A Systematic Review: Risk and Protective Factors of Elder Abuse for Community-Dwelling Racial Minorities

Summary
As the number of older adults continues to rise across the globe, the aging population will be more ethnically and racially diverse. Some research studies have indicated higher rates of elder maltreatment among diverse communities than non-Hispanic Whites, though the prevalence of abuse generally, and by type, varies within and among groups. There is also evidence that the risk and protective factors associated with abuse may both overlap and differ for some minority elders as compared with the general population. Wei and Balser conducted a systematic review of the available literature to explore and synthesize the risk and protective factors of elder abuse among racial minorities and the potential impact of socio-cultural influences among populations.1

Methods
The authors searched databases including AgeLine, Medline, PsycINFO, and CINAHL, using specific key phrases, to identify relevant studies on elder abuse and racial differences. Inclusion criteria required studies to focus on elder abuse, include over 50% racial or ethnic minority participants aged 60+, and examine risk and protective factors related to elder abuse. Non-English publications were excluded, and the authors accessed articles before March 2021. Data were extracted based on criteria, study design, outcomes, and findings, with study quality assessed using the Mixed Methods Appraisal Tool. A total of 718 articles were screened and 25 studies published between 1989 and 2019 were included in this review.

Results

African Americans

• General risk factors included geographic inaccessibility of services, caregiving demands, financial insecurity, issues with younger family members, dependency on offender for finances and care.

• Factors for abuse subtypes: cognitive impairment was associated with financial abuse; dependency was identified in connection with psychological abuse; and social undesirability was protective against physical abuse.

• For older women, poor medical and mental health, financial insecurity, and racism were among cited risk factors; protective factors included prior abuse, being head of family, and culture of respect.

Asian Americans

• For Chinese Americans, identified risk factors included older age, higher education, poor health, functional impairment, fewer children, higher level of acculturation, depression, and low social and family support.

• Factors for abuse subtypes: older age and being a woman were associated with neglect; longer US residency was connected to financial exploitation; language preference for Mandarin or English was related to physical or sexual abuse; child maltreatment and intimate partner violence were associated with psychological abuse. Family social support was cited as a protective factor.

• For Korean Americans, risk factors included being male, poor health, and lower educational level.

• For Asian Indian Americans, traditional Indian culture that emphasizes respect for elders was a recognized protective factor.

Native Americans

• General risk factors: dependency, elder mental health issues, caregiving burden, substance abuse within the family and community, and loss of culture.

• Factors for abuse subtypes: unemployment and substance abuse were associated with physical abuse and neglect; caregiving burden and limited accessibility due to environmental factors were also related to neglect; financial independence was protective factor against physical abuse.

Hispanic Americans

• General risk factors: older adults’ financial dependency on the perpetrator, and dependency due to physical or cognitive impairment.

• Factors for abuse subtypes: older adults’ younger age, higher education, and prior abuse were associated with psychological abuse, physical abuse, and sexual abuse; older adults’ younger age, prior abuse, and longer residency in US were related to financial exploitation; and longer residency in US was a risk for neglect.
Key Takeaways

- Given unique risk and protective factors among racial groups, interventions should be tailored and culturally responsive.

- Common risk factors were observed across populations including caregiver dependence, social isolation, inaccessibility of services, poor health, stress, and prior violence.

- Research about protective factors is limited, but indicate that support, family ties, and a culture of respect may be protective against abuse.

- Culture can be both a risk and protective factor.

- Trauma histories may be predictive of abuse; interventions must be trauma informed.

- Diverse older women with multiple marginalized identities may be especially susceptible to abuse.

- Research is needed to assess abuse the unique differences within minority subgroups.

Implications

Practitioners should recognize and respect the cultural variances among racial and ethnic elders and adversities experienced over the life course. Trauma informed approaches to intervention are a preferred practice to more effectively respond to the needs of diverse elders who experience abuse. Additional studies are needed to address the impact of elder abuse in diverse populations. Future research can explore risk and protective factors of elder maltreatment and abuse subtypes, and the possible impact of culture on causation, prevention, and intervention.

Special thanks to Keck School of Medicine of USC Department of Family Medicine Resident Vincent Arriola, MD for his work on this translation and Resident Director Joanne Suh, MD, for her support and contributions.