethnic Minorities: Improving Future Research and Professional Services Through Cultural Understanding

By

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The majority of studies on elder abuse focus on Anglo-Americans, but neglect issues such as cultural variation in terminology and how socio-cultural factors affect ethnic groups differently. This paper will summarize the mainstream literature on elder abuse among Anglo-Americans, critically review the literature available about elder abuse among ethnic minorities in the United States with an emphasis on methods, and will conclude with suggestions for future research. This paper will also show the importance of applying ethnographic methods to the study of elder abuse and why anthropologists should get involved in this area of research. Medical anthropologists could provide data essential to the development of culturally sensitive surveys that in turn could determine the prevalence and severity of elder abuse among all ethnic groups in the United States. Prevention programs and treatment options will not be effective if they are not culturally sensitive and realistic in their approach.

An intensive review of literature reveals that no anthropologists have published about elder abuse among ethnic minorities in the United States. There are numerous anthropological publications about elder treatment and elder care in other societies. The majority of literature about elder abuse in the United States is by social workers, sociologists, physicians, and nurses.

This is dedicated to my parents who sacrificed a lot so that I could fulfill my dreams, to my husband who is my best friend and my strongest supporter, and to my daughter Mariam, who inspires me to be the best person I can be.

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INTRODUCTION

There is a plethora of data available about elder abuse among mainstream White Americans in the medical, social work, and sociological literature. However, anthropologists have only recently begun to address issues of elder abuse, elder maltreatment, and elder neglect. The data available about elder abuse among American ethnic minorities represent only a small fraction of the total literature about elder abuse; "Caucasians dominate the victim category in the reported data" (Tomita 1999:119); and since Whites make up the single largest ethnic group in the U.S., it is impossible to say that American ethnic minorities do not have a problem with elder abuse in their communities (Tomita 1999). In fact, many studies including Mitchell et al. (1999) assert that elder abuse occurs among all socioeconomic levels, ethnic groups, and religious affiliations. Several studies have asserted that domestic violence and spouse abuse can be linked with the educational level of the man. Other studies have shown that spouse abuse and domestic violence later becomes elder abuse as the couple ages. Most studies on elder abuse among American ethnic minorities have yielded consistent results; however, researchers have overlooked an essential research technique--Ethnography.

An intensive review of the literature reveals that no anthropologists have published about elder abuse among ethnic minorities in the United States. There are multiple publications about elder treatment and elder care in the anthropological literature, particularly the treatment of elderly women in other societies [see Cattell 1990 and 1997; Climo 2000; Dickerson-Putman and Brown

1998]. The majority of publications about elder abuse in the United States are by social workers, sociologists, physicians, and nurses. There is an abundance of literature about elder abuse in the medical and social work literature; however, there are few articles about elder abuse among minorities in the United States.

Ethnographic field research is the key to understanding how a group defines events in their own way. While there are many benefits to questionnaires, surveys, and standardized interviews, only ethnographic research can reveal what people do in reality. Bernard (2002) asserts that interviewing is "a great way to find out what people think they do." Multiple studies have shown that people tend to be inaccurate when answering questions about themselves. Whether it is to make themselves look better, forgetfulness, or just trying to say what they think the researcher wants to hear, people err a lot during interviews with researchers. If researchers really want to know what a group believes, they have to ask open questions letting group members use their own words and speak in their own language. The researcher has to live among that group for an extended period of time and learn about their culture and daily habits. Long-term ethnographic studies use open-ended interviews, observation, and participant observation. These are the best methods for discovering what people are really doing. The field of nursing has been using ethnographic techniques to collect data and the results have been so astounding that multiple publications suggest that nurses utilize this technique in all of their research (Brandriet 1994; Morse 1991; Cameron 1990; Hutchinson 1986; Knapp 1979) while others have openly suggested blending anthropological and nursing research methods (Leininger

1970). Anthropological research techniques are also used in the field of public health and Epidemiology (Hahn 1995).

This paper will review the literature about elder abuse among Anglo Americans and American ethnic minorities in the United States and will present an anthropological critique of the available literature on elder abuse, focusing specifically on the literature about elder abuse among American minorities. I will demonstrate how using ethnographic field methods along with the methods currently being used to conduct studies about elder abuse will strengthen the data and possibly yield new data that would not have been available through other methods. I will also explain the importance of cultural understanding for improving professional roles and developing culturally sensitive interventions. The conclusion will summarize the critique and make suggestions on areas for future research.

METHODS

The literature about elder abuse among ethnic minorities covers more than 20 years and includes more than 150 studies; however, very little is known about how ethnicity affects the way people define elder abuse, and how ethnicity affects its risk factors and prevalence.

A library-based MA thesis involves considerable literature review. Methods are just as important in the library as they are in the field. In this section, I will describe how I decided upon criteria for critiquing the articles I reviewed and how I found the articles and books that I read.

As I read articles and books, I asked myself questions such as did the researcher use the native language of the people he or she interviewed, did the researcher have experience with or cultural knowledge of the people being interviewed, and finally what research methods were used in each study. Very few studies met even one of these important criteria as I will explain later in this paper.

The Henry Ford Hospital (Detroit main campus) library has an extensive journal collection and will order journals from other hospitals and universities for a fee. The majority of medically related articles I used came from the Henry Ford Hospital library. Wayne State University's library system is ranked among the highest in the nation. Most of the articles from journals relating to social work, law, anthropology, and sociology came from there.

The Internet also holds a wealth of journals. Many journals publish a table of contents and or abstracts for their recent issues on their web site. I scanned the titles and topics and then when I found useful articles I went to the library to photocopy them. I also used the Internet to find out more information about the authors of the articles and books that I read. I wanted to understand more about their backgrounds and theoretical foci. I read personal web sites for several of the major researchers cited in my paper. I used the web sites of the universities where they worked to contact them by email as well as by telephone. I emailed several researchers in order to ask them specifically about their research and educational backgrounds. I also called a few by phone. Most were happy to answer questions about themselves and their work, only a few did not reply. The

majority also gave me contact information for researchers who focus specifically on elder abuse among ethnic minorities.

Listed in my notes are the journals that I reviewed by hand or online[1]. I searched every index and table of contents page for relevant articles. In addition to my other methods, I also reviewed the bibliographies of the articles that I used for my research. Then I selected additional articles from those bibliographies and then read the referenced articles and their bibliographies. I continued this process until I could not find any more relevant articles.

REVIEW OF THE MAINSTREAM LITERATURE

There are seven major categories for types of elder abuse that are frequently cited in the literature. They include physical abuse, psychological abuse and emotional or mental abuse, material abuse and financial exploitation, active neglect, passive neglect, violation of civil rights, and self-neglect (Schiamberg and Gans 2000).

Physical abuse includes assault and the infliction of physical harm and or pain and physical coercion (Hudson 1986; Kosberg and Nahmias 1996; Baron and Welty 1996; Pillemer and Finkelhor 1988; Ashur 1993; Paris et al. 1995; Neufeld 1996; Drake and Freed 1998; Griffin and Williams 1992; Hazzard 1995; Anetzberger et al. 1993; Lachs and Pillemer 1995; Zucker-Goldstein 1995; Schiamberg and Gans 2000). Physical abuse, though it receives most of the attention in the literature, accounts for about 20 percent of cases (Marshall et al. 2000). Non-consensual sexual activity (sexual abuse) is frequently considered a

form of physical abuse (Conlin 1995; Zucker-Goldstein 1995). However, some consider sexual abuse to be a separate category (Biggs, Phillipson, and Kingston 1995; I, Benton, and Brazier 2000; Neufeld 1996; Drake and Freed 1998; and Ashur 1993). Sexual abuse is the least frequently reported form of elder abuse; less than one percent of reported cases involve sexual abuse (Marshall et al. 2000).

Psychological abuse and emotional or mental abuse includes acts committed with the intention of causing psychological or emotional harm (Conlin 1995; Lachs and Pillemer 1995; Baron and Welty 1996; Marshall et al. 2000; Paris et al. 1995; Ashur 1993; Hazzard 1995; Griffin and Williams 1992; Anetzberger et al. 1993; Zucker-Goldstein 1995; Schiamberg and Gans 2000). The behaviors listed in this category vary widely between studies (Hudson 1986; Pillemer and Finkelhor 1988); however, the main behaviors include name-calling, humiliation, threats, and intimidation (Wolf and Pillemer 1989; Phillips 2000).

Material abuse and financial exploitation involves the illegal or unauthorized use of funds or resources that belong to the older person (Biggs, Phillipson, and Kingston 1995; Conlin 1995; Baron and Welty 1996; Hall 1989; Kosberg and Nahmias 1996; Wolf and Pillemer 1989; Zucker-Goldstein 1995; Marshall et al. 2000; Drake and Freed 1998; Griffin and Williams 1992; Phillips 2000; Anetzberger et al. 1993; Lachs and Pillemer 1995; Schiamberg and Gans 2000).

Neglect, excluding self-neglect, accounts for 45 percent of all elder abuse cases (Marshall et al. 2000). **Active neglect** is the deliberate refusal or failure to fulfill caretaking obligations or deliberate acts of omission such as abandonment

or denial of food, medication, and health services (Lachs and Pillemer 1995; Baron and Welty 1996; Pillemer and Finkelhor 1988; Wolf and Pillemer 1989; Marshall et al. 2000; Hazzard 1995; Zucker-Goldstein 1995; Griffin and Williams 1992; Anetzberger et al. 1993; Phillips 2000; Schiamberg and Gans 2000). On the other hand, **passive neglect** is the lack of attention which results in the failure to fulfill the needs of the elder. This may stem from ignorance and is unintentional (Hickey and Douglas 1981; Hudson 1986; Pillemer and Finkelhor 1988; Wolf and Pillemer 1989; Drake and Freed 1998; Zucker-Goldstein 1995; Baron and Welty 1996; Phillips 2000; Griffin and Williams 1992; and Marshall et al. 2000; Schiamberg and Gans 2000). **Self-neglect** is included by some researchers as a form of elder abuse (Lachs et al. 1994; Marshall et al. 2000; Griffin and Williams 1992; Schiamberg and Gans 2000). It occurs when an older person endangers him or herself or fails to provide adequate self-care. Self-endangerment includes excessive drinking, drug use, or inadequate nutritional intake that results in malnutrition (Schiamberg and Gans 2000).

The **violation of civil rights** occurs when there is a failure to allow an older person, who is able, to make his or her own decisions. This includes situations where the older person is forced to do things against his or her wishes, or is refused rights such as voting, receiving mail, worshipping, and privacy (Conlin 1995; Kosberg and Nahmias 1996; Griffin and Williams 1992; Anetzberger et al. 1993; Schiamberg and Gans 2000), or when the elder is unreasonably confined (Hazzard 1995).

Abuse of caregivers, who are frequently elderly spouses, is now being studied as well. However, no correlation has been shown between elder abuse and caregiver abuse—abuse of the caregiver by an elder (Phillips 2000). Phillips writes about a study in which approximately 32 percent of caregivers reported being abused by an elder in their care. Types of abuse of caregivers include yelling, swearing, throwing objects, verbal threats, and slapping as well as other forms of abuse. "Only wives of the elder had been threatened with weapons or had a weapon used against them" (Phillips 2000:190). Many researchers believe that the cognitive status of the elder affects the abuse of caregivers, particularly if the elder has dementia or abuses alcohol (Phillips 2000).

Social isolation and abandonment are the most frequently cited forms of elder abuse as defined by victims in the literature followed by financial exploitation. Loneliness is a big problem for elders, especially women because they tend to live longer than men and be alone longer due to the death of their spouse (Sokolovsky 1997; Fry et al. 1997; Schmidt and Rini 1995; Bondevik and Skogstad 1996). Sokolovsy (1997) asserts that many of the elderly women that are now homeless in major cities like New York are victims of financial mistakes (financial neglect) of late-spouses or exploitation by other relatives.

The medical literature includes some definitions for elder abuse as defined by victims' relatives. These include institutional forms of abuse, such as neglect which leads to conditions such as pressure ulcers (bed sores)—a completely preventable condition with a high mortality rate: 60,000 people die per year in the US from pressure ulcers and complications caused by them. Stage I consists of

ulcers on the skin, in stage II much of the skin is gone and a crater is present, in stage III the muscle is exposed and all the skin is gone and the crater is much deeper, finally in stage IV there is severe muscle, joint, and bone damage present and the underlying structures are completely exposed (muscle, organs, and bones) (Perez 1993; Levine and Totolos 1995). Victims also include other institutional forms of abuse such as emotional abuse, overuse of restraints (Newbern and Linsey 1994; Werner et al. 1994), and physical abuse as well as clinical forms of abuse such as physician neglect.

The reporting of elder abuse within family settings has increased recently. The typical abuser is a son or daughter, under the age of sixty, who lives with or in close proximity to the victim (Schiamberg and Gans 2000). The second most common abuser is the elder's spouse. Perpetrators are usually known by the victim and can be adult children, a spouse, siblings, relatives, or paid caregivers (Marshall et al. 2000; Schiamberg and Gans 2000; Phillips 2000; and Drake and Freed 1998). Each year more than one million elders are abused in the United States (Glendening 1993; Marshall et al. 2000; Anetzberger et al. 1993; Lachs and Pillemer 1995; Sinnot and Block 1979), possibly more than 2.5 million each year (Giordano and Giordano 1984). Statistics about the frequency of elder abuse in the United States range from one percent to as high as ten percent (Giordano and Giordano 1984; Hudson 1986; Poertner 1986; Pierce and Trotta 1986; Crystal 1987; Hazzard 1995). The number of cases reported to medical personnel, social workers, and other social service workers tripled between 1986 and 1996 from 100,000 to 300,000. Elder abuse, like other forms of domestic

violence, is extremely under reported. Less than one in six acts of abuse is reported (Griffin and Williams 1992). Griffin and Williams (1992) argue that elderly victims are slow to report because they are concerned both for themselves as well as for their abusive offspring. They suggest reasons for silence may include the fear of being institutionalized, a fear of making the situation worse, and feelings of dependence and or love for the abusive kin. Some theorize that elder abuse is often a result of the caregiver previously being abused emotionally, verbally, and or physically by his or her parent in childhood (Schiamberg and Gans 2000; Marshall et al. 2000).

The majority of reported elder abuse is committed against women, who are victims in 62-66 percent of reported cases (Phillips 2000; Schiamberg and Gans 2000; Neufeld 1996; Marshall et al. 2000; Drake and Freed 1998; Paris et al. 1995; Ashur 1993), possibly as high as 80 percent of cases (Griffin and Williams 1992). The American Medical Association and the American Nurses Association recommend screening all women for abuse during all clinical examinations, homecare, and institutional situations because the rate of physical abuse of women in the United States is so high (Phillips 2000; Paris et al. 1995; Drake and Freed 1998; and Neufeld 1996). "Identification and assessment of women for domestic abuse is now the standard of care" (Phillips 2000:191). While reports of elder abuse cross ethnic, socioeconomic, and religious lines (Paris et al. 1995; Neufeld 1996; and Griffin and Williams 1992), "The only consistent risk factor [for being abused]...is being female" (Neufeld 1996:2576).

The typical victim of elder abuse is a White female, middle class, who lives with the perpetrator, and is age 75 or older (Griffin and Williams 1992). Victims' definitions of abuse often differ from those of social scientists and medical personnel. According to Phillips (2000), "Older women in this country are a breed apart from younger women...They are much more likely to accept behaviors in their spouses as 'normal' that younger women might term abuse' (190). Frequently older women describe abuse as "just the way he is" or "it's just his drinking" or "his dementia" (Phillips 2000:192).

A physician, Neufeld (1996), believes there are no known consistent personality factors in men who commit acts of domestic violence. However, she is in the minority because multiple studies show that personality factors such as emotional insecurity and chemical dependency such as alcohol and drug use intensifies violence [see also Phillips 2000; Paris et al. 1995; Drake and Freed 1998; Anetzberger et al. 1994; and Schiamberg and Gans 2000]. Phillips (2000) asserts that while alcohol is involved in more than one third of cases, it has not been proven that alcohol causes violence, only that it intensifies violence in already abusive relationships. However, Anetzberger et al. (1994) demonstrate a clear relationship between alcohol use and abuse by adult children and violence against elderly parents. Abusers are far more likely than non-abusers to drink, to become intoxicated, and to be identified as problem drinkers.

There is no literature that explores specifically what perpetrators believe the definition of elder abuse should include. Most of the literature focuses on risk factors for abuse, typical characteristics of perpetrators, and treatment options.

Perpetrators of physical abuse and domestic violence are the most frequently discussed group of abusers in the literature. A future ethnographic study could be done to determine if there are any common ideas about elder abuse and domestic violence among abusers. Asking open-ended questions in an ethnographic format would enable abusers to use their own terminology and express their individual ideas on why they commit acts of abuse and what they believe is abuse. Then professionals could use this information to do more intensive research and to develop treatment as well as prevention programs that address the beliefs and ideas of abusers.

According to Edleson (1984), a social worker, most men who commit acts of violence against their wives do not realize or view the acts as negative until afterwards. They become angry because they are suffering from feelings of jealousy of their spouse, jealousy of other men, or feelings of inadequacy as a provider. When angry, the men loose control and are violent with their wives. Edleson (1984:237) writes that many men who go to him for counseling say, "All of a sudden I find myself in a blind rage." Phillips (2000) has found that questioning caregivers and perpetrators about prior abuse that has happened to them can lead them to the realization that they are abusing an elder.

Griffin and Williams (1992) found that the lower educational levels of men, not women, directly affect the rate of violence against minority women over sixty. African Americans and Hispanics "were over represented in the violence group" (Phillips 2000:189). However, ethnicity does not directly affect levels of violence. The higher rates of violence among minorities, specifically black Americans,

correlate with a lack of educational opportunities and other social factors and forms of inequality that are experienced by minorities and not by members of the White majority (Griffin and Williams 1992).

ANTHROPOLOGICAL PERSPECTIVES

Studies about elder abuse first appeared in the anthropological literature in the 1990's. The field of anthropology only recently began to focus on gerontological issues in the late 1980's and early 1990's. Medical anthropologists include ageism, the violation of civil rights, and medical and institutional practices of neglect (neglect in nursing homes as well as clinical settings) in their definitions of elder abuse (Kaufman 1994; Luborsky 1995; Ory 1995). While the field of anthropology is rich in theoretical frameworks and analytical tools, few of the major theoretical models in anthropology have been used in studies of elder abuse and other gerontological issues in part because there are so few anthropological publications on elder abuse issues. Luborsky (1995:278) believes that the role of anthropology is to shatter stereotypes, overgeneralizations, and biases. He asserts that ageism attracted anthropologists to gerontology in order to "counterweight the generalizing and reductionist view of social life in biomedicine." Critical theory is not used enough in medical anthropological research on aging and elder abuse. "This lack of theory development also may be partly understood in terms of the national climate for social, behavioral, and medical research that assigns the highest importance to biomedical and policy studies" (Luborsky 1995:279). In

anthropological theory, the critical approach looks at the role of power in social life, and the way in which biomedicine is culturally constructed (Rhodes 1996). Studies of elder abuse are multidisciplinary-history, local values, culture, and personal narratives are all relevant. However, using multiple sets of knowledge introduces different approaches to creating and analyzing knowledge. The implications of piecing together theories, concepts, and methods that span wide disciplinary divides are not known (Luborsky 1995).

There are two major medical anthropological discourses involving elder abuse and aging: the discourse on the medicalization (biomedicalization) of aging and elder abuse and the discourse about risk awareness and risk management. Kaufman (1994) is very critical of the biomedicalization of aging and elder abuse. Frequently in order to provide "adequate" care for the elderly, the elder's autonomy is compromised either by medical personnel, relatives, or both. Compromising an elder's autonomy is a violation of his or her civil rights. Mrs. A.'s daughter brought her to the hospital because she was not practicing good hygiene and though she was able to drive, she was not going out. Mrs. A. had a homecare nurse, but she did not cooperate with her. The physician, however, focused on Mrs. A.'s excessive smoking (more than a pack a day for many years) and drinking habits (she now had bleeding ulcers) and her sore hip that had been previously fractured. He diagnosed her with dementia and prescribed homecare and constant monitoring. The physician focused on the "risk" factors involved and proposed a treatment solution that would reduce risk of self-harming behaviors such as excessive drinking and smoking. This is an example

of the medicalization of abuse because the physician addressed self-abuse as a condition that needed medical treatment. Elder abuse is a social issue, not a medical issue. Steps should be taken to prevent elder abuse, and to stop it when it is discovered, but it is not a medical condition like a broken leg or the flu that a physician can diagnose and then treat or advise lifestyle modification.

The central theme of the discourse on risk awareness is how physicians use the epidemiological term "risk" in a clinical setting, yet they use the word as if it still carries the same statistical importance. In geriatrics, the language of risk is converted into diseases (Porter 1994). Physicians feel the need to assess patients and minimize risks. The elderly are believed to be at risk for institutionalization, physical disability, depression, and dependency. These beliefs in medicine are a recent cultural phenomenon (Kaufman 1994). The translation of epidemiological uses of "risk" to clinical usage (Gifford 1986; Nelkin 1989) does not carry the same statistical meanings, even though clinicians act as if the term risk carries the same significance in a clinical setting. Clinicians describe risk as a specific property of an individual, thus it is the responsibility of the individual to avoid or reduce risks in order to be healthy (Gifford 1986; Kaufert and O'Neil 1993; and Kaufman 1994) [for more on risk assessment see also Bosk 1992; Rapp 1993; Slovic 1987; and Hunt n.d.].

Kaufman[ii] (1994), a medical anthropologist, describes how many physicians without formal training or experience with elderly patients often do not offer preventative treatments to their older patients (for example, breast exams and pap smears) (also see AMA 1990). The refusal to offer preventative treatments

to elderly patients is abuse according to all the definitions of neglect in the literature-withholding necessary medical treatment. However, the literature specifically refers to a caregiver withholding medical care, not physicians or medical personnel. I chose the term physician neglect to refer to all the situations that could be considered neglect (active and passive) that are present in clinical and institutional settings, and the physician is the person not meeting the needs of the elder. Thus, for me, **physician neglect** occurs when a doctor ignores illnesses and or diseases because he or she considers them normal for old people; discounts what a patient is saying because he or she is old; does not give available treatments or preventative measures because of the patient's age; or when a physician gives less time to elderly patients than he or she would give to younger patients. This differs from medical malpractice which involves professional misconduct, unreasonable lack of skill, or illegal or immoral conduct such as having sexual relations with patients (Hahn 1995).

According to Kaufman (1994:431), specialists in geriatrics claim to separate aging from illness, yet they believe that the elderly are best served by specialists who are trained to view them as separate from other adults because they have different problems and medical needs. She asserts that both ageism and geriatric medicine contribute to the equation of old age and disease (1994:432) because geriatric assessment treats old age as a medical problem in need of a specialized, scientific, and totalizing approach. Virtually all aspects of the elder become subject to scrutiny, evaluation, and diagnosis (1994:434) and to some this is a good thing. Unlike Kaufman, Kapp, who is a lawyer, asserts that the

physician must be involved completely in the elderly patient's life, "acting as supporter, counselor, advocate, and planner" (Kapp 1983:166).

Luborsky and others are critical of biomedical approaches to aging and elder care (also see Kaufman 1994), but not all anthropologists are. Ory (1995) asserts that the medicalization of elder abuse has an important benefit. Diagnosis can lead to treatment and beneficial outcomes for the elder. She encourages an interdisciplinary approach in future studies of aging, health, and culture. Leatherman, Goodman, and Thomas (1993) also believe that interdisciplinary research is essential in medical anthropology. They write about combining medical ecology and critical medical anthropology. A synthesis of the two is essential in their opinion to address problems in human health and social justice.

OTHER SOCIAL SCIENCE PERSPECTIVES

Schiamberg[iii], a human ecologist, and Gans[iv], a graduate student in gerontology, (2000) assert that most scholars agree that elder abuse includes both adverse acts of omission and acts of commission against an elderly person. Their definition includes physical abuse; psychological, emotional, and mental abuse; financial exploitation; active neglect; passive neglect; violation of civil rights; and self-neglect. Their definition is unique because it includes self-neglect as a form of elder abuse. Few other researchers include self-neglect in their definitions of elder abuse; among them are Lachs et al. (1994), Kosberg and

Nahmias (1996), Phillips (2000), and Marshall et al. (2000). Neale et al. (1996) and many others do not include self-neglect in their definition of elder abuse.

Schiamberg and Gans (2000) use an applied ecological model to interpret the relationships between adult children and their aging parents. They chose this model because of the complexity of elder abuse, its environments—social and cultural contexts, and the interactions between person and context. Historically, however, there are five interpretations that are dominant in the literature about elder abuse: the psychopathy of the abuser, transgenerational violence, social exchange theory along with symbolic interaction, impairment of the elderly person, and excessive demands (Ansello 1996).

Social exchange theory is frequently used to analyze relationships between the elderly and their kin. The norm of reciprocity is an important concept for understanding intergenerational relations between elderly parents and adult children. The norm of reciprocity holds that relationships are mutually gratifying. Social exchange theory asserts that people will maintain a relationship as long as the benefits are greater than the costs and the relationship is better than alternative relationships (Schiamberg and Gans 2000). According to the social exchange theory, when an elder is no longer contributing more to the relationship with their caregiver than the caregiver is contributing to the elder, the caregiver will harbor resentment and or other negative feelings towards the elder or the caregiver may abuse, neglect, or abandon the elder completely. However, social exchange theory alone does not explain elder abuse sufficiently because approximately 35 percent of adult children who abuse their elderly parents are

financially dependent on the elderly parents. They are getting more financial benefits than they are spending in costs, and yet the abuse occurs anyway (Anetzberger et al. 1994).

Pillemer[v] and Suitor (1988), sociologists, have a framework for understanding elder abuse that combines two research foci—the research on other forms of family violence and the research on relations between spouses and between parents and their adult children. "Their model shows that family—violence—related variables are directly related to domestic abuse against the elderly, while variables relating to family relations provide the context in which elder abuse is likely to occur" (Schiamberg and Gans 2000:336).

BIOMEDICAL PERSPECTIVES—MD's AND NURSES

Case reports of elder abuse in the field of biomedicine first appeared in the medical literature in the 1970's (Lachs and Pillemer 1995). While many physicians and nurses recognize the seven major categories of elder abuse in their publications (physical abuse, psychological, emotional, or mental abuse, material abuse or financial exploitation, active neglect, passive neglect, violation of civil rights, and self-neglect), in clinical and institutional settings, they tend to focus primarily on identifying physical abuse, sexual abuse, and neglect (Ashur 1993; Hazzard 1995; Lachs and Pillemer 1995; Neufeld 1996; Drake and Freed 1998; Marshall et al. 2000; Phillips 2000). However, some physicians recommend screening for psychological and emotional abuse as well (Ashur 1993; Paris et al. 1995; Neufeld 1996).

According to Marshall et al. (2000:47), "Practitioners are in a unique position to witness the cycle of family violence across age groups". Marshall et al. (2000), like Schiamberg and Gans (2000), indicate that child abuse may lead to adult children abusing their parents later in life. They also point out that violence "transcends the life span" and goes from generation to generation unless there is intervention. Thus, according to biomedical beliefs, the role of the physician is to identify victims and perpetrators and "refer them for assistance" (Marshall et al. 2000:47). Baron and Welty (1996:33) assert that spouses who batter are not likely to stop when they get older. Their children also witness the abuse and "emulate their [parents'] behavior", growing up to abuse others including their elders. Kapp (1983), a lawyer, asserts that health care personnel must encourage victims of elder abuse to voluntarily accept protective services, but in serious cases where the elder refuses, services should be provided anyway. The American Medical Association now recommends that physicians screen all female patients for signs of domestic violence or other forms of abuse through physical examinations and identification of risk factors. According to Neufeld, a physician, "domestic violence results in more injuries requiring medical treatment than rape, auto accidents and muggings combined; it may be the most common source of serious injury to women [of all ages in the United States]" (1996:2575).

Nurses such as Phillips (2000), Drake and Freed (1998) focus on identifying elder abuse both in clinical and homecare situations. Phillips (2000) defines elder abuse as either domestic violence or neglect. She stresses that the term elder abuse disguises the fact that the vast majority of abuse is against women

and is perpetrated by men and the fact that many women who are victims are not dependent. Phillips (2000), Drake and Freed (1998) point out that many victims of elder violence and abuse are independent older women and that frequently elder abuse is the result of long-term domestic violence of a man against his wife. Phillips (2000) also shows how alcohol intensifies the level of violence against women in abusive relationships. Multiple biomedical articles point to alcohol as a trigger for elder abuse, including drinking done by the elder (Phillips 2000; Neufeld 1996; and Drake and Freed 1998). An increasing number of older women are being murdered by their husbands. Even "mild abuse" such as pushing or slapping can cause serious injury or death for older women because of their increased physical vulnerability (Phillips 2000).

Power and control issues are involved in many forms of abuse. Drake and Freed (1998) define domestic violence as the intentional physical, sexual, or psychological abuse, or intimidation of one person by another person in the same family unit. Their definition also includes rape and homicide. Elder abuse for them includes unintentional as well as intentional abusive acts. Drake and Freed (1998) use most of the seven commonly defined types of elder abuse in their definition; however, they do not include self-neglect. Drake and Freed assert that while in some violent relationships physical violence may decrease over time with age, emotional abuse usually continues throughout the victims' lifetime. They believe that it is the duty of homecare nurses to screen for domestic violence and to take steps to resolve the situation through treatment of the perpetrator or legal intervention on behalf of the victim. They as well as many others point out that

marriages later in life have a higher risk of violence (Drake and Freed 1998) [see also Schiamberg and Gans 2000; and Phillips 2000].

SOCIAL WORKERS' PERSPECTIVES

Social workers occupy multiple roles within the field of health care, ranging from academics to applied positions within the biomedical system. Definitions for elder abuse are amazingly consistent between social workers, the majority including all of the seven major types of abuse as well as additional forms. The most common types cited in social work literature are physical abuse (Baron and Welty 1996; Giordano and Giordano 1984; Poertner 1986; Paris et al. 1995; Anetzberger et al. 1993), psychological abuse (Baron and Welty 1996; Giordano and Giordano 1984; Poertner 1986; Paris et al. 1995; Anetzberger et al. 1993), financial abuse (Baron and Welty 1996; Giordano and Giordano 1984; Paris et al. 1995; Anetzberger et al. 1993), the violation of civil rights (Giordano and Giordano 1984; Anetzberger et al. 1993), passive neglect (Giordano and Giordano 1984; Poertner 1986; Paris et al. 1995), active neglect (Giordano and Giordano 1984; Poertner 1986; Paris et al. 1995), self-neglect (Giordano and Giordano 1984), acts of omission such as denial of food, clothing, medicine, or shelter—defined as neglect by some (Baron and Welty 1996; Giordano and Giordano 1984; Paris et al. 1995), and ageism (Kelchner 1999; Hughes 1994). Hughes (1994) asserts that suicide and limiting medical treatment to speed up death are forms of ageism. Older people are viewed as "useless" (1994:135); younger people are more valued by society. Her supportive argument is that

younger people's ideas about suicide when they are ill or hopeless are not encouraged or accepted in the same way as the same views from the elderly. She believes that social workers should help everyone understand the value of life for all age groups. Kelchner (1999) also believes that ageism has a severe negative impact on self-perception in elderly individuals.

Some social workers such as Poertner (1986) introduce categories for severe neglect and severe abuse. These categories include acts that lead to severe injury or death. Other social workers subdivide the major categories further into physical abuse and physical neglect, psychological abuse and psychological neglect, and financial abuse and financial neglect. They distinguish between intentions. Thus abuse is intentional while neglect stems from a failure to provide necessary things such as health care, eyeglasses, hearing aids, false teeth or failure to manage money to the extent necessary to sustain or restore the health of the elder, or choosing substandard care in order to save money (Paris et al. 1995; Anetzberger et al. 1993). Baron and Welty (1996) give examples of how elder abuse ranges from very subtle acts such as verbal abuse, to extreme acts such as physical abuse and theft.

LAWYERS AND POLITICIANS

Because there are so few publications about elder abuse in the legal literature, there is no one uniformly accepted definition of elder abuse for lawyers. However, *The Journal of Law, Medicine, & Health Care* recognizes institutional abuse, medical malpractice (Jost 1985; Johnson 1985), Ageism-"discrimination

on the basis of age" (Somerville 1986:159), withholding necessary resources (Somerville 1986), preventable injuries that result from passive and active neglect (Christoffel 1989), and unethical biomedical research (Sachs and Cassel 1990) as forms of abuse and mistreatment of the elderly.

Christoffel (1989) argues that the vast majority of injuries are rarely "accidents" because they are preventable. Injuries kill and disable many Americans each year and are the leading killer of children. Simply leaving an object in front of the stairs can result in a fall that will possibly kill an elderly person or disable them for life.

While in every state it is mandatory for physicians to report any physical abuse, sexual abuse or any form of neglect involving children, when these forms of abuse are found involving an elder, state laws on reporting vary widely (Neufeld 1996). The variation that occurs involves which types of abuse should be reported, when reporting must occur, penalties for failure to report, when investigations must take place, and the age for defining "elderly." Forty-two states have mandatory reporting laws while the other eight[vi] have voluntary reporting laws (Zucker-Goldstein 1995:1220). There is no consensus between politicians on a definition for elder abuse or what types of abuse should be included in a definition. That is one reason why the state laws vary so much.

ELDER ABUSE AMONG ETHNIC MINORITIES

Before I begin describing the limited research data available on elder abuse among minorities in the United States, I would like to clarify to whom I am

referring when I use the terms minority, African-American, Asian, and Hispanic because these terms are often used to represent different people. An ethnic minority population in the US is any ethnic group other than the mainstream White (Anglo) group. Because much of the data used by researchers about American ethnic groups comes from the US census, it is important to point out that the US census classifies anyone from Europe, the Middle East, and Northern Africa as White. African-Americans include those who identify themselves as Black, African-American, or anyone of African decent. Asian American refers to anyone who has ancestry in any part of Asia (except the Middle East), including origins ranging from China, India, and Korea, to Vietnam and Pakistan. When I refer to Hispanic, I mean anyone who either speaks Spanish as a primary language or is a descendant of someone whose first language was Spanish, including Latinos, and Chicanos. Due to limited time and resources, I will focus on six minority ethnic groups: African Americans, Arab Americans, Asian Americans (Japanese and Koreans), Hispanic Americans, and Native Americans. For information about elder abuse among other ethnic minorities refer to the following sources: for Chinese Americans see Yick and Agabayani-Siewert (1997); also Kwan (1995); also Chan (1985) and for Vietnamese Americans see Le (1996).

Because the terms abuse and neglect imply distinctions between moral and immoral behavior towards elders, their definitions are culturally constructed (Hudson et al. 1998) and can differ drastically between ethnic groups. Another important point is that because of cultural diversity, differences can also exist

within cultural groups, including the diversity of views about morals and interpersonal behavior (Carson 1995; Hudson et al. 1998).

When people immigrate to the United States, they bring many aspects of their unique cultures and incorporate them into their new living environment. Culture is a set of ideas, beliefs, and socially accepted behaviors that are transmitted socially over time. According to Franz Boas, culture is a combination of foreign elements added together in a unique way (Stocking 1968). Boas continues by saying that "foreign material taken up by people is modified by preexisting ideas and customs" (cited by Stocking 1968:207). People incorporate new ideas into their culture, adapting them to fit into their own worldview. Thus, when people immigrate to the United States, they do not just drop their culture and obtain a new one. They choose to adopt certain aspects of American culture (both consciously and subconsciously) into their original culture, forming a unique cultural identity through the process of accretion.

Ethnic variables are very important and have been ignored for a long time by researchers studying elder abuse (Tomita 1994). This section will summarize and put into perspective the majority of the available literature on elder abuse among ethnic minorities, including African Americans, Arab Americans, Asian Americans, Hispanic Americans, and Native Americans. The category of Asian American will be further subdivided based upon available literature. Relevant background information about each ethnic group appears first, followed by an analysis of the differences and similarities between the six ethnic groups on multiple issues such as definitions of abuse, ideas about family loyalty,

prevalence of abuse among each ethnic community, and the utilization of formal and informal support networks. The available literature does not contain data for every category for all six ethnic groups; where data is lacking will be addressed in the conclusions section.

BACKGROUND INFORMATION ON ETHNIC GROUPS

AFRICAN AMERICANS

African Americans are the largest minority group in the United States. According to the US Census Bureau in 2000 there were more than 2.8 million African American elders in the US. This is up from 2.5 million in the 1980 US census.

There has been very little research done about elder abuse among minority populations. However, recently there have been some articles published about elder abuse among African Americans. All of these articles assert that far more research needs to be done in this area. Research studies in the past that have included African Americans have not included large enough sample sizes and have not "explored the qualitative details of African American life or the Black elderly" (Griffin and Williams 1992:21).

Specific historical events that have had a strong impact on life among African Americans include slavery, the Civil War, and the struggle for equality and civil rights. Griffin and Williams (1992) assert that without accounting for historical context and current social inequality no accurate study about elder abuse among African Americans can be conducted. Social factors such as how Blacks

organize their daily lives, family configurations, and a strong matriarchal system are also important.

Early research has shown that African Americans organize their family interactions differently from White Americans, the former resembling family patterns found in West Africa (Herskovits 1958). Family patterns utilized by African Americans can also limit chances for abuse. Some scholars have asserted that living in an extended family acts as a buffer against elder abuse, spouse abuse, and child abuse (Griffin and Williams 1992).

The typical elder abuse literature describes women as vulnerable; however, some scholars such as Griffin and Williams (1992), assert that Black women do not fit this stereotype and specific research needs to be developed that takes into account cultural norms among African Americans. Half of African American families headed by women over 65 include children who reside with the elder but are not her children, usually her grandchildren or great-grandchildren (Hill and Shackelford 1975).

Because almost all of the articles about elder abuse among African Americans are more than 10 sometimes 20 years old, much of the data may have changed, and new issues may be influencing current incidents of elder abuse. Another problem with the literature about elder abuse among African Americans is that much of the research about mainstream White Americans is assumed to be true for African Americans. However, there is no evidence to support or refute this claim. Black Americans do not fit the typical profile of victim nor of a typical perpetrator (Griffin and Williams 1992). Typical victims are White middle class

women and typical perpetrators are spouses or adult female children who are also White and middle class. Thus extensive research must be done to determine the incidence, characteristics, circumstances, of elder abuse in the African American community and how it differs from abuse in other American ethnic communities, including White Americans, before any weight is given to claims about the prevalence or most common types of elder abuse among African Americans.

Griffin and Williams (1992) offer several hypotheses for violence and elder abuse committed by African Americans within their families, but they do not present any solid evidence to support them. This may be due to the lack of available data. They assert that because "historically Blacks have been acted upon violently through racism, either personally or institutionally, violent social influences may predispose some Blacks to behave violently" (Griffin and Williams 1992:24). They cite literature that explains how victims become abusers through a social learning experience. This argument is frequently used to explain cycles of child abuse as well as elder abuse. Steinmetz (1978) gives clear evidence to support the argument that abused children are more likely to abuse their parents in adulthood than are children who were not abused. She found that one out of 400 children who were not abused later would become abusers; however, 50 percent of abused children grow up to become abusers of their elderly parents.

Griffin and Williams (1992) also assert that poverty and a failure to succeed according to the standards of the majority increase the potential for elder abuse and violence within families. They cite literature that describes how the poverty

rate for African Americans was 33 percent and has been increasing (one in three Black Americans lives in poverty) while the poverty rate for Whites has been decreasing and is approximately ten percent (one in ten) (Griffin and Williams 1992). Hawkins (1987) asserts that Whites view violence among Blacks as normal. Examples for this are slower responses by police to Black complaints, longer delays in legal responses, and inadequate social services to combat the problem of violence.

Another hypothesis used to explain elder abuse, particularly among minority communities, is caregiver stress. Griffin and Williams (1992) believe that this explanation is not solely sufficient to account for elder abuse among African Americans. While in many communities, elders move in with their adult children, the opposite is usually true for African Americans; adult children are far more likely to move in with their elderly parents in order to pool limited recourses. "It seems logical that African-American adults may feel anger at their continued dependence on their elders" (Griffin and Williams 1992:25).

Abuser dependence may be a more relevant hypothesis in the case of African Americans than caregiver stress, or there may be some interplay between the two causes. Abuser dependence is linked with emotional problems and occurs when the abuser is dependent on the elder for financial support, housing, as well as other forms of support (Anetzberger 1987; Pillemer 1985; Wolf et al. 1986; Griffin and Williams 1992).

ARAB AMERICANS

Arab Americans believe that parents have a right to complete and comprehensive care in their old age. Arabs and Arab Americans do not view this as a burden, but a privilege and duty. According to the teachings of the Prophet Muhammad (Peace and Blessings be upon him), Paradise is under the feet of Mothers. No one can enter heaven if their mother is angry with them or has not forgiven them for a sin committed against the mother. While elder care is a religious duty for Muslims, and considered second only to the worship of God, it is also a part of Arab culture as evidenced by the fact that Arab Christians also devote a lot of time to elder care.

Unlike in the U.S. where nursing homes are easy to find, old age homes and nursing homes do not exist in the Middle East. Elkholy (1984) asserts that if the West investigated how Arab culture values the extended family and values the contributions of the elderly, there would be a lot fewer cases of neglect, abandonment, and abuse in the United States. He makes a very dramatic point when he writes that:

> Senility among the aged appears to be a rare occurrence in the Middle East and could be looked upon as a Western phenomenon resulting from the feeling of worthlessness and from inactivity among the elderly...Mental health is associated with self-esteem which, among other things, is the function of one's perception of one's worth. When the aged in the Western societies believe they are useless [because they have been abandoned] and experience negative attitudes of their culture as well as their families, they loose self-esteem and a sense of self-worth and start to suffer mental and psychological disintegration...Islam, as a social system, addresses itself to these social-psychological problems and managed to form one of the more durable patterns of the family structure which took care of its aged by

> equating the care of one's aged with one's worship of God (Elkholy 1984:158-159).

Elkholy (1984) quotes the *Qur'an* to support his statements about what is required in Islam (English interpretation):

> And your Lord has decreed that you worship none but Him and always be kind to your parents. Whenever one or both of them attain old age, never say to them a word of contempt, nor repel them, but address them in terms of honor. And treat them with extreme humbleness and compassion and say: "My Lord, bestow on them Your mercy for they cherished me in childhood." (Chapter Al-Isra (17) Verses 23-24).

One thing Elkholy (1984) did not mention; however, is that Muslims believe that by memorizing the *Qur'an* one can protect the mind from deterioration in old age. The *Qur'an* describes how people begin as children, age and then become weak again in their elder years, but Muslims believe that God has promised that the more *Qur'an* that a person memorizes the more God will protect their mind in their old age. From a Muslim perspective, this could explain why senility is rare in the Middle Eastern countries that Elkholy studied. This phenomenon has been researched by non-Muslims; please refer to the notes section at the end for more details.[vii]

Views about what is considered a normal part of aging also differ between Anglo Americans and Arabs. Mansour and Laing (1994) conducted a study on Saudi elders in order to test the continuity theory (also known as the developmental theory of aging) that was developed in the West and though it had not been previously tested in a non-Western society is commonly taught in

universities in Saudi Arabia as a universally valid theory about aging. The results of the Mansour and Laing (1994) study not only show that Saudi elders differ from Westerners in how they view aging, but the null hypothesis was not rejected and the theory could not be supported by the data collected in the study. Mansour and Laing (1994) assert that medical professionals such as nurses must be aware that Western theories about aging might not be valid for many of their patients and that all patients must be treated as unique. This idea can also be applied to theories developed about the causes of elder abuse. Most of the elder abuse literature in the U.S. available in the English language is about the Anglo American population. Thus, hypotheses and theories about causes of elder abuse developed from the mainstream Anglo literature are not necessarily applicable to all ethnic groups in the U.S.

ASIAN AMERICANS

Because of the vast inclusive nature of the term Asian, the term is not very useful anthropologically other than to know from which region of the world a person came. Cultures among ethnic groups in Asia have some similarities, but there are far more differences, including language, religion, and political and historical contexts. Members of Eastern cultures such as Koreans, Japanese, Korean-Americans, and Japanese Americans tend to be collectivistic, meaning the members of that society define themselves in terms of the group and members focus on social norms and perceived duties and obligations. Relationships are crucial for collectivists, even if their costs outweigh their

benefits. Anglo-Americans as well as members of other Western societies tend to be individualistic, focusing on the self and happiness and satisfaction for the individual (Triandis 1995). While common sense would suggest that members of a collectivist society or people who were raised with the values of a collectivist society would not commit acts of elder abuse, unfortunately this is not true. Elder abuse has been recognized globally and is not confined to a specific country (Kosberg and Garcia 1995).

Korean Americans

Unlike the literature about elder abuse among African Americans, the literature about elder abuse among Korean Americans is very consistent on several key issues. All of the major studies agree that Korean Americans tend to avoid reporting cases of elder abuse in order to hide family shame, protect their family honor, and to protect their relatives from getting in trouble. The studies also agree on the fact that Korean Americans are less likely than both Whites and Blacks to identify situations as abusive. Finally, the studies show that Korean Americans seek outside help less often than both White Americans and Black Americans (Moon and Williams 1993).

Most Korean American elders and their adult children grew up in Korea and immigrated to the US where the concept of "filial piety in practice has rapidly [been] abandoned [and] become...old fashioned." (Moon 1999:110). The immigration pattern for most Korean Americans has been for adult children to come to the US and then bring their elderly parents (Chang and Moon 1997).

Many of these elders lose status and become vulnerable to abuse and exploitation by their children because they do not speak English and are limited to social interactions within the Korean American community (Moon 1999; Chang and Moon 1997).

Japanese Americans

According to Tobin (1987), old age in collectivist societies such as Japan is often idealized by Americans. Koyano (1989) writes that while Japanese elders are spoken to with respect and are given priority seating, the true feelings of the Japanese towards elders are disguised in respectful behavior. Makizono (1986) asserts that many behaviors that are viewed as respectful are actually customary and hold no substance. This is complicated by the fact that "East Asians avoid confrontation and would rather tell a lie than cause anyone to lose face" (Singelis et al. 1995:244). In Japan, domestic violence almost always refers to filial violence—children's aggression towards their older relatives, usually parents (Kozu 1999). The literature about domestic violence among Japanese Americans; differs however, because it asserts that most acts of violence are committed by men against women, usually spouses.

Tomita (1999) found that how conflicts were handled differed based on how many generations the person had lived in the United States. A core theme she found throughout all her data was the importance of the group over the individual, regardless of age. Group survival was the most important thing in a person's life and individuals were expected to sacrifice on behalf of the group. Kuwayama

(1992) states that historically the Japanese government held communities and households responsible for the behavior of their members. Sometimes entire households were punished by being banished from the community for the actions of one member. Another major issue for Japanese Americans that Tomita (1999) found was conflict avoidance and conflict management which usually involved women acquiescing to men's wishes in order to avoid conflict within the household. Other important components of Japanese American culture were the operation of multiple selves and male dominance.

Japanese culture defines the self in relation to others. Tomita (1999) divides the Japanese self into three parts: the interactional self, the inner self and the boundless self. The interactional self is the surface self and seeks intimacy, love, trust, and support through interdependence and interchangeability between the self and other, labeled negatively as co-dependent in Western terminology. There is no "I" because there is no distinguishing between the self and others. The inner self is associated with the truth and the real and is represented by the heart. Words used for speaking are considered false, so to remain silent is to stay in touch with reality and truth. Finally, the boundless self is based upon the Buddhist concept of transcendentalism. This self functions in relation to fate and predestination and is found in the belly. The combination of these ideas forms the cultural ideology of protecting the community by not revealing any information to outsiders that might bring dishonor or shame to the group. Many participants in the Tomita (1999) study said that their town had been full of scandals, but the Japanese Americans' involvement was not reported by the media because no

one in the Japanese American community would speak to the press, who were labeled as outsiders. An important point is Tomita's (1999) research was conducted by Japanese interviewers.

HISPANIC AMERICANS

There has been very little research done in English on elder abuse in the Hispanic American community. Sanchez (1999) attributes this lack of attention to the tendency of researchers to emphasize the strength of Latino families (Anetzberger et al. 1996; Farias and Hardy 1990; Sanchez-Ayendez 1988). Sanchez (1999) conducted her study in two very distinct communities in order to highlight the diversity that exists within the Mexican American population. Mexican Americans represent the largest group of Hispanic Americans. Sanchez's study took place in Detroit, Michigan and Carson City, Nevada. Some of the main differences between Mexican Americans in these two cities are related to place of birth and length of time spent in the United States. Many individuals in the Carson City sample identified themselves as Americans and did not feel connected with the larger Mexican American community while Detroit based Mexican Americans tended to strongly identify with the larger National Mexican American community. Sanchez believes that this may be due to the fact that many of the people in the Carson City sample were born in the United States while many of the participants in the Detroit sample were born in Mexico and were not as acculturated as those born in the US (Sanchez 1999).

Telephone interviews were used to collect data, the questions included open-ended questions and participants had a choice to have the interview conducted in Spanish or English. Almost half of the Detroit sample requested Spanish, while 95 percent of the Carson City sample preferred English. Participants were asked about their knowledge of elder abuse and how they would react to specific hypothetical situations where either they or a relative were being abused.

More than 60 percent of Mexican Americans believe that grandparents should help parents with the childcare role. More than 80 percent believe that adult children are responsible for caring for their elderly parents with the condition that the care does not produce strain on the resources for their own children (Sanchez 1999).

In Texas, Adult Protective Services (APS) policy requires employees to provide unique services to each client based upon his or her individual needs. Cultural factors are recognized as a major influence for the Texas clients. Mitchell et al. (1999) combined field observations with focus groups in order to gain information about Mexican American elders. In Texas, Spanish is widely spoken and Mexican American culture is part of the daily life of many Texans. The history of Texas creates a unique cultural mixture that is closely linked with Mexico. Texas was a part of Mexico until 1836 when it became an independent republic. It remained a republic until 1845 when Texas became part of the United States. For many Mexican Americans the border between Texas and Mexico is an artificial line and they maintain their culture as well as strong ties with friends and relatives who are in Mexico. Twenty nine percent of Texans are

Hispanic, mostly Mexican American and they are highly concentrated in the southern part of the state; 56 percent are White; 11 percent are African American, and less than one percent are Asian and Native American (Ramos and Plocheck 1995; Mitchell et al. 1999). About 28 percent of the Texas APS staff are bilingual (in Spanish and English). In order to assess how well the local community's needs were being met, Texas APS had their staff fill out the Cultural Competence Self Assessment Questionnaire developed in Oregon in 1995 by James Mason and then adapted for use by the APS in 1997 by Nicolo Festa. The results were encouraging because almost all Texas APS staff (there was a 93 percent response rate) had some degree of cultural awareness and sensitivity; however, there was a need for refinement and improvement in the level of knowledge (Festa 1997; Mitchell et al. 1999).

In 1994, more than 40 percent of Hispanics in Texas did not have health insurance (Texas Department of Human Services 1995). Thus, a lack of insurance combined with restrictions placed on government insurance programs limit the access that Mexican American elders have to healthcare services. If someone does not have any insurance and has very limited funds, choices have to be made between medical care for elderly parents and food, clothes, and medical care for young children. There is a very high rate of type II diabetes among Mexican Americans, twice possibly triple the rate for White non-Hispanic Americans. APS staff members strongly recommend that physicians recommend healthier foods that are found within the traditional Mexican American diet rather than promoting foods that while healthy are not typically eaten by Mexican

Americans. Mental illness is frequently minimized by Mexican Americans who refer to mental illnesses as "nervous conditions." The loss of welfare services for legal immigrant elderly Mexican Americans has had strong adverse effects on APS clients in Texas. Mexican Americans are also reluctant to reveal the extent to which they utilize the services of traditional medical practitioners or "folk healers", referred to as "curanderos."

For protective services staff to be culturally competent proper training is essential. Thus, Mitchell et al. (1999) recommend using the Cultural Competence Self Assessment Questionnaire prior to any training efforts in protective service agencies. "As important as cultural factors are, we must not lose sight of the fact that among Mexican Americans, as in many other ethnic group, there are variances in the culture according to the locale and the generation to which the client belongs. We must be cautious, therefore, about making assumptions and generalizations" (Mitchell et al. 1999).

The Commonwealth of Puerto Rico has a very unique situation, though it is not a state in the Union, it is included in many statistics about the U.S. including census data. During the 1980's Puerto Rican activists began to raise awareness of spousal and child abuse as well as domestic violence. While there have been a few laws passed to protect elderly people from abuse, the elderly have not been recognized legally as having a social problem in their own right. Thus, much of the services for elder abuse cases are classified under domestic violence. Active neglect committed by close relatives is a crime in Puerto Rico.

Socio-economic issues in Puerto Rico restrict the ability of elders to maintain their independence. Because of the cost of living, many elders have to move in with relatives in order to survive. Despite extensive changes in socio-economics and ideas about the family, Puerto Ricans strongly believe in taking care of their family members in their time of need and there is a strong sense of loyalty to the family that keeps elders from reporting mistreatment (Sánchez 1999).

According to Sánchez (1999), Puerto Ricans who need long-term care rely heavily on their families because of traditional values and beliefs about caring for relatives. However, the strain of multiple roles, lack of resources, and difficult health related problems that require constant monitoring of the elderly relative create stress and can lead to neglect and abuse. There are several very informative publications available about Puerto Ricans; however, most of them are in Spanish only, so not all researchers have the same ability to access the data.

NATIVE AMERICANS

As with Asian Americans, Native Americans have intra-group diversity. Culture frequently differs extensively between Native American groups, especially as the amount of geographic distance increases between them. Thus, it is difficult and problematic to group all Native Americans together. In addition to culture, a major factor that affects elder abuse is in which community the Native American person chooses to live. People living among the general population have a far different situation from people living on a reservation or in a

completely Native American community. This section will examine elder abuse among several groups of Native Americans.

The idea that Native Americans would commit acts of elder abuse may seem surprising due to their universal respect for elders (Carson 1995); however, there are many social factors that are taking place in communities today that have affected this ideal, including unemployment and drug and alcohol abuse that did not exist in the past. The basic tenets that are important for understanding Native American cultures include spirituality, oneness with nature, commitment to the community and its welfare, respect for elders, and cooperation over individual achievement. These tenets suggest a taboo against elder abuse (Carson 1995; Hudson et al. 1998). Unfortunately, Native American cultures have experienced many changes in social roles that may be risk factors for elder abuse, including poverty, changes in the kinship system, acculturation stress, and adult children being financially dependent on their elderly parents, and a change in age of tribal elders from old to young (Carson 1995; Hudson et al. 1998).

DEFINITIONS OF ABUSE

Arab Americans differ from other White Americans, such as Anglo Americans-[non-Hispanic Whites of Western European origin], in their views on aging as well as their definitions of elder abuse and its prevalence. According to Elkholy (1984), an expert on American and Canadian Arab culture, Muslim and Christian Arab Americans view placing an elderly parent in a nursing home as unthinkable, as abandonment, and as a form of elder abuse. Both Islamic requirements in the

Qur'an and Arab culture in general stress the importance of honoring one's parents throughout their life, especially during elderhood.

The use of institutional care also differs between Anglo and Black Americans. Approximately three percent of all Black elders are institutionalized while five percent of White elders are institutionalized. Twelve percent of the oldest Blacks are institutionalized while almost 25 percent of the oldest Whites are institutionalized (Harper and Alexander 1990). Why African Americans do not use institutionalized care on the same scale as Anglo Americans has not been addressed. It is possible that African Americans, like Arab Americans, prefer to take care of their elders. Another reason may be due to a lack of available resources, or there may be a combination of factors, and possibly there are factors that have yet to be identified.

Korean Americans in the Moon and Williams (1993) study were less likely to define situations as abusive than were White and Black Americans. The intentions of the caregiver were considered by the Korean American respondents when defining abuse. If the intentions of the caregiver were good, to protect rather than to harm the elder (such as with the scenario they described where the elder was embarrassing her daughter-in-law in front of guests, so the caregiver gave her mother-in-law tranquilizers and said they were a necessary medicine that the doctor prescribed), the scenario was not perceived as abusive by Korean Americans. Moon and Williams (1993) also found that if the elder perceived the situation as abusive that was a strong indicator whether or not the elder would seek help. Thirty-six percent of Korean American elders said they would seek

help in the given situations while 63 percent of African Americans and 62 percent of White Americans said that they would seek help. This is compared with the percentage who identified the situations as abusive: 50 percent of Korean Americans, 73 percent of African Americans, and 67 percent for White Americans. The types of help that would be sought out varied drastically. Of those who said they would seek help, 17.7 percent of African Americans would turn to their family while 55.5 percent of Korean Americans and 30.1 percent of White Americans would turn to their families. More than 80 percent of African Americans said that they would seek formal help, 23 percent saying the police, 911, and lawyers while only 5 percent of Korean Americans and 13 percent of White Americans would have sought out the police, called 911, or gotten a lawyer (Moon and Williams 1993). These figures clearly contradict the stereotype that African Americans only rely on informal family networks and do not use formal social services. The data also goes against the common misconception that violence is "normal" for Black Americans. If it were considered normal, then such a strong response would not be preferred by such a large percentage of individuals. Quite the opposite, this data supports the point that domestic violence and elder abuse are intolerable for the vast majority of African Americans.

Moon (1999) found that a common form of elder abuse in the Korean American community is the exploitation of elders for free labor for housework, such as childcare and work in the family business. Then once the elder is no longer able to contribute to the adult child's labor needs, the elder is discarded.

One case in their study involved an elderly couple who worked for 18 years raising their son's children and working in his business. Then when the kids moved out, the son put his parents in a separate apartment and said he did not need a babysitter anymore. The cultural norm would have been to continue to have them live in his house so that he could care for them in their old age. Another common form of elder abuse among Korean Americans is financial exploitation or material abuse (An example of this was a man who cashed his mother's social security checks and took all but $50 a month. She later died of malnutrition).

Neglect and lack of contact were also considered forms of abuse by Korean American elders. All of the incidents of abuse reported in these studies were committed by close relatives of the victim, usually sons and daughters-in-law. The majority of the Korean American elders used traditional Korean norms of what constitutes elder abuse (Moon 1999; Chang and Moon 1997). Children are at the center of the lives and well-being of Korean and Korean American elders even if they do not live with them.

Sanchez (1999) recognizes the importance of culturally specific categories of elder abuse as suggested by Chang Moon (1997). Denial of shelter was the most frequently cited form of elder abuse in the Sanchez (1999) study. Neglect, financial abuse, and physical abuse followed in that order for Mexican Americans.

Unlike among other Hispanics in the U.S., a major problem with classifying abuse in Puerto Rico is that most elders are not aware of viable alternatives or

laws that protect them. In turn, how abuse is defined affects social service delivery. Some elders in Puerto Rico, as in the case with many Asian American elders, prefer to remain silent and ignore or tolerate the abuse, or in some cases do not classify actions as abusive (Sánchez 1999).

Very little research, especially cross-cultural research, has been done on how younger adults feel about elder abuse and how younger adults define the term elder abuse. Malley-Morrison et al. (2000) did a study comparing attachment styles and perceptions of elder abuse between Korean university students and Anglo-American university students. The study also focused on gender differences in perceptions of violence within and across cultures. They felt it was important to account for gender differences within and across cultures because previous research done in this area had found significant differences in men's and women's perceptions of violence and aggressive behavior towards family members (Yick and Agabayani-Siewert 1997; Follingstad et al. 1991; Dent and Arias 1990; Greenblat 1985).

Malley-Morrison et al. (2000) assert that attachment style affects a person's perceptions about elder abuse. Attachment theory was first developed by Bowlby (1969, 1973, 1980) and has been expanded upon by many recent researchers (see Malley-Morrison et al. 2000:167 for an extensive list of those researchers). Bowlby felt that attachment patterns between parents and their children established while the children were young set up a structure for the quality of the relationship in the future between the adult child and his or her parents. Bartholomew (1990) developed a four-category model of attachment:

secure, dismissive, preoccupied, and fearful. These are of course in addition to healthy normal attachment. Mayseless (1991) theorizes that individuals with insecure attachment styles would be more likely to exhibit violence in intimate relationships and a number of studies have "confirmed that individuals with insecure attachment styles have problems in close relationships" (Malley-Morrison et al. 2000:168). Thus, the more insecure the attachment pattern, the more likely to be associated with abusive behavior, also, the less likely the individual is to view the behavior as abusive. Malley-Morrison et al. (2000) hypothesized that White Americans would rate acts as more abusive than Koreans and women in both cultures would rate acts as more abusive than men. They also hypothesized that those with insecure attachment patterns would view acts as less abusive both within and across cultures. They used a 30-item questionnaire to measure attitudes of how abusive an act was and how typical the behavior was in their society. The participants were also given a questionnaire to determine their attachment style. The majority of the results of this study were as expected and agreed with previous research done about Korean Americans. Malley-Morrison et al. (2000) found that both Americans and Koreans felt that psychological neglect was more common than any other form of abuse and that physical abuse is less typical. However, Koreans rated psychological neglect and abuse as far more abusive than did Americans while Americans rated physical abuse and material (financial) abuse as far more abusive than did Koreans.

Malley-Morrison et al. (2000) agree with Moon and Williams (1993) that differences in perceptions about abusiveness are rooted in culture because they did not find any significant difference between men and women of the same culture about what is considered abusive. This finding is different from previous research on gender and variations in perceptions of violence done on older adults, but that is not surprising since this study focused on university students and did not include older adults. Malley-Morrison et al. (2000) assert that the young women in this study could not identify with the concept of elder abuse in the same way as they could with date rape and domestic violence, the topics used in the previous research on how men and women differ in their perceptions of aggression (Malley-Morrison et al. 2000).

The results also agreed with Ho (1990) who suggests that Confucian concepts such as family ties and filial loyalty might minimize perceptions of the abusiveness of various behaviors. Simultaneously, these concepts may also influence the perception that psychological mistreatment is far more abusive than physical or financial abuse. Jun and Song's (1997) study also agrees with the Malley-Morrison et al. (2000) study about Korean perceptions of abuse; 73% of the participants in the Jun and Song (1997) study reported that elder abuse consisted of psychological mistreatment.

As with many of the other ethnic groups that have been studied, There is no comprehensive Native American definition for elder abuse; however, the study done by Hudson et al. (1998) produced a definition for elder abuse and mistreatment according to two different Native American groups in North

Carolina. Elder abuse and neglect has been found to exist within multiple Native American tribes. Maxwell and Maxwell (1992) did their research on two separate Plains Indian reservations in a Western state. Brown (1989) did his research on a Navajo reservation. His findings were as follows:

> Neglect included being left alone and being denied food, medicine, companionship, or bathroom assistance. Psychological abuse comprised being insulted, humiliated, frightened, threatened, or treated like a child. Physical abuse included being hit, sexually molested, burned, or restrained. Financial abuse was represented by having money taken. Neglect was the most common form of mistreatment found, followed by psychological, financial, and physical forms of elder abuse (Hudson et al. 1998:539 citing Brown 1989).

Brown (1989) believes that while elder mistreatment is not acceptable among the Navajo, cultural changes have made an impact on its prevalence.

Because Hudson et al. (1998) consider elder neglect to be separate from elder abuse, their study focused specifically on acts of commission instead of omission. They divide acts of commission into elder mistreatment and elder abuse. They define elder mistreatment as "destructive behavior that is directed towards an older adult" within a context of a trusting relationship. They define elder abuse as "aggressive or invasive behavior" that results in harming the elder in some way. They found that Native Americans consider elder abuse to be a community problem rather than an individual problem.

The answers to the open-ended question about what elder abuse meant to the individual ranged from causing pain or suffering, being unfair or cruel, being disrespectful or not honoring an elder, treating someone as less than human, and

injuries to the elder's mind, body or spirit. A few respondents also included acts of neglect and omission as elder abuse, and most identified neglect and abuse as bad and wrong (Hudson et al. 1998). If the researchers had not had such a closed view of what elder abuse could be, far more useful data could have been collected. Future studies may find more diverse answers if interviewers allow people to use their own words to describe elder abuse instead of having participants fill out pre-formulated surveys and questionnaires. Once ethnographic data has been collected, culturally appropriate surveys and questionnaires can be developed to gather data on a variety of issues.

Unlike Korean Americans who tend to rate fewer acts as abusive than their White and Black counterparts, Native Americans ranks far more acts as abusive than both Whites and Blacks in the Hudson et al. (1998) study. They felt that elders should be treated with "respect and honor" and cared for properly in their old age. This supports that the historical norm for respecting elders still exists, though the presence of elder abuse shows that it is not sufficient to protect elders from abuse (Carson 1995; Hudson et al. 1998). Another major difference between Native Americans and Korean Americans, but a similarity between African Americans and Native Americans, is that most Native Americans believe that elder abuse necessitates outside professional help. However, unlike the professional definition of elder abuse where actions should occur more than once, for Native Americans, one act of abuse is sufficient to be labeled as elder abuse. Hudson et al. (1998) agrees with Loftin (1983)'s assertion that Native

Americans believe in a "harmony ethic" that encourages peaceful interactions and a belief in sharing but not taking anything that is not offered.

Baba et al. (1996) did their research on the views of women over sixty focusing on attitudes toward and knowledge about domestic violence. Over sixty percent of the women identified tolerance as a defining characteristic of women while 43 percent chose to describe men as aggressive. Thirty percent of women felt that violence related to female unfaithfulness was acceptable. Fifty percent said that a woman should maintain a relationship with her children's father at any cost. While 80 percent of the women knew laws existed to protect them against abuse, less than 30 percent could describe any specific content of the laws or specific rights for victims. Mexican American women, like women from Puerto Rico, perceive fewer incidents as abusive than Anglo-American (White) women (Torres 1991).

Sánchez (1999) refers to ageism, which is discussed in much of the literature about elder abuse among mainstream White Americans. The attitude that when people get old they will be abused because they are a burden, and the idea that it is normal is a form of ageism. This attitude prevents the social recognition of elder abuse as a serious social problem and reduces the credibility of victims and their possible avenues for resolution. Palmore (1990) describes three major forms of ageism: societal ageism (forced retirement, lack of health benefits and age-discriminatory healthcare policies), professional ageism (when caretakers and medical professionals treat elderly patients as children), and community ageism (better recreational services and activities for younger people and less

activities that older adults like). Puerto Rico has Public Law 121 (July 12, 1986) that contains a Bill of Rights for the elderly (Leyes de Puerto Rico 1986). There are other laws (Public law 22 and 33 from 1994 and 1995 respectively and The Elder Maintenance Law, Public Law 32) that classify elder neglect and physical abuse committed by a family member as crimes, specifically withholding food and beating with the intent of causing serious physical harm (Sánchez 1999).

FAMILY LOYALTY AND SOCIAL SUPPORT NETWORKS

The Moon and Williams (1993) study raises questions such as why do Korean Americans have the lowest rate of reporting elder abuse among the three groups (Korean, Black, and White Americans)? Many Korean American participants in the Moon and Williams (1993) study did not want to expose their family shame to others and did not want to create conflict within their family by telling about an abusive situation. Moon and Williams (1993) found that Korean Americans were far more likely than Black and White Americans to tolerate situations that they considered abusive.

Similarly, Japanese American victims of abuse will not admit to being abused to an outsider unless the perpetrator is dead or for some other reason, the family and the perpetrator will not be negatively affected by their statements. All of the identities of the participants in the Tomita (1999) study were kept confidential.

> It becomes clear from this study that in a society whose conditions include group and male primacy and in which wrongdoings are not revealed, the victim of elder mistreatment, especially a female victim, may never be identified. Given the cultural context as reported by the study participants, the elder may not know that she is a

> victim in the first place if she is raised from infancy to defer to others and, from a Western viewpoint, if she has suffered a lifetime of abuse...[also] the strong norm against revealing less-than-perfect situations make the chances of seeking help for elder mistreatment from outside agencies very slim. It would be presumptuous to ask how the victim feels and what she wants to do to resolve the situation...Interventions should...[be] a process by which...safety and group harmony are promoted through conflict-avoidance and [conflict]–management techniques (Tomita 1999:136-137).

Participants in the Sanchez (1999) study were asked how they would respond if abused by a relative, if abused by a non-relative, and how they would respond if their neighbor were being abused. Both groups responded almost identically to the question about a neighbor being abused. More than 55 percent would talk to a family member and approximately 25 percent said they would contact the authorities. However, if the participant were being abused by a relative, less than 20 percent of the Detroit sample and 10 percent of the Carson City sample would contact the authorities. Almost 75 percent of Mexican Americans interviewed preferred talking with their family if they were a victim of elder abuse committed by a relative. On the other hand, if the perpetrator were not a relative, more than half of Mexican Americans would contact the authorities, 60 percent of the Detroit sample and 56 percent of the Carson City sample.

The Sanchez (1999) study asserts that elder abuse is a very important issue for Mexican Americans, but they prefer to handle cases within the family. She asserts that the differences between the two groups claims about the frequency of elder abuse among Mexican Americans may be due to different levels of awareness. The participants in the Detroit area may be more in touch with other Mexican American families and more aware of cases, thus the rate of elder

abuse may be the same as the Carson City group even though Carson City respondents reported a much lower rate of elder abuse in their area.

For Mexican American families who were born in Mexico, the idea of avoiding shame for the family is very important. Mexican Americans have strong bonds within the family and prefer to handle disputes within a family context unless the issue is life threatening. Individual sacrifice is considered essential for the success and happiness of the family (Sanchez 1999). These findings are identical to the findings of Mitchell et al. (1999) who conducted their research in Texas.

In the Mitchell et al. (1999) study the themes that came out of the focus groups (composed of APS staff) were that Mexican Americans prefer to solve issues within the family and do not trust the government for help; trust is essential in resolving a case and takes time to build; gaining trust from the Mexican American elderly is particularly difficult (compared with other groups in Texas); Mexican Americans are reluctant to ask for help from people outside of their family and friends and are often embarrassed to discuss personal issues such as abuse with strangers. Unfortunately, these factors have been misunderstood by some social-service agencies who believe Mexican Americans do not need or want assistance. APS staff members asserted that if social workers and other agencies were aware of key issues important within Mexican American culture, they would be better able to serve the community. The most commonly cited issues by APS staff in Texas were as follows: the extended family, religion, language, change in the family, and health care. Understanding "la familia" (the

family) and its importance to Mexican Americans is essential for providing adequate protective services. Family members frequently place the needs of others before their own needs. This is especially true for women and the elderly. Close friends and neighbors are often part of the decision making process and should be consulted; however, it is almost impossible for APS staff to know which friends and neighbors to consult unless they have a close relationship and trust established with the elder. Language barriers are also a major factor that influence the quality of services provided to Mexican Americans. If the APS worker does not speak Spanish very well, how can the elder explain his or her feelings and beliefs about complex issues such as neglect and other forms of elder abuse? Frequently elders hold back when they realize that the APS worker is not fluent in Spanish. On the other hand, speaking Spanish well is not a guarantee that the elder will trust the service provider and tell him or her everything about the situation. Changes within the Mexican American family structure are also important to understand. Many Mexican Americans are reluctant to put their elderly parents into nursing homes because they feel it is their responsibility to care for them. However, the families do not always have the resources or the ability to provide adequate care. While the good intentions are there, the elder may be a victim of passive neglect. A protective services worker who is trying to get a better situation for the elder must understand the family's beliefs and concerns in order to get the best resolution for the elder.

The research done on elder abuse in Puerto Rico is very consistent in many areas; all of the researchers found that elders were willing to talk about abuse for

the sake of helping the research, but did not wish to report the abuse for the purpose of legal action, and all of the studies referred to financial resources and socio-economic issues as contributing factors to elder abuse in Puerto Rico.

While many studies claim that minority groups utilize informal networks more than Whites (Johnson and Barer 1990; Gibson 1989; George 1988; Taylor and Chatters 1986; Liu and Yu 1985; Sokolovsky 1985; Mitchell and Register 1984; Ralston 1984; Ortega et al. 1983), several studies found no greater support of kin for Blacks than for Whites (Smerglia et al. 1988; Mindel et al. 1986). This assertion seems clearer when comparing Asian Americans to Black and White Americans. According to Koh and Bell (1987), Korean American elders preferred informal support networks such as spouses and children; however one third said they would seek out formal social services.

PREVALENCE

Griffin and Williams (1992) also call for more serious research because of all the contradictions within the small body of literature on elder abuse among African Americans. They give examples as follows:

> How much elder abuse actually takes place among African Americans? Billingsley (1969) stated that Blacks have lower rates of certain types of abuse. In contrast, Staples (1976), Straus (1979), and Gil (1970) note that Blacks may have a higher rate of certain forms of violence than Whites and other minorities. Cazenave and Straus (1979) found that Black Elderly were much less likely to be abused by a relative than were White elderly, which they suggest may be due to the influence of the family network. In contrast, Sengstock and Hwalek (1987) found there was no statistical difference between Whites and Blacks in their study of elder abuse. Research has not presented enough information

> about abuse among the African American elderly to say with authority what does or does not exist (Griffin and Williams 1992:21-22).

The Chang and Moon (1997) study suggests that as many as 34% of Korean American elders were abused in the 12 month period before their research was done. They asked Korean Americans to talk about any abuse they had witnessed in their family and in their community within the past 12 months. Financial exploitation was the most common form of abuse found in the study and almost all incidents involved adult sons. The second most common form of abuse reported in the Chang and Moon (1997) study was psychological abuse. The usual perpetrator was a daughter-in-law and the usual victim was a mother-in-law. Ninety percent of Korean American elders in this study said that psychological abuse is as painful as physical abuse. No sons-in-law and no daughters were reported as having committed acts of abuse in this study. There are multiple explanations; however, I think the most logical explanation is that most Korean American elders live with their adult sons, usually the eldest son. It is unusual to live with a daughter. More abuse is likely to take place in the place where the elder lives. Second, according to Lee (1989) sons-in-law hold a special position within the family as "permanent guests" and have no filial obligations. Thus, if there are no expectations, no neglect can occur. Third, I think it is logical to say that most daughters would have a closer relationship with their mother than would most daughters-in-law with their mother-in-law. Also, daughters-in-law occupy the lowest status within a Korean American family and are expected to perform all of the care-giving tasks for their husband's elderly

parents with politeness and sincerity (Moon 1999; Lee 1989). Proponents of caregiver burden and caregiver multiple role stress as causes for elder abuse would identify the burdens of the daughters-in-law as a primary cause of elder abuse. Several scholars assert that the Korean traditional system of inheritance has the most influence on sons' acts of financial abuse. Prior to 1989, sons received 100 percent of the inheritance because daughters were no longer considered to be members of the family. Many Koreans and Korean Americans feel that sons have a right to their parents' money even before death (Moon 1999; Chang and Moon 1997; Lee 1989). Ironically, 55 percent of Korean Americans said that it is okay for sons not to pay back money taken from parents even if they want the money back (Moon 1999; Moon 1996). This tradition, when abused, encourages adult sons to be financially dependent upon their elderly parents and to exploit their parents' material resources (Moon 1999; Chang and Moon 1997). In 1989, the Korean Family Law was passed granting all children even married daughters and equal inheritance (The Korean Times cited in Moon 1999).

Male dominance and male priority in Japanese and Japanese American culture plays an important role in understanding why elder abuse among Japanese Americans is almost never reported. Tamura (1993) describes the "three obediences" for a Japanese American woman: to obey her father, then her husband, and then her adult son. The ideal role for a woman is to be a dutiful wife and a good mother. Men are supposed to make the big decisions and women are supposed to implement them (Tomita 1999). Yanagisako (1985)

stresses that the women in her study resented their husbands because of their constant drinking and wasting family money on adulterous affairs. The women felt powerless and said they were expected to remain obedient while their husbands were getting drunk, being abusive, wasting money, and committing adultery. One of the Tomita (1999) informants said, "The woman is the one that's supposed to give in...As long as both folks are Japanese...Man comes first." In the literature about domestic violence among White Americans, studies show that men who are abusive when the couple is young continue to be abusive into elderhood. It would be interesting to find out if that holds true for Japanese Americans as well because as Tomita (1999) writes, "the culturally supported male-dominance behaviors as described by the interviewees match those reported in the domestic-violence literature in the United States" (133).

Violent physical spousal abuse, including threats with knives, was reported in the Tomita (1999) study. Both men and women reported that drinking alcohol in large amounts was a favorite pastime for many Japanese and Japanese American men and that sexual abuse of weaker female members of the community is not uncommon. Tomita (1999) reported that she was shocked at the extent of the use of alcohol among Japanese and Japanese American men. She is quick to point out that not all of the spousal abuse is due to alcohol consumption. Many acts of violence are attributed to men's short-tempers, feelings of superiority, and being a dictator or tyrant in the home. Acts of violence included yelling, hitting, and knocking the wife to the floor. Videotaped programs from Japan that are watched by Japanese Americans frequently show

Japanese men hitting women because they deserve it for being stupid (Tomita 1999:134). This data refutes the common stereotype that the Japanese and Japanese Americans live in peaceful harmony and are considerate of their elders and relatives and suggests the reason for this stereotype is the long silence among community members.

Approximately one third of the participants in the Sanchez (1999) study had either witnessed or heard of a case of elder abuse in the Mexican American community.

The typical abuser in Puerto Rico is an adult son or daughter who lives with or close to the elder. The most frequent types of abuse are neglect, emotional, physical, and financial abuse. The majority of victims are female and over 75; however, Sánchez (1999) asserts that because women live longer than men in Puerto Rico, they are more likely to be victims of elder abuse; but when comparing elders in the same age range, she asserts that in Puerto Rico men are victims of elder abuse at the same frequency as women. This assertion is very unique in the elder abuse literature and merits serious extensive follow-up research. All of the other sources I have studied, show clear evidence that women are victims far more often than men in cases of elder abuse. This statistic has been constant regardless of ethnicity in the U.S. Because of the lack of detailed research on elder abuse in Puerto Rico, there is no clear evidence to the contrary and Sánchez's hypothesis may be true.[viii]

Neglect is the most commonly reported form of elder abuse in Puerto Rico. Fifty percent of the people in the Sanchez study reported being neglected and 40

percent of those who had been abused reported additional abuse committed against them in the past by other relatives. Just over 50 percent of abuse was committed by an adult child and 10 percent was committed by a spouse.

Muñoz (1985) found that more than 70 percent of caregivers in Puerto Rico were under serious stress, including but not limited to role conflict (having to fulfill too many roles), financial stress due to lack of resources (18 percent), alcoholism (31 percent), inadequate housing (30 percent), unemployment (15 percent), chronic illness (10 percent), divorce or martial problems (10 percent), drug addiction (10 percent), and dropping out of school (10 percent) with many caregivers having multiple stressors. Almost 75 percent of participants in the Arroyo et al. (1992) study reported at least one elder abuse situation in the previous year. The study points out the willingness of Puerto Rican elders to report abuse when they know who to speak to about the problem.

Ramos-Tossa's (1991) study focused on elder abuse in long-term and daycare facilities for elders in Puerto Rico and reported that more than half of all the participants had been abused while under professional care. Men reported being abused more than women and abuse was more common in long-term facilities than in daycare facilities. Many elderly Puerto Ricans believe that dignified people do not get involved in litigation. Even after they became aware of their rights under the law, many of the participants said that they did not plan to take any action. "According to Rivera-Ramos (1991), Puerto Ricans are sometimes considered docile, nonassertive individuals, which places them [at a] legal disadvantage" (cited in Sánchez 1999).

ANTHROPOLOGICAL CRITIQUE

The constant theme throughout the literature about elder abuse among ethnic minorities is the need for further research. There were a few universal ideas about what issues need to be addressed. More research needs to be done on how abuse is defined by each ethnic group. In some cases, research has not even been done yet in this area, for example among Indian and Pakistani Americans. Although some work has been done on caregiver burden within Indian and Pakistani American families (see Gupta 2000), the prevalence, risk factors, and consequences of abuse can be studied only after a definition for elder abuse is established for a specific ethnic group.

I would have preferred ethnographic data on each of the ethnic groups that are included in this study; however, that type of research is not available, so I used the current literature about elder abuse among ethnic minorities. This body of literature, while very useful, contains several major flaws in research methods that if corrected in future research could yield far more meaningful results and more accurate data that could be generalized better to the broader population of each ethnic community. The studies have good internal validity and were done using the usual sociological research methods such as standardized surveys, pre-formulated standardized interviews, scaled ranking on standardized lists of statements and so forth. However, ethnographic data was not included in any of these studies and the majority of the studies did not account for cultural differences in their questions, the exception being Moon and Williams (1993) which reworded the questions for Korean Americans to say daughter-in-law

instead of daughter to reflect the former as that cultural group's primary caregiver.

A major problem with the current literature is while researchers assert that definitions for elder abuse differ cross-culturally, researchers for the most part have gone in with a list of predefined statements of what elder abuse may be and asked people to choose what elder abuse is or to rank how bad acts of aggression and violence are. Research needs to be done in which people decide for themselves what elder abuse is without being told what the researcher considers to be abuse and neglect. The standardized testing methods can be used after ethnographic data is collected. Then researchers would not influence how people define elder abuse.

Anytime there is serious disagreement between numerous scholars the issue of validity must be raised and research methods must be questioned. Within the literature about elder abuse among African Americans there is no consensus. Almost every study asserts a different hypothesis or gives different data. If there were clear ethnographic studies that had been conducted in African American communities around the US, it would be easier to sift through the available literature and decide which studies were more accurate. Not all African Americans can be lumped together; some live in rural areas while others are in urban areas. According to the 2000 U.S. census, most African Americans live in the South, but there are large concentrations of African Americans in large Northern and Midwestern cities such as New York and Detroit. There have not been any studies that adjust for socio-economic level, educational level, gender,

geographic location, religion, and culture all in the same study for any ethnic group. Combining information from multiple studies suggests that all of these factors affect views and definitions of elder abuse.

Most studies on elder abuse among ethnic minorities have focused on one or two issues such as gender and culture or culture and geographic location. If an intensive ethnographic study were done, the researcher could collect those data as well as documenting variations of definitions of elder abuse. Ethnographers go into the field with an open mind and leave with a great deal of information. The key to ethnographic research is to let individual members of a community define and explain the research foci using their own language and terminology. The researcher's job is to listen and learn, not to mold answers to fit into pre-formulated categories, rather to discover how the members of that group define elder abuse, neglect, and mistreatment. There may be other terms used by various ethnic groups that we (researchers) do not know because this type of research has not been done. Ethnographic field methods can also be combined with follow up survey questions that are culturally sensitive to help researchers estimate the prevalence and severity of abuse in that community.

The backbone of ethnographic field research is participant observation techniques (Bernard 2002). For example, a researcher in the U.S. who wishes to study elder abuse might attend daily activities at a community center for the elderly and participate in activities with older adults, getting to know them over time. One might also volunteer to work with elders in a nursing home, or in a hospital working with geriatric patients, or one could live in an elderly

independent living community and get to know everyone who lives there. All of this would have to be done ethically and with disclosure. Elders should know the researcher is doing research. How much should be disclosed as well as how soon is a serious ethical issue that would be addressed before the research began when applying for human subject research approval. Keeping all this in mind, I will now critique the available literature on elder abuse among American ethnic minorities.

Tomita (1999) did some of the best research on elder abuse among American minorities to date. Although she did not use ethnographic field methods, she did use qualitative methods and asked open-ended questions and each interview was closed by asking, "was anything omitted?" Her data is far more descriptive of Japanese Americans and their cultural norms relating to domestic violence, abuse, and elder abuse, than any survey research could have been. She combined data from focus groups, individual interviews with victims of elder abuse (3 cases that were reported to social services), and interviews with community members. According to Tomita (1999:120), Western tools that measure only physical and verbal aggression miss other forms of elder mistreatment such as financial or material abuse, abandonment, and covert actions such as silence and avoidance.

The Moon and Williams (1993) study contained a lot of within-group differences in addition to the variations between groups. Thus the patterns of help seeking should not be over generalized because the choice of where to go for help depended completely on the nature of the situation. This study

accounted for marital status, educational level, and the number of children living in the same state or outside of the state; however, only female elders participated and they used a small sample size, so the results cannot be generalized to a great extent. However, their arguments are supported strongly by other research done on Korean American elders and Korean elders.

Due to the high illiteracy rate in North Carolina, Hudson et al. (1998) used oral interviews so that a wider variety of people would be included in the study. Trained nurses of the same culture as the participant were used for gathering data and conducting interviews. The biggest problem with this study is that the interviewers went in with preformed questions and asked informants to choose what is elder abuse and to rank the severity of each example. In order to truly know what a group believes is elder abuse, one must go in and ask open ended questions and let members of the group use their own words and their own vocabulary. The Hudson et al. (1998) study followed up with only one open ended question that basically asked if there were any forms of elder abuse the survey left out. The question was phrased as, "What does elder abuse mean to you?" and asked after the full interview had taken place. When the interviewer introduces statements, that action may add topics that would not have been mentioned as well as making the person think that this is the type of answer the interviewer wants thus encouraging them to omit alternative answers. Another problem with this study is the lack of isolation for alternate variables. They do not analyze the differences between Native Americans that are based on age, gender, education, previous abuse experiences, and income. They did look at

how location and living arrangements affected views on elder abuse. Most of the Native American respondents were Protestant and lived in rural areas; however, some lived on a reservation or in a Native American community situation while others lived mixed with the mainstream population. This different living style had a dramatic impact on a person's likelihood to abuse, likelihood to abuse oneself, and likelihood to be abused as an elder. The likelihood to abuse as well as the likelihood to be abused are far greater if one lived away from the Native American community.

While Hudson et al. (1998) did gather a lot of valuable data and it does seem to agree with previous studies, the methods used were not as good as they could have been. Cross-cultural studies should involve at least some ethnographic data before survey research is done. If a researcher wants to use survey research methods, he or she should at least develop a survey based upon Native American responses to previous open-ended ethnographic interviews. Although they used standardized preformed questions, Moon and Williams (1993) at least adapted their questions to be culturally sensitive to each group and did interviews in Korean as well as English.

PROFESSIONAL ROLES AND INTERVENTION

When should intervention take place and what roles should professionals such as social workers have in elder abuse situations? Should more be done in the area of prevention? This paper has shown the four major factors that studies have shown lead to elder abuse. The most important predictor of elder abuse is

whether or not the parent had previously abused their children when they were younger. In the US, 50 percent of people who commit acts of elder abuse were abused as children while only one out of four hundred people who are not abused as children will abuse their parents (Steinmetz 1978). These two figures alone speak volumes about the importance of preventing child abuse in order to prevent elder abuse. Second, the attachment style developed between a child and his or her parents affects self-esteem, self-image, and how that child will feel about his or her parents in adulthood. Third, alcohol and drug abuse by either the elder or the adult child caregiver can lead to abuse and domestic violence though not all of the studies done in this area agree on a definition for the term "abuse" nor on how drugs, alcohol or previous family problems affect the abuse. Finally, some studies assert that caregiver burden and role strain can lead to some forms of abuse such as psychological abuse and passive neglect. Understanding how these four things lead to elder abuse is essential if professionals plan to find ways to prevent elder abuse. However, until elder abuse can be fully prevented our society has some serious issues to consider such as who should decide what is elder abuse, and who should decide when to intervene and what actions should be taken? These questions are essential to any discussion of elder abuse. Should the elder choose what he or she believes is abuse? Should it be the elder's choice to contact protective services, or should trained professionals identify elder abuse and report it? What if those trained professionals took a position of cultural relativity and designed standards with each specific culture in mind? Is it realistic to have a different legal standard

of what is abuse for each ethnic group in the United States? Should there be a universal standard of what is elder abuse? This section will analyze various answers to these questions and make suggestions on how to choose who decides what elder abuse is and when to take action. Then there is the question of access. Once culturally sensitive services are available, how will they be distributed and divided among the population?

At the very least, the detection of elder abuse must be culturally sensitive. If a Korean American elder is being physically abused and she does not want to report it or to leave her family, who has the right to say that she does not know what is best for her? She is an adult. Battered women are not forced to leave their husbands; why would victims of elder abuse need to be treated forcefully or coercively?

> It can be argued that their desire to maintain peace in the family at the expense of their suffering must be understood and respected in the context of their culture, which emphasizes family harmony over individual well-being, which denotes some degree of human suffering as a virtue, and which dictates enduring and keeping one's problem to oneself rather than exposing the problem to others, as a desirable behavior (Moon and Williams 1993:393).

On the other hand, one can argue convincingly that it is unreasonable to ignore abuse in the name of culture. American society does not allow genocide, infanticide, child abuse, incest, or rape in the name of culture, so why would elder abuse be any different? If one accepts this argument, then a possible solution might be designing culturally sensitive intervention and education programs to let

community members know what services are available to them and to give them culturally acceptable options.

If treatment and protective service workers were trained to be culturally sensitive, then when an elder seeks help, they could better handle the case. While approximately 75 percent of Korean American elderly women said they would not seek help if abused, at least 25 percent said they would seek informal or family help. To compound this, 74 percent of Korean American elders said that they would be highly unlikely to help other elders who were being abused, saying that people outside the family should not intervene (Moon 1999). Other issues that keep Korean Americans from seeking formal help are language barriers, a lack of awareness of available resources and how those resources work, values that discourage seeking help from strangers, social alienation, and other cultural barriers (Moon 1999; Moon et al. 1998; Chang and Moon 1997; Koh and Bell 1987). Only two percent of the 223 Korean American respondents living in Los Angeles County had ever heard of any of the available elderly services such as visiting nurses, hospices, and meals on wheels; compared with 47 percent of the 201 non-Hispanic Whites who had heard of these programs (Moon 1999).

Knowing this, social workers and other professionals must respond in culturally sensitive ways, not blaming the victims' relatives or implying shame, rather focusing on how the elder could leave the situation quietly to avoid family shame and conflict, if the decision is made that the elder is in mortal danger, or the elder wishes to leave, and wants help. Supplying options in a culturally sensitive way

could increase the number of people willing to seek help. Moon (1999:116) suggests educational programs in Korean targeted at the Korean American community through their own ethnic media and church organizations. The programs would let people know about alternatives and the "meaning of elder abuse in this country, including its legal implications, reporting requirements, and the types, causes, and consequences of elder abuse". While some of this may work, changing cultural ideas and norms is not easy and has almost never happened with educational programs alone. Look at all the failed development programs in the third world that tried to educate natives and change their culture. I studied and visited the sites of many failed American and European "development projects" (medical, agricultural, and economic) while I was studying in East Africa. The one thing all of these failed projects have in common is that they required the local people to be educated about why certain aspects of their culture were "wrong" and should be changed.

In some older studies African Americans utilized informal networks more than Whites; however, many recent studies have asserted that Blacks and Whites utilize informal networks about the same. Newer studies also reveal that the majority of Blacks would prefer professional help, including police, lawyers, and physicians far more than other ethnic groups (Moon and Williams 1993). Many of these professional services are not equally available to Blacks and Whites (Griffin and Williams 1992); however, if services are made equally available and geographically distributed, more victims could seek help from the services they desire.

Phillips (2000:192) makes a very important point when she writes that "the first step to change happen[s] when someone help[s] [a] woman frame her experiences in the context of what [is] and what is not acceptable treatment from another person...Most of the women we work with have no intention of leaving the abusive relationship". Thus it is important to recognize factors that contribute to future aggressive episodes in order to design strategies for derailing incidents. Phillips (2002) helps her patients to form emergency plans, including numbers to call and places to go if things get out of hand.

CONCLUSIONS AND SUGGESTIONS FOR FUTURE RESEARCH

A key difference between anthropologists, other social scientists, and medical personnel is the locus for the study of elder abuse. Biomedical personnel focus on the body to reveal signs of abuse because most patients try to hide abuse or avoid answering questions honestly (Marshall et al. 2000; Paris et al. 1995; Neufeld 1996; Ashur 1993; Phillips 2000; and Drake and Freed 1998). Good (1994) alleges that the body is the site for medical knowledge. "The patient is the owner of the body-machine which is brought to the physician for repairs" (Kirmayer 1988). Young (1982) writes that the individual, extracted from the context of family, culture, and society, is the focus of biomedicine. Biomedicine focuses on the individual because the primacy of the individual is a cultural presumption in the West (Kleinman 1995).

Instead of looking at only the body as biomedical personnel do, or using pre-formulated surveys and questionnaires as many other social scientists do, anthropologists analyze the narratives that the patients give when describing their perspectives about illness and other problems such as elder abuse. Ethnographic research and narrative analysis can reveal a lot more data than simply looking at a patient's body or analyzing results from surveys and questionnaires which are often very inaccurate due to lack of recall and other mistakes on the part of the participant. Anthropologists can evaluate and observe actions, analyze what is said and what is avoided, as well as the context, characters, and power roles involved. "In medical practices, the patient's story (and his or her subjective experience) may be regarded as a nuisance and a diversion from diagnosis and therapy" (Hahn 1995:264, citing Brody 1987). Lock and Scheper-Hughes (1996:44) feel that "one of the biggest challenges for medical anthropology is to come to terms with biomedicine, to acknowledge its efficacy when appropriate while retaining a constructively critical stance." Kleinman (1973:210) takes an even more critical approach, maintaining that even efficacy is a cultural construct.

Of all the groups discussed in this paper, social workers have the most extensive definitions for elder abuse, maltreatment and neglect. This may come from their years of experience in the area of domestic violence as well as the fact that social workers and medical personnel were among the first to document and define elder abuse.

Lawyers, who began addressing elder abuse soon after the medical profession, tend to be flexible in their definitions of elder abuse, including almost anything that is illegal or immoral—terms that carry multiple meanings. The role lawyers perform in prosecuting crimes and gaining legal protection for victims is probably the main factor contributing to their flexibility in defining elder abuse. Politicians have created laws intended to protect elders from abuse; however, they cannot agree on what is abuse and what forms of abuse should be categorized in the definition of elder abuse.

Ironically, while some physicians and nurses recognize institutional and clinical abuse and neglect, many biomedical practitioners do not recognize these forms of abuse that involve the medical system, especially physician neglect, medical malpractice, institutionalized ageism, and unethical research on elderly human subjects.

Medical anthropologists are uniquely qualified to do this research because of their skills in interviewing and their holistic approach. Anthropologists tend to focus on the cultural practices involved, including power issues, and the larger political framework rather than looking at isolated individuals out of their cultural and social context.

The vast majority of the current literature on elder abuse in the United States is about abuse among Anglo Americans. While there have been studies conducted on elder abuse among ethnic minorities in America, there are several problems with the literature on elder abuse among ethnic minorities. First, research methods used to collect data focused on data collected from surveys that used

pre-selected questions that in the majority of cases were not culturally sensitive and did not account for cultural variation in the questions or in the answer choices. Only one researcher, Elkholy (1984), used ethnographic research methods to study elder care and abuse issues. His major studies were conducted in 1959 and 1977, so they are outdated and new research needs to be conducted on Arab Americans and their definitions and views about elder care and abuse. Also, his research is the only research that has been done on Arab Americans in this area, so more research needs to be done in order to confirm his results or to modify them. Second, the research on elder abuse among African Americans is so contradictory that it is almost impossible to draw any solid conclusions. Third, there are many ethnic groups that have not been studied to obtain definitions of abuse, cultural beliefs, and the prevalence of abuse. The ethnic groups that have been studied are still not fully understood in terms of what constitutes abuse, how elders and non-elders react to abuse, cultural beliefs about abuse, and how frequently abuse occurs among each ethnic group. Finally, other aspects of individuals such as socioeconomic status (both current and in the family of origin), educational level, age, frequency and amount of alcohol consumption, and the history of abuse in the family of origin have yet to be analyzed together in a single study. Analyzing only one aspect does not give a full picture on what causes elder abuse or who are the most likely to become abusers. There is probably a multifactor relationship that can only be discovered if a large scale comprehensive study is done that combines research techniques (ethnographic field research and participant observation, surveys,

medical records, and social work data on abuse cases as well as other methods) and investigates all of the major variables and possible factors that lead to elder abuse including care giver stress as well as the factors mentioned previously such as socioeconomic status.

Future research needs to address all of these issues and needs to be done in a culturally appropriate manner. Researchers should be familiar with the group they plan to study and if the group speaks a language other than that of the researcher, the researcher needs to learn their language. This is evidenced by the studies on elder abuse among Hispanics. All of the studies mentioned that researchers who spoke Spanish fluently got more information about elder abuse than researchers who did not speak Spanish or who spoke Spanish poorly, and many of the researchers were also of Hispanic origin. Elkholy who studies Arab and Canadian Americans and gathered the only detailed ethnographic data on elder abuse and elder care among an American ethnic minority group is an Arab and speaks Arabic.

Researchers should live with or near the group of people they plan to study for an extensive period of time in order to build trust. Issues such as elder abuse are usually kept very secret and are difficult for elders to disclose to non-family members in almost all of the ethnic communities living in the United States, including Anglo American communities. Researchers must have a special relationship and guarantee confidentiality in order to discover the full extent of elder abuse among all ethnic groups in the United States.

This process of getting to know people, hanging out and participating in local daily activities, and talking with people is well documented in the anthropological literature as being successful in getting data about issues people do not normally discuss with outsiders such as sexuality, witchcraft and magic rituals, and political movements against established governments. Bernard (2000) asserts that the longer a researcher spends in the field, the more likely he or she is to discover and write about hidden topics such as abuse, sexuality, and magic rituals.

Other areas for future research include the role of culture in perceptions of abuse, ethnographic research on all of the ethnic groups in the United States, follow up research on elder abuse among African Americans to determine which studies are accurate and which are no longer valid or have other problems with validity, follow up research on Arab Americans in order to determine how views about elder care and abuse may have changed since the 1970's, and finally all new research should account for how long the participants have been in the United States. As Elkholy (1984) and others point out, first generation immigrants differ dramatically in cultural views and beliefs from second and third generation American born members of the same ethnic group.

NOTES

[i] *Geriatrics* (1993-2001), *Geriatric Nursing* (1993-2001), *The Gerontologist* (1993-2001), *Gerontology* (1993-2001), *International Journal of Ageing and Human Development* (1992-2001), *Journal of Cross-Cultural Gerontology, Journal of Elder Abuse and Neglect, Journal of Gerontological Nursing* (1993-2001), *Journals of Gerontology* (1995-2001), *Journal of Interpersonal Violence, Medical Anthropology Quarterly* (1978-2001), *Medical Anthropology: Cross-Cultural Studies in Health & Illness* (1977-1993), *Social Work in Health Care* (1992-2001)

[ii] She works in the Institute for Health and Aging; and the Department of Social Sciences and Behavioral Sciences and Medical Anthropology Program at the University of California, San Francisco.

[iii] He was trained as a psychologist in the area of human development. His teaching and research have focused on both adolescence and aging/ gerontology. I contacted him about his research, and he later joined my graduate committee.

[iv] She did her Masters in Family Studies at Michigan State University (College of Human Ecology) and is currently working on her Ph.D. at the Leonard Davis School of Gerontology at the University of Southern California. I emailed her to ask her about her background.

[v] He is in the Department of Human Development at Cornell.

[vi] Colorado, Illinois, New Jersey, New York, North Dakota, Pennsylvania, South Dakota, and Wisconsin have voluntary reporting laws.

[vii] There was a study done by a non-Muslim psychologist, Vander Hoven from the Netherlands, about the affects on ill patients and healthy individuals when they repeated the name of God multiple times in Arabic. He found that even non-Muslim patients who repeated "Allah" many times healed faster than patients who did not. "Al Watan", a Saudi daily reported that the psychologist was quoted to say that Muslims who can read Arabic and who read the Qur'an regularly can protect themselves from psychological diseases.

The psychologist explained how each letter in the word "ALLAH" affects healing of psychological diseases. He pointed out in his research that pronouncing the first letter in the word "ALLAH" which is the letter (A), released from the respiratory system, controls breathing. He added that pronouncing the velar consonant (L) in the Arabic way, with the tongue touching slightly the upper part of the jaw producing a short pause and then repeating the same pause constantly, relaxes the aspiration. Also, pronouncing the last letter which is the letter (H) makes a contact between the lungs and the heart and in turn this contact controls the heartbeat. (Qatari Daily Newspaper *Arraya* March 24 2002. Translated from Arabic).

[viii] There are several major studies on Hispanic Americans and Puerto Ricans available in Spanish only. Please refer to the bibliographies in the Tatara book (see bibliography).

APPENDIX A: FRAMEWORK FOR DEFINITIONS OF ELDER ABUSE

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TYPES OF ABUSE	BEHAVIORAL CORRELATES
Physical abuse	Physical assault that includes the infliction of physical harm and pain and physical coercion (Hudson 1986; Kosberg and Nahmias 1996; Pillemer and Finkelhor 1988). The most common acts of physical abuse include slapping, hitting, and striking with objects (Lachs and Pillemer 1995). Part of the researchers view sexual abuse, which consists of any non-consensual sexual activity (Conlin 1995), as part of the category of physical abuse while others consider it as an independent category (Biggs, Phillipson, and Kingston 1995).
Psychological abuse / emotional or mental abuse	An act carried out with the intention of causing psychological distress or emotional pain or anguish (Conlin 1995; Lachs and Pillemer 1995). The types of abusive behavior in this category vary greatly between studies (Hudson 1986; Pillemer and Finkelhor 1988). However, the core types of behaviors include the infliction of mental anguish such as calling names, humiliation, frightening, threatening and intimidation (Wolf and Pillemer 1989).
Material abuse / financial exploitation	The illegal, improper exploitation and/or unauthorized use of funds or other resources of the older person (Biggs, Phillipson, and Kingston 1995; Conlin 1995; Hall 1989; Kosberg and Nahmias 1996; Wolf and Pillemer 1989; Zucker-Goldstein 1995).
Active Neglect	The deliberate refusal or failure to fulfill caretaking obligations and to meet the needs of the elder in order to punish or harm him/her, including behavior such as deliberate abandonment or denial of food, medication, and health services (Lachs and Pillemer 1995; Pillemer and Finkelhor 1988; Wolf and Pillemer 1989).
Passive Neglect	The lack of attention which results in a failure to fulfill the needs of the elder. This form of unintentional neglect might stem from inability to provide adequate care or from ignorance (Hickey and Douglass 1981; Hudson 1986; Pillemer and Finkelhor 1988; Wolf and Pillemer 1989).

Violation of Civil Rights	The failure to allow an older person, who is otherwise able, to make his/her own decisions (Conlin 1995). This category includes cases in which the older person is forced to do something against his/her wishes (Kosberg and Nahmias 1996).
Self-neglect	Some researchers (e.g. Lachs 1994) include self-neglect as a category of elder abuse, yet others (e.g. Neale, Hwalek, Goodrich, and Quinn 1996; Pillemer and Finkelhor 1988) do not. Self-neglect occurs when an older person endangers him or herself or fails to provide adequate self-care (e.g. excessive drinking, malnutrition) (Kosberg and Nahmias 1996). Kosberg and Nahmias (1996) explain that self neglect differs from other forms of neglect because no second party is the abuser.

This table is reprinted with permission from Schiamberg and Gans and was used to form the framework for the definitions of elder abuse presented in the introduction (based on Schiamberg and Gans 2000:333).

APPENDIX B: ETHNIC ELDERLY IN THE 2000 US CENSUS

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Table 1: Total U.S. population by age group: [a]

72.3 million	26%	under 18
174.1 million	62%	18 to 64
35.0 million	12%	65 and over

The total population was 281.4 million total as of April 2000

Table 2: Population size and percentages of the major U.S. ethnic groups:

Asian [b]	11.9 million (total)	4.2%
	10.2 million (only Asian)	3.6%
	1.7 million (mixed Asian)	0.6%
African American (including Black Hispanics) [c]	36.4 million (total)	12.9%
	34.7 million (only Black)	12.3%
	01.8 million (mixed Black)	00.6%
Hispanic [d]	35.3 million (total)	12.5%
Mexicans		07.3%
Puerto Ricans		01.2%
Cubans		00.4%
other Hispanics		03.6%

Note: An additional 3.8 million Hispanics were in the Commonwealth of Puerto Rico

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[a] Meyer (2001).
[b] Barnes and Bennett (2002).
[c] McKinnon (2001).
[d] Guzman (2001).

Native American [e]	4.1 million	1.5%
	2.5 million (only)	0.9%
	1.6 million (mixed)	0.6%
White [f]	216.9 million	77.1%
	211.5 million (only)	75.1%
	5.5 million (mixed)	1.9%

Table 3: Number [g] and Percentage [h] of each ethnic group who are over 65:

Asian	800,800	7.8%
Black	2.8 million	8.1%
Hispanic (any race)	n/a	4.9%
Native American	138,400	5.6%
White (non-Hispanic)	29.2 million	15%

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e Ogunwole (2002).
f Grieco (2001).
g n.a. (2001).
h Meyer (2001).

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