

White Paper:

# AANHPI Elder Safety & Wellness: Strengths, Challenges, & Opportunities

Asian/Asian American, Native Hawaiian, and Pacific Islander (AANHPI) elders are among the most overlooked and underserved populations; they face myriad challenges such as lack of access, health complications, and dependence on others. Alongside current experiences of abuse and neglect, they may contend with complex layers of trauma sometimes decades-old, stemming from gendered violence, oppression, or state violence.

This resource aims to illuminate some of the barriers faced by AANHPI elders, as well as recommendations for intervention and prevention. These learnings and recommendations were collectively developed by a multi-disciplinary think tank on elder safety and wellness convened by the Asian Pacific Institute on Gender-Based Violence and National Health Resource Center on Domestic Violence, Futures Without Violence. Think tank members drew from their experience working with AANHPI elders to develop the findings and recommendations presented. They are intended for any professional working with AANHPI elders, including Gender Based Violence (GBV) advocates, healthcare professionals, and Adult Protective Services, among others.

The AANHPI community is incredibly diverse, spanning over 50 ethnicities and 70 languages and dialects. Therefore, this document should be taken as a starting point, rather than a comprehensive handbook. Practitioners should strive to approach each situation with openness, curiosity, and cultural humility.

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# Context and Overview

## // A Note on Terminology

We choose to use the term “elder,” as we feel it denotes the wisdom that is earned with experience in many AANHPI cultures. In our communities, one may be considered an elder for many reasons not limited to age, including societal position, gender, and whether one has married or has children. We recognize that in different fields, different terminology and definitions may be used, such as “elderly,” “senior,” or others. Our purpose is not to limit who is or is not an elder, but to describe some of the common dynamics we have witnessed across many AANHPI communities.

## // Elder Abuse and Neglect

AANHPI elders may face several forms of harm, potentially concurrently. Harm-doers might include a spouse or partner, a child, other family members, caregivers, or strangers. Types of harm may include:

- ▶ **Physical abuse**, including being physically harmed or forced to do household chores
- ▶ **Emotional abuse**, including belittling and isolation
- ▶ **Sexual assault** by a caregiver, family member, spouse, or partner
- ▶ **Neglect** including not receiving appropriate physical, emotional, or medical care; or not having access to prescriptions, nutritious food, or clean environments
- ▶ **Economic exploitation** by a stranger or by a family or caregiver, who may be taking advantage of an elder’s unfamiliarity with or inability to navigate financial processes

In AANHPI community, elder women often face disproportionate harm, compared to elder men. Elders who are immigrants, limited-English proficient, LGBTQIA+, or live with a disability often face increased risks at the intersections of their identities.

## // Working with AANHPI Elders

- ▶ Advocates and professionals working with AANHPI elders should work in connection with culturally-responsive community-based organizations or groups. This will help foster an understanding of overlapping traumas, potential triggers, appropriate means of communication, etc.
- ▶ Advocates and professionals should approach from a place of humility, by listening to the elders. Storytelling can be a powerful tool to gain insight about an elder’s experiences and to educate others, while honoring oral traditions.
- ▶ Use messaging that centers health, dignity, and wellness. On the other hand, directly naming abuse may cause elders to avoid the conversation or brush off attempts to help.

## Strengths/protective factors

- ▶ AANHPI elders are our living history. They are carriers of the language, customs, and stories of their communities. They are storytellers and purveyors of wisdom for younger generations. We defer to them as the leaders, mentors, and guides for younger generations. They are a vital core of our communities.
- ▶ Many AANHPI elders are or have been advocates for themselves and their people. They are the ones whose footsteps we walk in to build safety for our communities. While some may need additional accommodations, they have much to teach us about advocacy and healing.

**Recommendation:** Host opportunities for AANHPI elders to share history and their experiences with younger generations, such as storytelling events. Foster community through cultural traditions like Hula, healing through art, and connection through activities like embroidery, weaving, gardening, and cooking. Create ways to build relationships between youth, who may be feeling disconnected from their roots, and elders.

## Past and present traumas

- ▶ AANHPI elders often simultaneously carry multiple and overlapping traumas from present and past experiences, violence against their community, and secondary sources.
- ▶ Many AANHPI elders have a complex relationship with their family, including their children. They may have experienced harm and/or done harm themselves. Multiple family members may carry unhealed traumas that impact current interactions.

**Recommendation:** Practice a [trauma-informed](#) approach when working with elders: be mindful not only of harm they may be currently experiencing, but also of trauma from past experiences, and how it may impact your interactions with them.

**Recommendation:** Do not minimize or dismiss past experiences, and recognize that this may be the first time a survivor is speaking about their trauma. Take the time to learn about a client's story, even if it may seem unrelated to present experience.

**Recommendation:** Look into local resources, networks, and culturally specific organizations for their expertise and partnership.

## Shame, stigma, and reluctance to disclose

- ▶ AANHPI elders may be reluctant to talk about issues they are experiencing or have experienced due to cultural norms or negative past experiences with seeking help.

- ▶ AANHPI elders can be reluctant to accept help due to feeling shame about needing it, or not wanting to be a burden.
- ▶ Elders who have been forced for years to keep silent about violence or abuse may feel like their experiences are unimportant, or that there is no point to breaking the silence now.
- ▶ AANHPI elders experience gender-based violence at underreported rates, such as long-time violence from a partner or sexual assault from a caregiver. Survivors may be less likely to report these experiences due to the additional stigma attached to GBV.
- ▶ Elders experiencing abuse from a family member may be reluctant to talk about abuse due to mandatory reporting laws, and fear that by disclosing their experience, the choice of what happens will be taken away from them. They may not want to harm their relationship with their harm-doer, who may be a long time partner or child.

**Recommendation:** Those working with AANHPI elders must approach conversations about GBV using a trauma-informed and culturally-sensitive lens.<sup>1</sup> It is also important to recognize one’s own bias or potential discomfort with sensitive topics, and to be aware of how that could impact the interaction.

**Recommendation:** If you are a mandated reporter, disclose it at the start of interactions, and take time to help elders understand what that means. Be cognizant that this may discourage survivors from disclosing abuse or neglect to you. When possible, share options for elders to talk to someone who is not a mandated reporter.

**Recommendation:** Educate policymakers and Adult Protective Services on how mandated reporting regulations might deter survivors from reporting.

**Recommendation:** Allow elders to design or lead restorative justice approaches<sup>2</sup> that center healing for the whole family, including harm-doers, should the client wish to.

**Recommendation:** Prioritize research into AANHPI elders’ experiences with GBV, including studies on prevalence rates, dynamics, and intervention and prevention approaches. Research should inform practice, resource development, and funding.

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<sup>1</sup> A universal education approach that includes information about healthy and safe relationships, as well as places to get support if abuse is occurring, [has been shown](#) to increase safety and connection for survivors, as well as help prevent GBV.

<sup>2</sup> Restorative justice approaches to abuse prioritize repairing the survivor-harm doer relationship, and approaches typically involve active participation of both the harm-doer and survivor. This is in contrast to the “traditional” approach to justice, which involves punishment and reparations.

## Access in physical and virtual space

- ▶ While in many AANHPI cultures, elders are highly visible and play large roles in the community, from leading cultural celebrations to acting as guides and mentors in the family or in spiritual matters, immigrant elders in the U.S. frequently feel isolated and disconnected from purpose.
- ▶ Elders are often excluded from physical and virtual spaces, which are not built with their needs in mind; they may lack community connection and independence.
- ▶ U.S. systems like healthcare, banking, social services, and housing can be inaccessible due to language, complexity, or the need to be online or in-person. This may cause elders to rely on family members or others for fundamental needs.

**Recommendation:** Recognize that limited English proficiency, low tech literacy, or unfamiliarity with American institutions does not equate to inability to decide or advocate for oneself. Similarly, do not assume that cues like going into “freeze” mode or being distant mean lack of cognitive ability, as they could also be trauma responses.

**Recommendation:** When hosting virtual spaces, prioritize accessibility and language access. When possible and safe, in-person options should be offered as an alternative for those not comfortable with technology.

## Culturally-responsive advocacy

- ▶ In order to create meaningful change in health outcomes for AANHPI elders, we must understand not only a patient’s individual needs, but also the context of their culture and communities.
- ▶ Mental health issues such as anxiety or depression might manifest in unique visible and invisible ways. They may go unrecognized in the dominant practice of mental health care.
- ▶ Those working with AANHPI elders may miss or misdiagnose health or mental health concerns because they are not communicating in culturally-appropriate ways.
- ▶ AANHPI elders are often excluded by institutionalized support and “best practices” that are not culturally resonant, such as talk therapy or exclusively Western medicine. For instance, dietary recommendations for patients with diabetes may not cover culturally-appropriate foods or cooking methods.
- ▶ AANHPI elders often do not want to be “a bother” when interacting with healthcare professionals, so they may not disclose difficulties they are experiencing, or they may not verbalize to a provider that they do not understand instructions.

**Recommendation:** Staff working with elders need training that is trauma-informed and culturally-responsive on recognizing abuse, working with family members or caretakers of elders, and working across systems like Adult Protective Services.

**Recommendation:** Incorporate culturally-rooted elements in healing and support services. Options include art therapy or traditional medicine such as massage or acupuncture/pressure. Include culturally-appropriate food/drink options, music, and art.

**Recommendation:** Avoid phrasing such as “how is your mental health?” or “do you feel depressed?” Instead, asking questions such as “how do you feel?” or “how is your sleep?” may allow you to better assess mental health.

**Recommendation:** Work with families on having safe conversations about harm, understanding abuse, and healing strained relationships.

**Recommendation:** Prioritize research that examines how mental health concerns manifest in culturally-specific ways, so that providers are equipped to properly diagnose and recommend therapies.

## Outreach and education

- ▶ AANHPI elders often receive misinformation through their peers, social networks, news media, and from those who purposely intend to deceive or scam. This may make them less likely to accept support or to trust healthcare or other professionals.
- ▶ Public information can be inaccessible to many AANHPI elders. This includes materials that are solely distributed online, English-only materials, or information that makes heavy use of jargon and slang.
- ▶ Education on healthy relationships, abuse, and parenting are typically targeted towards youth and parents of young children; elders are often left out of the conversation.
- ▶ Many AANHPI elders bear a complex historical legacy that has significantly shaped their relationship with healthcare, social services, housing, and other systems. The experience of colonization, exploitation, and displacement has left deep scars that continue to influence the perspectives and challenges AANHPI communities face.

**Recommendation:** Identify existing community networks or trusted leaders who are experienced in providing trauma-informed and empowering advocacy to elders. Seek insights from community agencies or programs that understand the cultural nuances, linguistic barriers, and social stigmas that can impact AANHPI elders’ access to resources. They can be partners in fostering trust and spreading information.

**Recommendation:** Partner with newspapers, radio shows, or TV networks, including in-language media, to disseminate information about resources. Place outreach materials in areas AANHPI elders frequent, such as parks or grocery stores.

**Recommendation:** Have outreach and education materials reviewed by in-community partners to make sure that messaging is culturally-sensitive and appropriate. When possible, materials should be developed in collaboration with those who are from or who work with the community.

## Resources

- ▶ **Futures Without Violence**
  - [Aging with Respect \(Elder\) Safety Card](#)
- ▶ **National Center on Elder Abuse (NCEA)**
  - [Understanding Elder Mistreatment in AAPI Communities](#) Factsheet
  - Elder Mistreatment Interventions & Resources in AANHPI Communities, in [English](#), [Chinese](#), [Korean](#), and [Vietnamese](#)
  - [Mistreatment of AAPI Elders](#) Research Brief
  - [Mistreatment of Chinese Elders](#) Research Brief
  - [Mistreatment of Korean Elders](#) Research Brief
  - [Mistreatment of Lesbian, Gay, Bisexual, and Transgender \(LGBT\) Elders](#) Research Brief
  - [Mistreatment of Adults with Disabilities](#) Research Brief
- ▶ **National Asian Pacific Center on Aging (NAPCA)**
  - [The Experiences, Perceptions, and Help-Seeking Behaviors of Elder Mistreatment among Asian American and Pacific Islander Older Adults Participating in Senior Community Service Employment Program](#) Report and Executive Summary

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Donna Backues,  
Coordinator of Community of Family  
Wellness, SEAMAAC

Meghna Bhat,  
Founder, Gulabi Stories: A South Asian  
Healing Initiative

Jeanine Yonashiro-Cho, PhD,  
Keck School of Medicine of USC,  
University of Southern California

Jun Hori,  
Little Tokyo Service Center

Anthony Hou, MD,  
Regional Physician Lead, Kaiser Permanente  
Elder and Dependent Adult Abuse  
Prevention Program, Southern California  
Permanente Medical Group

Mona Kafeel,  
Chief Executive Officer, Texas Muslim  
Women's Foundation

Seema Kak, MSW,  
Executive Director, Kiran

Hueijou Joyce Kao

Miyoung Kim,  
Womankind

Gerard Manuel,  
Director, Wellness Services,  
AACI (Asian Americans for Community  
Involvement)

Saima Mohammad

Dr. Fhamida Mohasin,  
Sakhi for South Asian Women

Kimberly Moon

NaniFay Paglinawan

Aparna Polavarapu,  
South Carolina Restorative Justice Initiative,  
University of South Carolina Joseph F. Rice  
School of Law

Ganesh Pradhan

Cara Skillingstead,  
Associate Director of Health Care  
Transformation, Association of Asian Pacific  
Community Health Organizations

Dolly Tatofi

