AANHPI Elder Safety and Wellness Case Studies

This collection of case studies aims to provide an understanding of some of the unique challenges faced by Asian/Asian American, Native Hawaiian, and Pacific Islander (AANHPI) elders who experience elder abuse. The goal is to equip service providers, advocates, healthcare professionals, and community members with the tools and insights necessary to initiate meaningful conversations about the barriers, access issues, and trauma that AANHPI elders may encounter.

Through these case studies, you will explore real-life scenarios that highlight the complexities of elder abuse within AANHPI communities. Each case study includes guiding questions designed to facilitate discussion and reflection, helping you to understand better the cultural nuances and systemic obstacles that can impact the well-being of AANHPI elders. By engaging with these case studies, you will be better prepared to support and advocate for this vulnerable population, ensuring they receive the care and respect they deserve.

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Case Scenario 1: UMI, SAROJ, and NIAM

Umi (65) has lived in the U.S. for 40 years after immigrating with her husband, Saroj (65). Saroj worked while Umi stayed at home with their two children. Saroj has been emotionally and physically abusive throughout the marriage. He did not allow Umi to take ESL classes, learn to drive, or socialize with her peers. While she considered leaving several times, she remained with him because she believed it would be best for the children. She now lives with chronic pain and memory issues due to injuries that were never treated.

The couple now lives with their adult son Niam, and Saroj is bed-bound. Niam is Saroj's caregiver through Medicaid, although Umi handles most of the day to day caregiving tasks. While Saroj has not physically harmed Umi in many years, he still degrades her and treats her coldly, behaviors that Niam learned from childhood. As they live in the suburbs, Umi can only get places to places like the temple or supermarket if one of her children drives, and they are often too busy to do so.

Now that the children are independent, Umi feels it is time to leave Saroj, but she is not sure how to. When she mentioned it to Niam, he didn't take it seriously, laughing that she would do such a thing at her age. Saroj complained that there would be no one to care for him. Furthermore, Umi doesn't have any money nor any of her immigration paperwork or identification.

Discussion questions for advocates and other service providers:

1. What forms of harm might Umi be experiencing?
2. What support or resources might Umi need?
3. What support or resources might the family need?
4. What programs and resources in this community might have prevented the situation from escalating to this point?

Discussion points for trainers:

When possible, resources should be culturally-responsive and professionals should have experience working with elders from Umi's background.

1. What forms of harm might Umi be experiencing?
   - Isolation from support system, family, friends, religious practice
   - Dependency: no money, paperwork, means of transportation, English
   - Untreated/neglected injuries
   - Lack of feeling in control after many years of being controlled
   - Emotional abuse and degradation from husband and son
   - Ageism: Niam believes she is too old to leave her husband

2. What forms of support or resources might Umi need?
   - Access to transportation
   - Medical care to address untreated conditions
   - In-language and culturally-responsive therapy/counseling
   - Connection to support network and community resources: DV services, faith, in-culture support groups, other elders, family, etc
   - Help to repair the relationship with her children (if she desires)

3. What support or resources might the family need?
   - Individual and whole-family counseling to heal relationship (if Umi is interested in continuing to have a relationship)
   - Support for Niam on how to care for Umi's physical and emotional needs

4. What programs and resources in this community might have prevented the situation from escalating to this point?
   - More in-language resources in public transportation, ride services, available programs and assistance for immigrants and elders
   - Universal education and support from healthcare and other professionals around domestic violence
   - Education for local health centers, faith institutions, community organizations, and community members on identifying signs of violence supporting those experiencing it

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Case Scenario 2: LANI and TALA

Lani (70) lives with her daughter Tala, who is also her live-in caregiver. Lani depends on Tala for her Activities of Daily Living (ADLs), including cooking, medication management, and laundry. Tala has a physical disability, which makes it hard for her to fully care for her mother while also working full time outside the home. She struggles to change the bedpan and sheets regularly, she is not confident about dosages of medications, and she is often unable to take time off to drive Lani to appointments.

Lani, like her own mother and grandmother, had been abused by her late husband, but while it was no secret, none of the women had ever spoken about their experience, nor had they ever received counseling or services. As a girl, Lani had wanted to learn about her Samoan heritage, but she wasn't allowed to wear cultural attire or practice the customs. Her parents would withhold dinner or spank her if she spoke her first language of Samoan because they believed she had to speak English to become successful. Although Lani learned to speak English fluently, she now communicates mostly in Samoan due to cognitive decline.

As a parent, Lani mirrored the emotional and physical abuse she had experienced. The mother-daughter relationship was further strained when Tala came out as queer at 17 and was thrown out of the home. While Lani has always regretted her actions, she never knew how to broach the subject. Tala now feels resentful that Lani's care has fallen on her. As the daughter, she knows it is expected of her, but she feels overwhelmed. On the other hand, she sometimes feels satisfaction that she now has control in the relationship.

Discussion questions for advocates and other service providers:

1. What forms of harm might Lani be experiencing?
2. What forms of support or resources might Lani need?
3. What forms of support or resources might Tala need?
4. What programs and resources in this community might have prevented the situation from escalating to this point?

Discussion points for trainers:

When possible, resources should be culturally-responsive and professionals should have experience working with elders from Lani's background.

1. What forms of harm is Lani experiencing?
    - Neglect[1] and unclean/unchanged bedpans, sheets; potentially being left without care while Tala is working
    - Improper medical care, missing doctor appointments, doctors not having the full picture due to language barriers, lack of memory care
    - Social isolation (limited support services, in-language resources, loss of connection to Samoan culture and community) and emotional neglect
    - May not have access to her money or control over how it is spent
2. What forms of support or resources does Lani need?
    - Healthcare providers from the same cultural and linguistic background, or interpretation/translation at appointments
    - In-home care from someone with training or medical knowledge
    - Memory evaluation and potential support for decision-making ability. Support from a case manager or advocate if non-decisional. If she is decisional, then she must be included in all future decisions
    - Healing from trauma of forced assimilation and oppression
3. What forms of support or resources might Tala need?
    - Counseling to repair the mother-daughter relationship and support around how to have conversations about conflict and harm
    - Respite care, caregiver support resources and education (navigating benefits, caring for people with cognitive impairments, communication, etc)
    - Connection to Area Agency on Aging (AAA), Aging and Disability Resource Center (ADRC), Alzheimer's Association, Senior Service Centers, etc
    - Transitioning Lani's care to another family member or friend if desired
    - Peer support and connection around her queer identity
4. What programs and resources in Lani's community would have prevented her situation from escalating to this point?
    - Social and cultural engagement opportunities for all ages
    - Whole-family/community healing to address generational trauma and break cycles of violence
    - Workplace policies that allow paid time off for caregivers, etc
    - Additional training and institutional monitoring for care providers to make sure they are able to provide the proper care

[1] Neglect is defined by the Elder Justice Act as the refusal or failure of a caregiver or fiduciary to fulfill any part of a person's obligations or duties of care to an older person.

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Case Scenario 3: JIN, STEVEN, and MINNA

Jin (72) recently moved in with his adult son Steven, and Steven's wife Minna, who live in the suburbs of a large city. Jin has lived in the U.S. for several decades, but he is not familiar with this area and there are not many other Koreans nearby.

Jin enjoys cooking for the family, and he customarily does all of the frying in the yard so that oil will not splash inside the home. He also likes to sit on the porch and trim vegetables while enjoying the fresh air. One day, a neighbor approaches Jin and shouts, "Maybe in China people don't care if the whole neighborhood smells like chow mein, but we don't want that here." When he brings the incident up to Steven, Steven brushes it off, saying, "That neighbor has always been very nice. Maybe you misunderstood the English." Steven and Minna then ask Jin to stop cooking outside because they are embarrassed and don't want the family to stand out.

Every morning before breakfast and evening after dinner, Jin takes a walk, an activity he used to enjoy with other Korean elders where he used to live. He sometimes practices DahnMuDo (a healing movement similar to Tai Chi) in grassy common areas, or stops to rest on benches. Recently, he noticed that some people have started to put things down on the benches when they see him coming, to prevent him from sitting down, and children and teens often giggle at his practice and mimic his movements. Steven suggests that his father use the treadmill instead, or wait until less busy times to exercise.

Jin becomes discouraged, and he is afraid for his safety after seeing several recent news stories of Asian elders being assaulted. He starts leaving the house less and less frequently. He spends the day watching TV and reading the Korean newspaper, and looks forward each day to Steven and Minna coming home from work.

Discussion questions for advocates and other service providers:

1. What forms of harm might Jin be experiencing?
2. What forms of support or resources might Jin need?
3. What programs and resources in Jin's community might have prevented his situation from escalating to this point?

Discussion points for trainers:

When possible, resources should be culturally-responsive and professionals should have experience working with elders from Jin's background.

1. What forms of harm might Jin be experiencing?
    - Emotional harm from racism, ageism, and physical and social isolation
    - Inability to pursue hobbies and lack of fulfillment
    - Dismissal and minimization from Steven and Minna, who are his only support system nearby
    - Potential cognitive decline from being isolated and physical decline from inability to exercise
2. What forms of support or resources might Jin need?
    - Someone to talk to about racism and harassment, or another form of counseling if preferred
    - Option and support to officially report hate crimes, if desired
    - Connection with other Korean elders or community members
    - Education for Steven and Minna around how their behaviors are causing harm, and the opportunity for the family to discuss compassionately
3. What programs and resources in Jin's community might have prevented his situation from escalating to this point?
    - Community education and bystander around AAPI hate, microaggressions
    - Mainstream education in schools and in the community around AAPI experiences and identities
    - Accessible public transportation and public places such as parks that would allow Jin to be more independent
    - Community organizations or networks for elders of Jin's background

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Case Scenario 4: HENRY

Henry (88) lives in a custodial long-term care facility that provides basic daily care and health services, along with social activities such as bingo, dance, and movie nights. As a Japanese American, Henry is a survivor of the WWII internment camps. He remembers when his family was relocated and imprisoned and the racist remarks that continued even after the war. He attributes his survival to his ability to remain stoic, hide his emotions, and show a "strong and silent" demeanor, particularly as the oldest son and then the male head of household. He is proud of being able to assimilate to the mainstream U.S. culture; however, he has always regretted feeling disconnected to his ancestry and has struggles with long term depression. Henry rarely discusses his internment experience and has never received counseling or support. While he is on good terms with his family, Henry's closed-ness is a wall that prevents them from fully understanding each other.

Henry has several health conditions, including diabetes, coronary artery disease, and osteoarthritis. Because the facility is severely understaffed and there is high turnover, he only receives a few hours of nursing care a day and there is no consistency of care. The doctor who oversees Henry's care has many patients, and because Henry does not want to create a fuss, he is reluctant to advocate for himself and seek more attention.

Over the years, Henry's hearing has declined significantly. This causes him to sometimes yell at staff without realizing he is doing so, or to not respond to questions. Because of this, Henry was put on an antipsychotic medication which caused him to be very sleepy. A nurse practitioner, finding him unresponsive, diagnosed him with dementia and noted he was unable to make decisions for himself. Unfortunately, Henry did not have an advanced directive and the facility began making decisions for him, including setting up a conservatorship to redirect Medicare checks to the facility. Henry's last remaining family is his granddaughter, Jessie, who visits him monthly. Because he downplays his issues to avoid worrying her, Jessie is not aware of the severity of the case, nor of the conservatorship.

Discussion questions for advocates and other service providers:

1. What forms of harm is Henry experiencing?
2. What support or resources does Henry need?
3. What programs and resources in this facility, or what policies, would have prevented the situation from escalating to this point?

Discussion points for trainers:

When possible, resources should be culturally-responsive and professionals should have experience working with elders from Umi's background.

1. What forms of harm is Henry experiencing?
   - Severely insufficient medical care and misdiagnoses
   - Inconsistency of care due to frequent changes in staff contributing to misdiagnoses
   - Inability to communicate fully with staff and doctors
   - Inability to participate in decision-making around his care and money
   - Emotional or social needs may not be met
2. What support or resources does Henry need?
   - Hearing aids or alternatives that allow him to fully communicate
   - Access to counseling or healing program for his trauma
   - Mental health care for depression
   - Opportunity to reconnect with Jessie and to speak about his internment experience, if desired
   - More consistency in staff who is providing care
3. What programs and resources in this facility, or what policies, might have prevented the situation from escalating to this point?
   - Change in facility policies and better staff training so that staff are properly identifying issues and the burden is not on patients to self-advocate
   - Policies that protect against conservatorships
   - Staff training around diagnosing dementia, and how side effects from medication, depression, or other issues might manifest as dementia symptoms
   - Mental health care, universal education around mental illness such as depression, opportunities for Henry to receive support for unhealed trauma
   - Additional social opportunities for residents that include cultural activities

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Case Scenario 5: AHMED and NADYA

Ahmed (77) and Nadya (70) have been married for nearly 5 decades after meeting in a refugee camp in their youth, and have always had an overall loving and healthy partnership. Recently, however, Ahmed has been struggling to focus, and to remember names and dates, along with other cognitive issues. He has been through several rounds of exams with multiple doctors, followed by frequent changes to prescriptions, but none have effectively addressed his issues.

Cassie is a caregiver who comes by every day to care for Ahmed, including cooking, cleaning, bathing, and administering medication. Because neither Ahmed nor Nadya have a medical background, they defer to Cassie on decisions about his care, but she only has basic caregiver training and is unqualified to make choices on his behalf.

Recently, Ahmed has become unpredictable. He is sometimes fretful, unable to remember recent events but vividly recalling how he lost his family and had to flee his home as a young man and the fear and violence in the refugee camps. Other times, he becomes irritable with Cassie and especially Nadya, sometimes even exploding at her out of nowhere.

Cassie becomes worried that the situation will escalate when she notices Ahmed angrily smashing things off of a shelf. She approaches Nadya about it, but Nadya brushes it off. She feels that the recent Ahmed is not his true self, and cannot fathom calling the police on him in his declining years. As a mandated reporter, Cassie decides that the next time she sees red flags, she will call the police and Adult Protective Services (APS) herself.

Discussion questions for advocates and other service providers:

1. What forms of harm might Nadya be experiencing?
2. What support or resources might Nadya need?
3. What support or resources might Ahmed need?
4. What can Cassie or other advocates do to support both Nadya and Ahmed?
5. What programs and resources in this community might have prevented the situation from escalating to this point?

Discussion points for trainers:

When possible, resources should be culturally-responsive and professionals should have experience working with elders from Ahmed's and Nadya's background.

1. What forms of harm is Nadya experiencing?
   - Emotional and potentially physical abuse
   - Emotional distress of seeing her partner decline cognitively and not knowing how to address it
2. What support or resources might Nadya need?
   - Awareness about resources for someone in her situation, including senior service centers, Alzheimer's or dementia support centers, etc
   - Support or connection to peers around how to navigate a changing relationship with an aging spouse, and how to support Ahmed
   - Support around being a caregiver, caregiver fatigue, addressing shame about expressing caregiver fatigue
   - If desired, support around divorce and independent living
3. What support or resources might Ahmed need?
   - Evaluation by pharmacist and/or geriatrician to assess what is causing his cognitive issues and mood changes - it could be a medical issue or early signs of dementia
   - Counseling, therapy, or other forms of support to address trauma from the refugee experience
4. What can Cassie or other advocates do to support both Nadya and Ahmed?
   - Disclose in the beginning that she is mandated reporter to APS, and give both parties a heads up if calling police[2]
   - Identify other people such as family or friends who could be supportive
   - Refer Nadya to caregiver support groups or organizations
5. What programs and resources in this community would have prevented the situation from escalating to this point?
   - Opportunities for those from a similar background to support each other and heal from trauma
   - Better institutional monitoring and training for caregivers
   - Additional options to support the couple outside of law enforcement
   - Domestic violence and gender-based violence training for caregivers, including understanding what resources they can provide other than calling law enforcement

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[2] Note: mandated reporting regulations for caregivers may vary by state/jurisdiction