NOTE:
Becoming an Elder in many AI/AN communities is not typically at a set age, but is a distinct status earned from wisdom, knowledge, and responsibility to others, to name a few traits and qualities. Being an Elder is different than being elderly. The elderly is associated with age and the ability to care for one’s self. Elder and elderly status varies from tribe to tribe. Out of respect, the term Elder will be used.

CULTURAL CONSIDERATIONS
- It is important to recognize that within the broad scope of Traditional Indian Medicine (TIM), each tribe has unique belief systems, rituals, and practices.
- It is essential to be aware of cultural beliefs and practices that differ from Western approaches while working with Indigenous Elders.
- Service providers and program staff need to be knowledgeable about cultural differences.
- Using traditional language and dialect of the Native American Elderly patients when possible.
- Native Americans’ memory is related to an oral tradition of storytelling; without the story or where the facts come from, the questions may not make sense.

ELDER ABUSE SCREENING & DIAGNOSIS
“Elder abuse is the harm that occurs to an older adult, physically, emotionally, and otherwise, as a result of an act by another person.” – Dr. Laura Mosqueda

- Health effects of abuse include poorer physical outcomes, increased pain, worsening of existing conditions, wounds, injuries, and increased susceptibility of infections.
- Identifying signs and physical injuries may be difficult for healthcare providers.
- When screening for elder abuse, some possible indicators may be:

PHYSICAL ABUSE
- Skin bruising, which is the most common sign of physical abuse
- Larger bruises, be suspicious if over 5 cm in diameter
- Shape- some injuries reflect the shape or pattern of the object that caused it
- Tenderness
- Swelling
- Yellow bruises indicate an old bruise
- Purple bruises occurred in the first three days
- Red coloring occurred initially in 90% of bruises

SIGNS OF SEXUAL ABUSE
- Blood in underwear
- Aggression
- Fear of being touched

SIGNS OF EMOTIONAL ABUSE
- Change in behavior
- Isolation

SIGNS OF NEGLECTS
- Decubitus ulcers
- Pressure sores
- Dehydration/malnutrition
- Unusual weight loss
Note: Pressure sores commonly referred as bed sores may occur under excellent care to severe neglect.

MANDATORY REPORTING
- Health practitioners are mandatory reporters.
- All states except New York have mandatory reporting of elder abuse.
- Many reservations are currently working to incorporate mandatory reporting into elder abuse codes.
- As states and tribes vary in reporting laws and procedures it is essential to know area-specific reporting policies and procedures.

SCREENING FOR ABUSE
Some ways a healthcare provider can screen for abuse include conducting:
- Medical interviews with patients and caregivers to identify abuse.
- Physical examinations to document a patient’s physical, cognitive abilities, and the patient and caregiver interaction.
- Examination of laboratory results such as complete blood count, metabolic panel, medication levels.
- Utilize screening tools that assist in identifying potential elder abuse.
  - Hwalek-Sengstock Elder Abuse Screening Test – short item clinical screening test to help providers identify elder abuse indicators and symptoms.
  - Native Elder Life Scale – screens for financial exploitation and neglect.
  - Elder Assessment Instrument – reviews signs, symptoms, and subjective complaints of elder abuse, neglect, exploitation, and abandonment.

*Note: There is not a universal screening tool. A positive screen does not constitute actual abuse, but it is an indication that more information needs to be gathered.

If you believe your patient is a victim of elder abuse, you should report to available authorities such as APS, the elder protection team, law enforcement, or other authorities. Please refer to the NIEJI hotline map to find out who to contact in your state.
COMMON AGE-RELATED CHANGES

- Aging is accompanied by gradual changes in most body systems, cellular and molecular levels, including age-related diseases.
- Common biological changes:
  - Cardiovascular system
    - Hypertension (high blood pressure)
    - Orthostatic hypotension
  - Integumentary
    - Capillary fragility
    - Decreased in subcutaneous adipose tissue
    - Thinner epidermis
  - Musculoskeletal system
    - Arthritis
    - Osteoporosis
    - Sarcopenia
  - Neurologic system
    - Cognition
    - Memory
    - Reaction time
  - Sensory
    - Poor hearing, cataracts
    - Macular degeneration
    - Presbycusis
  - Renal
    - Decrease in creatinine clearance
- It can be hard to tell if sores or injuries result from natural causes or from elder abuse and/or neglect.
- Age-related changes can mask or mimic signs of elder abuse or neglect, such as:
  - Age spots
  - Liver spots
  - Thinning skin and medications may lead to easy bruising
  - Multiple co-morbidities
  - Medication effects
  - Cognitive impairment

REFERENCES