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NATIVE AMERICAN ELDER JUSTICE INITIATIVE
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EVIDENCE BASED PRACTICES IN ELDER ABUSE

Native American Elder Justice Initiative

INTRODUCTION

In the United States, 10% of adults over age 60 experience abuse.¹ One in three Native American elders has reported they had experienced mistreatment, abuse, or neglect.²

This factsheet will provide useful information to tribal communities about evidence-based practices for identifying, addressing, or protecting against elder abuse. Evidence-based practices can be useful in collecting data on elder abuse for future implications, such as program development and seeking funding for grants to address elder abuse.

While this fact sheet highlights evidence-based practices that have been developed and tested using Western scientific methods, we also acknowledge that tribal communities and other cultures may use traditional or community-based approaches that are equally important in addressing elder abuse, though they are not included here. However, this factsheet aims to work in conjunction with traditional knowledge systems to protect American Indian, Alaska Native and Native Hawaiian elders.

DISCLAIMER:



This fact sheet is intended for **trained professionals** to ensure safe, accurate, and appropriate use of these tools, as well as to connect individuals with the support and resources they may need. Trained professionals may include spiritual leaders and traditional healers, physicians, nurse practitioners, psychologists, psychiatrists, family medicine practitioners, physician assistants, and mental health specialists.

What is Considered Elder Abuse?

The World Health Organization defines elder abuse as an intentional or unintentional single act or multiple acts and/or omissions that result in distress or harm to older adults, with this harm being physical, verbal, psychological/emotional, sexual, and/or financial in nature.³ In Native American communities, the treatment of elders is deeply rooted in cultural values that emphasize respect, protection, and care often upheld through kinship systems that extend beyond biological relationships.⁴ These systems traditionally guide what is considered “right” and “wrong” in how elders are treated. However, despite these strong cultural foundations, elder abuse still occurs. Understanding that elder abuse can occur even within cultures that deeply honor their elders highlights the importance of culturally responsive approaches that strengthen traditional values while addressing contemporary challenges.

What are Evidence-Based Practices?

Evidence-based practices integrate the best available research evidence with clinical experience and client values to guide healthcare workers and other professionals. They emphasize scientific evidence to inform decisions.⁵

How do they differ from culturally-based practices, promising practices, and best practices?

Evidence-based practices focus on research-based findings to guide clinical decision-making.

Best practices can be proven effective; however, they are not widely researched.

Promising practices have shown potential; however, they would require more research as well.

Culturally-based practices focus on behaviors, values, and beliefs passed down through generations.⁶

These terms may be used interchangeably and may have different meanings for different communities. In many tribal communities, what counts as “valid evidence” is broader than Western research standards. Oral histories, traditions, and lived experience can hold as much (or more) weight than academic research. Culturally-based practices may be the only practices available, and communities may elevate them as “promising” or even “best” because they are the most relevant and trusted option, despite limited formal evidence.

EVIDENCE-BASED PRACTICES IN ELDER ABUSE

1 RISE Model (Repair harm, Inspire change, Support connection, Empower choice)

This intervention model was created to address gaps in both the research literature and community response system to elder abuse and self-neglect. The goal of this model is to take a more holistic and flexible approach to “reduce harm, respect autonomy, restore relationships, and advance justice”.⁷

STRENGTHS

- **Uses theories and effective modalities:** the RISE model is grounded in existing theories and blends together existing effective modalities that have been used to address family violence or elder abuse (such as motivational interviewing, restorative justice, teaming, and supported decision making).
- **Various implementation options:** It can be used alongside, within, or outside existing systems through different models of partnership and collaboration with communities depending on the needs of the community.
- **Relational and holistic framework:** RISE aims to address the full continuum of risk factors and early warning signs of elder abuse to the abuse itself and its lasting impact. Likewise, it considers the importance of relationships, aligning with the kinship-based values central to many American Indian, Alaska Native and Native Hawaiian communities, where interconnectedness and relational well-being are foundational. values central to many American Indian, Alaska Native and Native Hawaiian communities, where interconnectedness and relational well-being are foundational).

LIMITATIONS

- It has not been tested in American Indian, Alaska Native or Native Hawaiian populations yet; however, it has shown effectiveness in reducing rates of recurrence of elder abuse in other populations.
- Existing modalities often take intensive and ongoing training to be performed correctly

Link to learn more <https://risecollaborative.org/model/>

2 Elder Abuse Suspicion Index (EASI)

This scale was created to determine suspected abuse within a medical setting. A medical practitioner asks a series of questions to recognize suspected elder abuse. The result of the questionnaire informs their decision to refer the elder for further evaluation by APS professionals, social workers, etc.⁸

STRENGTHS This tool takes a short time to administer



LIMITATIONS

- The scale lacks a version specifically tailored for Native American populations and languages despite its 17 linguistic versions.
- It has not been validated for use in telehealth settings or for administration by professionals besides physicians. Additionally, it has only been validated for use for those over age 65 without cognitive impairment.
- With just six questions, the scale may not fully capture the complexity of an elder's experience or the nuances of suspected abuse.

Link to learn more <https://www.mcgill.ca/familymed/research/resources/funding/elder>

3 Rowland Universal Dementia Assessment Scale (RUDAS)

RUDAS is designed to detect possible cognitive impairment which can be a risk factor for elder abuse. RUDAS is not a diagnostic tool, but it can guide whether further clinical evaluation is needed. Assessing cognitive abilities can be an important step in preventing elder abuse because understanding cognitive changes can help guide protective actions and support. RUDAS was created to reduce the impact of cultural background and language differences on how an elder's cognitive abilities are evaluated. It is important to know when administering this scale to use the language that the elder is most comfortable with.⁹

STRENGTHS This scale was designed with multicultural competence in mind.

LIMITATIONS

- Because this scale was designed in Australia and has been administered to Aboriginal Peoples, it may not be culturally relevant for American Indian, Alaska Native and Native Hawaiian communities and therefore may require adaptations and additional validation.
- Trained healthcare professionals should administer the scale, following approximately 40 minutes of instructional preparation using a video-based training resource.
(<https://www.swslhd.health.nsw.gov.au/acrs/RUDASvideo.html>)

Link to learn more <https://www.dementia.org.au/professionals/assessment-and-diagnosis-dementia/rowland-universal-dementia-assessment-scale-rudas>

4 Hwalek-Sengstock Elder Abuse Screening Test (HS-EAST)

The Hwalek-Sengstock Elder Abuse Screening Test (HS-EAST) is a 15-item yes/no questionnaire developed to quickly identify older adults at high risk for abuse, neglect, or exploitation. It assesses emotional and physical vulnerability, potentially harmful living situations, and direct experiences of abuse or coercion, enabling early intervention and support for elder safety and well-being.⁴

STRENGTHS

This tool has been tested in two Native American Elder communities. It performed adequately in these Native samples when implemented to measure the risk of elder abuse.

LIMITATIONS

After implementing the screening test, the project team determined that the design did not fully capture specific forms of mistreatment, particularly financial exploitation and neglect, which are especially prevalent in Native communities. This was due in part to the small sample size. Recognizing this gap, they developed the Native Elder Life Scale (NELS) to better reflect the lived experiences and concerns of tribal elders.

Link to learn more <https://pmc.ncbi.nlm.nih.gov/articles/PMC4530962/>

ADAPTATIONS TO EVIDENCE-BASED PRACTICES FOR AMERICAN INDIAN, ALASKA NATIVE AND NATIVE HAWAIIAN COMMUNITIES

While these practices have been created for non-tribal communities, they can be tailored to tribal communities. This adaptation would be based on the user's discretion for the tool or model. A strong example of such adaptation is the development of the Native Elder Life Scale (NELS), which was specifically designed to address gaps in existing measures from the HS-EAST.

Native Elder Life Scale (NELS): The Native Elder Life Scale (NELS) was created to address important gaps in existing elder abuse screening tools by incorporating items that reflect the unique experiences of Native individuals, particularly around financial exploitation and neglect. It was designed to be relevant for Native elders living in both urban and rural settings, ensuring the measure resonates with the realities of diverse Native American communities.⁴

STRENGTHS This tool was developed collaboratively with community input.

LIMITATIONS The development and testing of this tool were done with a small group of community experts and a small group of Native elders, respectively

These are just a few examples of evidence-based tools that can help identify elder abuse. They offer a starting place, but most have not yet been used or tested in tribal communities

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