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Encyclopedia of Race and Crime

Dr. Helen Taylor Greene, greenht@tsu.edu and Dr. Shaun L. Gabbidon, slg13@psu.edu; Editors

Contributors

Dr. David R. Montague, Assistant Professor
and Director, Senior Justice Center
Department of Criminal Justice
University of Arkansas at Little Rock
2801 South University Avenue. Ross Hall 539
Little Rock, AR 72204-1099
Tel. (501) 569-3195; Fax. (501) 569-3075
drmontague@ualr.edu

Contributor Background

BA Morehouse College; MA George Washington University; PhD Howard University
Research & Teaching Interests: drugs, public policy, national security, and social justice

Dr. Patricia A. Wilkerson, Assistant Professor
School of Social Work
University of Arkansas at Little Rock
2801 South University Avenue.
Little Rock, AR 72204-1099
Tel. (501) 569-3053
pawilkerson@ualr.edu

Contributor Background

BA & MSW University of Arkansas at Little Rock; PhD Jackson State University
Research & Teaching Interests: family stability and social justice

Elder Abuse

Abuse of the elderly is grounded in the same realities as abuse of any other age group; essentially, power and control. For older people, power and control are serious issues which can be affected by those preying upon the elderly and seeing them as easy targets; not only those living either alone or with families, but also in nursing home and assisted-living settings. Frequently, public safety issues impacting the elderly go unnoticed by the general population until there is a significant incident drawing public attention. Often, race plays an important role as a variable either discounted by many, or factored-in based on societal stereotypes. These racial realities have historical roots and those less-educated about those roots often fall into either of the two realities just mentioned. There is a lack of significant scholarship on the subject of elder abuse and fortunately more attention is being placed on this subject; some assert based on the growing demographic of “baby-boomers” retiring bringing seniors into one of the fastest-growing demographic groups within the United States. Even though research scholarship on elder abuse has not been a priority historically, for professionals working with elder abuse, the term “abuse” is often used

as part of the larger construct of “abuse, neglect, or exploitation” (ANE). Focus on ANE is considered appropriate by many who work with seniors in that factors such as the duration of abuse, degree of abuse and many other factors can be linked to ANE at some level.

ANE is a serious public problem and in the United States, the National Center for Victims of Crime tells us that twenty percent of people over fifty years of age have experienced crime since becoming fifty years of age. ANE of older people (i.e. the elderly) is an important policy reality impacting everything from societal concern to resources addressing this problem. There are several types of elder ANE. One type is neglect by a caregiver; this is the refusal or failure to provide essential needs (e.g., food or assistance with finances). A second ANE type is self-neglect, which is an adult’s inability due to physical or mental impairment or capacity to take care of his or her self. Those without appropriate knowledge of elder ANE, might presume that most elder problems are simply based on this type due to stereotypes about aging and therefore are less likely to investigate further. A third ANE type is financial exploitation, which is the “...improper, illegal, or unauthorized...” use of assets/property for benefit of the perpetrator. A fourth type of ANE is physical abuse, the most visible; it involves restrictive or intrusive behavior intended to affect power or control over another. One point many outside of the professional ranks do not often consider (but is in fact relevant), is the improper use of medication in order to control behavior and/or confine. A common stereotype is that seniors should be medicated in some way and unfortunately, some charged with care choose to use medication in order to keep seniors from being a “nuisance.” A fifth ANE type is sexual abuse; which is any unwanted or illegal sexual act on another. Generally, this ANE is often considered unrelated to seniors by society, and is often presumed not relevant by seniors themselves. Part of this reality is the stereotype that seniors are not considered viable sexual targets. An example of this being untrue is when a person living on the same block sexually assaults a senior for the purpose of instilling fear and a sense of powerlessness, perhaps to have access to the house, car, or finances. Again, the terms “power” and “control” are used in this example to use sex as a method toward another criminal goal.

Whether individual racism or institutional racism is more relevant, racial realities on ANE of the elderly can be devastating based on historical inequities associated with education or general access to be as prepared as other groups with more historical access along racial lines. With that said, since anthropologists and geneticists have made clear that “race” is a social (rather than biological) construct, notions that ANE of elderly is connected with racial propensities to either inflict or receive ANE are not logical. Educators teaching race and crime regularly encounter resistance from some as to the relevance of race as a variable on any issue, let alone elder issues. With respect to elder ANE along racial lines, most important to any discussion of race connected with ANE is the reality that racism and/or the perception of it, is not the total piece of the puzzle in understanding differences and/or similarities.

Cultural norms play an immeasurable role in how communities and individuals rationalize ANE of the elderly. For instance, historically, some in the African-American community have a lack of awareness on financial matters; largely tied to cumulative disadvantage which has influenced lower rates of disposable income over time; the same exists for the Latino community within the United States. This reality for many African-Americans means that financial ANE is often not considered something to openly discuss, if considered relevant; especially if it involves a family member. For people of Asian heritage, they often face the reality of being “Asian-only.” This simply means that many, especially in the United States, do not differentiate between someone who is an Asian-American and someone who is actually Asian. This naivety on the part of many to pay attention can often result in presumptions about cultural beliefs and realities in terms of ANE in the elderly. Also, with respect to Asian-Americans, the stereotype of Asian-Americans being the “model minority” does a disservice to many of Asian heritage within the United States as some perceive Asian-Americans do not have racially-relevant issues of access to resources or even experience crime.

Again, it is important not to generalize about someone who belongs to a particular racial group of which a presumption is made concerning how ANE manifested or should be addressed. What is important, especially for practitioners involved with ANE, is to consider racial realities based on historical legacies, cultural norms, and existing resources which might be similar or different along racial lines.

Resources to address ANE in the elderly are considered by many practitioners to be less than adequate; some might assert virtually non-existent. From a policy perspective, one problem on elder ANE is that many jurisdictions, even at the federal level in the United States, largely allocate resources for elder ANE within a public health framework. At the same time, significant efforts to address child ANE largely exist within a law enforcement framework. Significant disparities on funding, personnel, and, in many cases, authority to address elder ANE are visible based on this lack of official focus in the same way. This statement does not imply that child ANE has sufficient resources, merely that elder ANE receives significantly less. Advocacy groups play an important role in addressing elder ANE, specifically groups involved with aging, disabilities, and health. For instance, disability-related conferences often have some material dedicated to elder ANE. Several universities, especially some law schools, have made significant efforts to address elder law and educate the public and practitioners about the salience of elder ANE. More effort is needed to educate seniors and to foster a culture of interest with respect to elder ANE. Toward this end, some undergraduate-level efforts, such as the University of Arkansas at Little Rock Senior Justice Center uses undergraduate student interns to directly address elder ANE via education and completes research to address perceptions on elder crime generally. Recent preliminary findings from one year of survey data collection indicate that in counties with largely different racial demographics, perceptions about elder ANE and resources to address elder ANE are different. United States Census data indicate that demographic trends for the next fifteen years will significantly increase the proportion of seniors, thus elder ANE will likely increase rather than decrease and the issue of resources to address elder needs, including ANE will likely be impacted by resources allocated to this growing population. By the year 2025, one source predicts that the percentage of elderly Americans will double (Campbell 1996). According to this same source, specifically in ranked order, the Asian-American population is growing the fastest, followed by the Hispanic/Latino population, American-Indian population, African-American/Black Population, and European-American/White population. As noted above, since differing cultures have internal and external factors impacting their racial realities, demographic shifts should reflect resources to address elder ANE.

The complexity of technology, in the 21st Century makes check fraud by a caregiver, for example, something requiring everyone to pay attention to. Many adult protective services agencies nationally rely on tips from concerned neighbors and friends in order to even identify elder ANE on the part of family members. Adding racial realities to this equation only further compounds the importance of making elder ANE more of a societal priority. Finally, the list of mandated reporters who are legally required to report suspected elder ANE (e.g. bank tellers and nurses) is literally increasing each year in many jurisdictions. This valuable tool in the law helps provide needed attention by professionals who are directly involved with seniors or those who need to interact with the reporters in order to carry-out elder ANE (e.g., unusual bank transactions). All within society should participate in addressing elder ANE and appropriate consideration of race is important in properly addressing this societal problem.

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Contributed by Dr. David R. Montague and Dr. Patricia A. Wilkerson