Elder Abuse and Neglect in Latino Families: An Ecological and Culturally Relevant Theoretical Framework for Clinical Practice

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There is a scarcity of theoretical frameworks capable of describing precursors and dynamics associated with elder abuse and neglect in Latino families. The present manuscript seeks to address this gap in the literature by presenting an integrative theoretical framework that fosters an ecological and cultural understanding of elder abuse and neglect among Latinos. The proposed model rests on the premise that Latino families caring for elder adults have the ability to adapt to the demands of aging only if they are supported by nurturing environments. The usefulness of the model is threefold. First, the proposed model describes elder abuse and neglect as multifactorial phenomena and identifies specific risk factors associated with the etiology and maintenance of elder abuse and neglect in Latino families. Second, the model provides clinical applications, including reflections about the therapists’ need to extend their scope of practice beyond traditional family therapy interventions. A brief case study is presented that illustrates the clinical application of the model with a Latino family. Implications for future research are discussed.

Keywords: Latinos/Latinas; Elder Abuse; Elder Neglect; Ecological Framework; Latino Culture


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Latinos\(^1\) are the fastest growing ethnic minority in the United States (United States Census Bureau, 2000). The Latino population aged 65 and older was 2.2 million in 2004 and is estimated to become the largest older ethnic minority group by the year 2028 (Administration on Aging, 2002). Despite this trend, service delivery directed at Latino elders has several limitations (Angel, 2006). A critical area that continues to be understudied is elder abuse in Latino families (Garcia, 2002), as demonstrated by the scarcity of ecological and culturally informed theoretical frameworks describing this phenomenon (Gordon & Brill, 2001).

The purpose of this article is to present an integrative theoretical framework that fosters an ecological and cultural understanding of elder abuse among Latinos. The proposed model is a response to exhortations expressed by scholars regarding the need to study elder abuse in Latino families by using frameworks describing the multiple factors that impact the victim and abuser, and their families (Vazquez & Rosa, 1999). We expect this framework to offer useful guidelines for family therapists who use diverse clinical approaches. We recognize that the Latino culture is not monolithic and comprises cultures from multiple nations. However, to achieve clarity of presentation, we will use the term Latino whenever we refer to literature or research on the Latino population in general. Finally, for the purposes of this manuscript, we will use the working definition of elder abuse\(^2\) as defined by the National Center on Elder Abuse.

Elder Abuse in Latino Families

A clear picture of the prevalence of elder abuse in Latino families residing in the United States is currently not available (Mitchell, Festa, Franco, Juarez, & Lamb, 1999; National Center on Elder Abuse [NCEA], 2004). Exploratory studies appear to indicate that active neglect is the most frequent form of elder abuse among Latinos (Lifespan, 2003). Generally speaking, active neglect refers to a caregiver’s failure to provide food, shelter, health care, or attention to the emotional needs of elders (Sanchez, 1999). Based on the limited knowledge of elder abuse in Latino families, scholars concur that there is a great need to develop theoretical frameworks capable of describing the ways in which individual, familial, cultural, and contextual issues contribute to this problem (Gordon & Brill, 2001).

Ecological Study of Elder Abuse

Human Ecological Theory

Bronfenbrenner (1977) argued that human behavior and development are influenced by multiple interrelated systems. According to an ecological framework, Latino elders are

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\(^1\) We recognize that the use of the vowel o in the term Latino constitutes a gender indicator used to make reference to males. However, rather than using the term “Latino/Latina” (which refers to males and females), for clarity of writing presentation, we will use the term Latino.

\(^2\) Elder abuse is defined as an “intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. Abuse may be: physical abuse—inflicting, or threatening to inflict, physical pain or injury; emotional abuse—inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts; sexual abuse—nonconsensual sexual contact of any kind; exploitation—illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder; neglect—refusal or failure by those responsible to provide care or protection; abandonment—the desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.”
part of microsystems, which are settings in which elders participate directly (e.g., family, friends, service providers). Mesosystems refer to relations between microsystems (e.g., interaction between the elders’ families and health care providers). A requisite for successful development is that the linkage between microsystems should be strong and mutually supportive (Bronfenbrenner). For example, the willingness of Latino families to remain receptive to recommendations offered by mental health professionals should be associated with clinicians’ awareness of the diverse contextual challenges faced by Latino elders and their families (Angel, Angel, Aranda, & Miles, 2004). Exosystems have an indirect influence on elders. For instance, if the amount of work-related and financial stress experienced by caregivers is excessive, the quality of care provided to elders may be negatively affected because of the accumulated burden (Angel et al.). Finally, macrosystems refer to larger societal ideologies and cultural values that have an impact on elders and their families (e.g., societal attitudes toward immigrants and the elderly).

Ecological Framework of Elder Abuse and Neglect
Schiamberg and Gans (2000) have proposed an ecological framework for the study of elder abuse. Rather than conceptualizing elder abuse as a phenomenon that exclusively relates to abusers and victims, their model highlights the importance of studying the ways in which multiple systems are associated with the etiology and maintenance of elder abuse (e.g., family of origin, economic pressures, cultural beliefs related to aging). Although Schiamberg and Gans did not develop their model by focusing on Latinos, their theoretical model has three major attributes that facilitate the application of this model with this population. First, the model highlights the relevance of studying elder abuse according to the ecological principles proposed by Bronfenbrenner (1977). Second, the model highlights the importance of studying relational processes in addition to individual factors. For instance, it is necessary to recognize the importance of individual cultural beliefs in the lives of Latino elders as well as explore whether such beliefs are recognized and valued by all family members. Finally, Schiamberg and Gans address the need to evaluate the ways in which interactions between aging parents and caregivers change over time. This issue is particularly relevant to the study of elder abuse in Latino families because differences in cultural identity among Latinos are usually associated with place of nativity and immigrant generation (Szapocznik, Santisteban, Rio, & Perez-Vidal, 1989). For example, young Latinos are more likely to adopt U.S. cultural values and traditions than their foreign-born parents (Szapocznik et al.).

For further details of the Schiamberg and Gans’ model, the reader is referred to the original source (Schiamberg & Gans, 2000). The current model expands on their framework by identifying the diverse factors and dynamics associated with elder abuse and neglect in Latino families.

MODEL DESCRIPTION
The proposed model describes multiple systems associated with elder abuse in Latino families (i.e., individual, familial, contextual). This model can be applied to both U.S.- and foreign-born Latinos (see Figure 1). Although U.S.-born Latinos comprise the largest proportion of young Latinos living in the United States, we consider it essential to include a component in the model that facilitates the identification of cultural factors related to foreign-born Latinos. Attention to these issues is
Figure 1 Integrative Model of Latino Elder Abuse
important because the elder–foreign-born/caregiver–U.S.-born dynamics within families are especially relevant to the study of elder abuse in Latino families.

We propose the use of the model as an assessment and clinical application guide. Specifically, the clinician can use the graphic model as a general guide to identify risk factors in systems that are likely to influence the lives of Latino families at risk for elder abuse. A detailed description of each risk factor is presented below. In addition, we suggest potential clinical applications and provide a brief clinical case study that illustrates the use of the model with a Latino family.

Elder Abuse and Neglect in Latino Families: Risk Factors

The lower section of the model (see Figure 1) summarizes the macrosystemic factors associated with the countries in which foreign-born Latinos lived prior to relocating to the United States. An orthogonal cultural identity diagram is included because this approach has been proposed as a useful alternative to describe typologies of cultural identity (Cuéllar, Arnold, & Maldonado, 1995). The middle part of the model offers a description of the risk factors commonly found in the microsystems of elder abuse victims. The model also depicts the ways in which mesosystems and exosystems are associated with elder abuse in Latino families. The top section of the model refers to the U.S. macrosystem.

Microsystem—Latino Elder Victims (Risk Factors)

**Gender and Marital Status**

Latina elders are more likely than Latino elders to experience anxiety, social isolation, and social dependence stress (Tran, 1997). Married elder Latinas are also at higher risk for being victims of abuse or neglect compared with Latina elders who are not in marital relationships (Grossman & Lundy, 2003). Factors such as gender role expectations that mandate women to tolerate abuse and focus on serving others, economic dependence, and societal expectations disapproving of marital dissolutions have been suggested as potential reasons why elder Latinas remain in abusive marital relationships (Vazquez & Rosa, 1999). However, such propositions are theoretical and remain to be confirmed in research (Grossman & Lundy).

**Dependency**

Risk for Latino elder abuse is associated with higher levels of physical, economic, and emotional dependence (Montoya, 1997). Foreign-born Latino elders can be highly dependent on relatives because of economic and cultural factors (e.g., lack of pensions, language barriers; Angel & Angel, 1996).

**Mental Health**

Elders who experience chronic health conditions that result in mental impairment are at higher risk for abuse (Lachs & Pillemer, 2006). For instance, Alzheimer’s disease (AD) places a high amount of burden on patients and family members as a result of progressive memory loss, behavior and personality changes, and decline in cognitive abilities (Bourgeois, Schulz, & Burgio, 1996). Similarly, chronic mental health illnesses and mood disorders such as depression or anxiety may place Latino families at higher risk for abuse or neglect, particularly if families are not able to access the

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resources they need to effectively cope with the stressors associated with the above conditions (Morano & Bravo, 2002).

**Country of Origin and Language**

In contrast to their U.S.-born counterparts, foreign-born Latino elders are at higher risk for experiencing social isolation and cultural conflicts (Vazquez & Rosa, 1999). Lack of English proficiency is considered a risk factor because foreign-born elders are often limited in the type and quality of social support networks that they are able to establish. Further, they may need to rely on a bilingual person in order to seek help when facing abuse, they are more likely to be exposed to cultural conflicts that may lead to depression or anxiety, and they have lower rates of adequate health insurance (Montoya, 1997).

**Microsystem — The Adult Caregiver (Risk Factors)**

**Caregivers’ Stress and Burden.**

Caregivers may find themselves overextended by attempting to generate sufficient financial resources for their own families while trying to care for their aging relatives (Angel et al., 2004). Risk for elder abuse resulting from caregivers’ burden can increase if there is a need to support elders with daily activities such as toileting and hygienic care. These risk factors have been confirmed by meta-analytic studies indicating that Latino caregivers tend to report higher levels of depression and anxiety associated with elder care when compared with reports provided by White caregivers (Pinquart & Sörensen, 2005).

**Psychological Problems.**

Latino caregivers with limited empathy, mental illness or mood disorders, past history of violence, or a tendency to displace anger are at higher risk for engaging in abusive behaviors (Vazquez & Rosa, 1999). However, it is also critical to analyze the ways in which these psychological factors are influenced by contextual factors such as socioeconomic and cultural challenges, as well as the fact that Latinos are more likely to experience cultural barriers when attempting to access mental health services (Blanchard & Lurie, 2004).

**Alcohol and Substance Abuse.**

Alcohol and substance abuse diminish the capacity to care for an elder and are associated with physical and emotional elder abuse (Vazquez & Rosa, 1999). Caregivers with addictive behaviors are more likely to engage in financial exploitation because of the need to cover costs of substances (Hwalek, Neale, Goodrich, & Quinn, 1996). In addition, U.S.-born Latinos are at higher risk of engaging in substance abuse behaviors than their foreign-born counterparts, particularly because foreign-born Latinos tend to be more exposed to multiple familial, peer, and societal messages that strongly disapprove of drug use (Vega & Gil, 1998).

**Economic Hardship.**

Latino elder abuse is more likely to occur if families are affected by unemployment, crowded living conditions, limited financial resources, or hunger (Lachs & Pillemer,
Low-income and undocumented Latinos are particularly at risk for elder abuse if these conditions are maintained over a long period of time (Mitchell et al., 1999).

**Social Isolation.**
Latino caregivers with limited social support networks have a greater risk for engaging in elder abuse (Vazquez & Rosa, 1999). Caregivers who are foreign born are at a disadvantage because they may lack the language abilities and knowledge of U.S. culture to help them overcome social isolation (Montoya, 1997). In addition, undocumented Latinos are less likely to establish social connections outside their family because of fear of deportation (Sanchez, 1999).

**Microsystem—Within-Family Cultural Identity Differences (Risk Factors)**
We conceptualize the microsystem as composed of the nuclear family (i.e., parents and children), extended family, and friends who become family members as a result of an invitation to have to take an active role in the upbringing of children (e.g., godparents or “padrinos/madrinas”) (Angel & Angel, 1996).

**Within-Family Cultural Identity Differences**

Lack of attention to within-family cultural identity differences may lead to emotional neglect because elders may not be encouraged to embrace the cultural identity, values, and traditions that they value the most (Vazquez & Rosa, 1999).

When referring to individual processes of cultural identification, we advocate for the use of the term *cultural identity* rather than *level of acculturation*. According to a cultural identity framework, individuals who relocate to a new country may develop multiple forms of cultural identity (Bernal & Shapiro, 1996). In contrast, the term *acculturation* has sometimes been used within an assimilation framework, in which the ideal outcome is to become “more American” by becoming “less Latino” (Félix-Ortiz, Newcomb, & Myers, 1994). Such a conceptualization of acculturation results in the gradual marginalization of Latinos because they are not encouraged to embrace their Latino cultural values and identity (Falicov, 1998; Félix-Ortiz et al.).

Figure 1 illustrates an orthogonal diagram that identifies four types of cultural identity that Latinos may develop (Parra-Cardona, Busby, & Wampler, 2004). The category *country of origin oriented* usually applies to foreign-born Latinos whose primary identification is with values and traditions of their home country. Foreign-born and Spanish-speaking Latino elders who relocate to the United States at an old age tend to be in this category because they maintain strong emotional and cultural bonds with their country of origin (Vazquez & Rosa, 1999). A *bicultural* identity refers to Latinos who identify themselves with Latino and U.S. cultural values and traditions. *U.S.-oriented* individuals predominantly identify themselves with U.S. cultural values and traditions. Individuals in this group may acknowledge their Latino heritage, but rather than identifying themselves as Latinos, they may prefer to be identified as American³ (Parra-Cardona, Busby, & Wampler, 2004). Finally, the *moratorium*...
category refers to individuals who remain ambivalent about identifying themselves with a specific cultural category.

Lack of Recognition of Cultural Identity Differences

Lack of recognition of within-family cultural identity differences may lead to emotional neglect, particularly if the cultural needs of the elderly are overlooked or minimized (Vazquez & Rosa, 1999). For example, U.S.-oriented caregivers may fail to fully identify their beliefs (e.g., importance of independence and economic prosperity), as well as their aging parents’ beliefs (e.g., country of origin-oriented individuals valuing strong sense of community). If this is the case, caregivers may remain unaware of the emotional struggles that their aging parents face, particularly if elders perceive that the U.S. culture does not value their Latino cultural identity and beliefs. In addition, because Latino elders may fear a lack of understanding from caregivers, they may choose to avoid expressing their emotional distress, possibly leading to the development of mood disorders such as anxiety or depression (Beyene, Backer, & Mayen, 2002).

Life descriptions of Latino elders demonstrate the relevance of remaining attentive to within-family cultural differences. For instance, Beyene and collaborators (2002) found that the majority of participants in a qualitative study of foreign-born Latino elders referred to the United States as “a country of opportunities for younger people, but not a place to grow old, because old people are not respected and valued” (p. 166). Elder participants also shared struggles associated with acknowledging the benefits that their families enjoy in the United States (e.g., greater financial stability), while at the same time experiencing the loneliness that represents living in a country with values and traditions that clearly contrast their own (Beyene et al., 2002).

Finally, it may be possible that the caregivers’ lack of recognition and validation of the elders’ cultural identity may be influenced by internalized oppression and racism. Padilla (2001) stated that internalized racism consists of an “insidious force that causes marginalized groups to turn on themselves, often without realizing it” (p. 61). Internalized racism is reflected in individuals who internalize demeaning stereotypes about their ethnic group or who experience shame or anger when they are associated with their ethnic heritage (Padilla).

Thus, if Latino caregivers reject their Latino origin, they may overlook or minimize the cultural identity and cultural values of their aging relatives, particularly if elders express a strong Latino identity and pride associated with being a Latino. Although further research is needed to investigate the diverse forms in which internalized racism may be expressed among Latino families with elderly family members, the existing scholarship suggests that this phenomenon is particularly harmful to Latino families if left unaddressed (Padilla, 2001).

Mesosystem and Exosystem (Risk Factors)

Dependency and Social Support.

Latino elders may have limited interaction with systems beyond their nuclear and extended family. This can impede aging parents from establishing an extensive social

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refers to the United States, whereas in reality, America refers to diverse cultures and countries in the Western hemisphere.

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support network. The sense of isolation significantly increases if Latino elders experience mobility limitations and language barriers (Beyene et al., 2002). The fewer resources Latino elders have (e.g., friends, English language proficiency), the more they will need to rely on caregivers to cover their social support needs.

**Stress and Active Neglect.**

Because active neglect appears to be the most prevalent form of elder abuse among Latinos (Lifespan, 2003), it is necessary to understand the ways in which contextual stressors are associated with this phenomenon. For example, foreign-born young Latinos are more willing to accept job opportunities that demand long working hours and exposure to poor working conditions (Garcia, 2005). They are also at a higher risk of experiencing discrimination by social and health care institutions as a result of cultural and language barriers (Blanchard & Lurie, 2004).

The adverse effects of exposure to the aforementioned contextual factors have been confirmed by meta-analytic studies that show that Latino caregivers tend to experience higher levels of contextual stressors and depressive symptoms than their White counterparts (Pinquart & Sörensen, 2005).

**Macrosystem (Risk Factors)**

**Health Care Barriers.**

Barriers to health care negatively impact the physical and mental health of older adults and can increase the risk for elder abuse among Latinos (Unützer & Bruce, 2002). For instance, although Latinos become disabled at an earlier age than other ethnic groups (Crist, 2002), they underuse formal health services when facing chronic health conditions (Morano & Bravo, 2002). It has also been documented that Latinos are less likely to be informed about advanced care preferences such as do-not-resuscitate/hospitalize orders (Degenholtz, Arnold, Meisel, & Lave, 2002).

Latinos and other minority groups are more likely than non-Latino Whites to report perceiving disrespectful treatment by health care providers (Blanchard & Lurie, 2004). Disrespectful treatment is discriminatory in nature (Padilla, 2001). In addition, experiencing disrespect engenders distrust as demonstrated by research in which Latinos state that distrust toward the medical establishment is one of the primary reasons for their reluctance to seek medical care (Mayberry, Mili, & Ofili, 2000). Latino elders whose primary language is Spanish tend to report higher distrust toward healthcare providers than U.S.-born Latinos whose primary language is English (Blanchard & Lurie).

Latinos who live in states with marked anti-immigration legislation are less likely to seek and obtain medical care than Latinos who live in states without such legislation (Berk & Schur, 2001). Among Latinos, undocumented elder Latinos are particularly vulnerable to these contextual factors (Sanchez, 1999). For instance, if elders experience medical needs or want to report abuse or neglect, they may choose to remain silent to avoid exposure to the legal or immigration systems (Crist, 2002). Finally, even if victims and abusers have legal immigration status, elders wanting to reach out for help may not do so if there is a possibility that any family member or relative may experience deportation or punitive legal consequences as a result of their undocumented status (Young Women’s Christian Association, 2006).
Latino Cultural Values within Adverse Contexts.

Specific cultural values have been associated with the Latino culture. For instance, *familismo* is a Latino value that emphasizes the importance of family life and strong family cohesion (Falicov, 1998). *Colectivismo* refers to the relevance of experiencing a sense of community with individuals outside the family. *Colectivismo* is closely related to *personalismo*, which is a Latino cultural value that emphasizes the need to establish meaningful and warm interpersonal relationships in diverse social contexts (Falicov). *Respeto* is a cultural value that indicates that interactions with others should be characterized by politeness and deference (Vazquez & Rosa, 1999). Finally, *religiosidad* highlights the importance that Latinos place on the benevolence of divinity, particularly when facing adversity (Montoya, 1997).

Attempting to embrace cultural values may constitute a risk factor if Latinos perceive larger contexts as a source of threat rather than support (Crist, 2002). For instance, Latinos committed to *la familia* but who are distrustful of institutions may refuse to disclose abuse, especially if they perceive social services as exclusively punitive and judgmental (Mitchell et al., 1999). Thus, if Latino elders feel that their families will only be judged by their inability to cope with adversity, a safer course of action may be to rely exclusively on family members for support (Sanchez, 1999).

Gender Roles.

Latina females are at higher risk for spousal abuse, consistent with patterns of abuse found in other ethnic groups (Grossman & Lundy, 2003). It is plausible that rigid gender socialization may constitute an important risk factor in the occurrence of spousal elder abuse among Latinos, especially if Latino men have developed a masculine identity based on *negative machismo*, which privileges male dominance, sexual prowess, and the submission of women (Nerenberg, 2002). However, researchers warn that negative machismo is not only found among Latinos. In fact, behaviors informed by male dominance can be observed across diverse ethnic groups in patriarchal societies (Félix-Ortiz et al., 1994).

APPLICATION OF THE MODEL TO CLINICAL PRACTICE

Family Therapists’ Scope of Practice

Family therapists should always inform their clinical practice according to principles of social justice, particularly when working with clients who have been exposed to historical oppression, bigotry, discrimination, and institutionalized exclusion (Hardy, 2001). Thus, therapeutic services offered to Latino families affected by elder abuse should be characterized by (1) the acknowledgement of the historical and contextual challenges to which Latinos have been and continue to be exposed, (2) an awareness of the ways in which larger contextual factors (i.e., historical racism) may be associated with the relational difficulties experienced by Latino families, and (3) the need for family therapists to assist families with acquiring community resources that will help them to better cope with the stressors that negatively affect their lives.
Key Areas of Clinical Practice

Self of the Therapist Issues

Family therapists who are unaware of personal stereotypes or misconceptions about ethnic minorities are at high risk of negatively influencing the process of therapy when working with these populations (Haber & Hawley, 2004). Thus, family therapists must engage in an honest examination of their beliefs about Latinos, Latino immigration, and undocumented Latinos. In addition, practitioners should examine whether such beliefs resemble those of sociopolitical discourses that depict Latinos, and particularly undocumented Latinos, as irresponsible individuals or negative influences on the “true identity of America” (Huntington, 2004).

For instance, some practitioners may consider undocumented Latinos as a threat to the United States (Huntington, 2004). Practitioners holding this view need to reflect on the historical and unacknowledged contribution of undocumented Latinos to the development of the United States—specifically, by realizing that illegal immigration has been historically stimulated by U.S. “revolving door” practices that consist of the systematic recruitment of foreign-born and undocumented Latinos to fill low-wage, challenging, and dangerous jobs that the average American citizen is unlikely to accept (Gold, 2004; Nevins, 2002). Thus, family therapists who consider undocumented Latinos only as a socioeconomic burden to the United States may fail to remain attentive to the ways in which the lives of these individuals have also been affected by intense hardships and exploitative practices (Gold).

Family Therapy Interventions

Clinical interventions with diverse forms of elder abuse and neglect. On a basic level of intervention, family therapists should be cognizant of state definitions and procedures regarding detection and reporting procedures of elder abuse and neglect (Huber, 1999). It is equally important that therapists remain aware of the extent to which caregivers are willing to collaborate whenever elder abuse or neglect occurs. Specifically, whereas some caregivers will be willing to assume responsibility for neglectful or abusive behaviors, others may refuse to be held accountable for their behaviors. In such situations, clinicians must recognize the important role that protective services play in addressing situations of elder abuse and neglect. However, clinicians should also remain cognizant that public services for disadvantaged populations are often “focused on individual people and problems, and do not tap the healing possibilities that reside within families and communities” (Minuchin, Colapinto, & Minuchin, 1998, p. 1).

Thus, in addition to ensuring the termination of neglectful or abusive behaviors, therapists should assist caregivers in addressing the specific issues that have led to elder abuse or neglect, such as financial burden or caregiver’s burnout (Montoya, 1997). Even in the face of immediate danger of abuse, it is necessary to act with the victims’ participation (Vazquez & Rosa, 1999). The rationale for a collaborative approach relies on the fact that often times, caregivers are the only source of emotional, physical, and financial support for the victims. Thus, if radical actions are taken, such as permanently separating caregivers from victims, elders can experience new challenges that protective services may be unable to address, such as social isolation, extreme financial hardship, or placement in a shelter that lacks culturally competent services. In addition, if future abuse occurs, victims may develop distrust toward the
system and may choose to avoid reporting to the authorities because they perceive protective services as an institution that does not take their needs into consideration (Mitchell et al., 1999). Therefore, even if the nature of the abuse is such that it demands separating the victim from caregivers, actions should be taken to prevent secondary victimization associated with victims entering a system that may not be able to effectively respond to their needs (Montoya).

**Attention to cultural issues.** Family therapists should also remain cognizant of the ways in which provision of services may be perceived differently by therapists and Latino families affected by elder abuse and neglect. For instance, studies have demonstrated that although health care providers consider the most important therapeutic priorities of Latino clients to be the definition of clear treatment goals and the provision of bilingual services, Latino clients have reported that a higher priority to them is the assurance that they will not be discriminated against by service providers (Berk & Schur, 2001). Thus, because most Latino families are not likely to report elder abuse (Garcia, 2002), it is critical that family therapists remain aware of Latino distrust toward institutions if they identify dynamics of abuse. If that is the case, clinicians are advised to embrace a nonblaming stance as they point out neglectful or abusive behaviors to caregivers. In addition to encouraging family members to reflect on the specific needs of the elderly, family therapists and caregivers can also explore the ways in which therapeutic services may be used as a source of support to cover such needs (e.g., resources and strategies to prevent caregivers’ burnout; Angel et al., 2004).

Clinical judgment and intervention can also be negatively influenced by a lack of cultural awareness. For instance, family therapists informed by ethnocentric cultural values may consider close proximity of extended family members or friends as a risk factor that can lead to or maintain elder abuse as a result of “inadequate family boundaries.” However, strong family cohesion is an expression of the cultural value of *familismo,* as well as an effective strategy to cope with adverse social contexts (Montoya, 1997).

Family therapists can greatly improve the quality of their services by becoming familiar with the therapeutic effects of addressing issues of cultural identity with Latino clients. Specifically, family-based interventions focused on promoting cultural dialogues have demonstrated that the acceptance of contrasting cultural values and identities can reduce family conflict and increase family cohesion (Szapocznik et al., 1989). Thus, caregivers can be encouraged to remain attentive and empathetic to the emotional struggles of their aging parents, especially if elders continue to mourn the loss of not being able to embrace their cultural values and traditions as they experienced them in their home countries (Vazquez & Rosa, 1999).

A critical area of intervention refers to the need to address issues of internalized racism, particularly if such racism leads to caregivers overlooking the needs of the elderly. For instance, caregivers experiencing internalized racism may minimize the need of their elder relatives to embrace their Latino cultural heritage. Addressing issues of internalized racism may provide the best opportunity to provide healing experiences to caregivers and their elder relatives. Specifically, caregivers may be able to identify the life experiences that led to such racism, which may also constitute an opportunity that will help them integrate their Latino origin. In addition, elders may experience the
emotional safety of knowing that their younger relatives value their cultural needs and support their desire to remain connected with their Latino heritage.

Attention to Latino caregivers’ language of preference may assist clinicians in articulating hypotheses related to internalized racism. However, clinicians should be tentative when examining these issues. For example, caregivers may not be fluent in Spanish because of a lack of encouragement in their family of origin or social context (e.g., schools banning use of Spanish). In other cases, despite familial and social encouragement to become bilingual, Latinos may have decided not to learn Spanish. In these situations, the hypothesis of internalized racism could be further explored by assessing additional indicators of cultural identity satisfaction, such as level of comfort with being identified as Latino, or the extent to which individuals include Latinos in their primary social support network.

Finally, we strongly advocate for bilingual services in clinical practice. In addition to the usefulness of using Spanish as a way to assess specific cultural dynamics such as internalized racism, bilingual therapists are able to convey the message to Spanish-speaking Latinos that it is the service providers’ responsibility to actively get closer to their world and share their life experiences, rather than communicating to Latino clients that they need to assimilate and accommodate to institutional norms, such as the need to speak English if they request therapeutic services. Table 1 summarizes the aforementioned clinical applications.

OVERCOMING ELDER NEGLECT BY EMBRACING CULTURAL HEALING

The presenting problem. Alonso requested services as a result of his concern for his mother, Ursula, who was 68 years old and appeared to be increasingly withdrawn. Alonso and Ursula lived together and relocated to a new city following his father Guillermo’s death, which had occurred 2 years earlier. Alonso was in charge of supervising Ursula’s medical treatment for diabetes. Alonso was 36 years of age and single. His younger brother, Jaime (34 years old), had lived in foreign countries for the previous 3 years because of his military duties. Alonso’s family physician diagnosed Ursula with moderate depression, and although he did not identify acute depressive symptoms, he suggested that Alonso seek counseling services.

Alonso was the only person to attend the first session. He expressed to me (JRPC) his concern for Ursula, whose mood had changed after the loss of Guillermo and their relocation to a new city. Alonso decided to move with Ursula because of a job opportunity with higher pay. When I asked Alonso whether he had planned the relocation with Ursula, he said that he informed her by telling her that they were going to have more financial stability in the new area. According to Alonso, the change also represented an important professional advancement.

Alonso’s parents first arrived in the United States several years ago as migrant workers and have remained in this country ever since. Alonso considered English his language of preference, although he reported communicating with Ursula only in Spanish. Alonso stated that his treatment goal was to address Ursula’s withdrawn attitude. Prior to finalizing the first session, I encouraged him to invite Ursula to the next session.

Names and identifying information in this case have been altered to protect the clients’ confidentiality.

Alonso showed up for the second session reporting that Ursula had refused to attend. I suggested that perhaps a phone call and a personal invitation in Spanish could facilitate the attempts to engage her in treatment. I asked Alonso to initiate the phone call in order to appear less intrusive to his mother. As Alonso made the call, I noticed that Alonso’s Spanish was excellent. I introduced myself to Ursula and let her know that eventually I would really like to meet her because Alonso wanted to make sure that he was doing everything he could to verla feliz (i.e., seeing her happy). I did not pursue at that moment more active efforts to engage her in therapy because I was uncertain about her past experience with service providers. However, because Alonso had been active in seeking help for Ursula, I felt assured about his commitment to help her.

Table 1
Clinical Applications of the Model

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<th>Self of the Therapist Issues</th>
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<td>– Identify therapists’ stereotypes or misconceptions associated with Latinos, Latino immigration, or undocumented Latinos.</td>
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<th>Assessment of the Nature and Extent of Abuse</th>
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<tr>
<td>– Identify the type of abuse: physical, emotional, sexual, exploitation, abandonment, or active neglect.</td>
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<td>– Identify risk factors associated with the abuse.</td>
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<tr>
<td>– Assess level of danger for the well-being of the elder.</td>
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<td>– Assess caregivers’ openness to address abusive or neglectful behaviors.</td>
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<th>Reporting Issues</th>
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<tr>
<td>– Remain aware of state definitions and procedures related to detection and reporting procedures of elder abuse.</td>
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<tr>
<td>– Determine whether abusive or neglectful behavior can only be terminated by separating caregiver from the elder.</td>
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<tr>
<td>– Prevent elder secondary victimization if separation is warranted. Work collaboratively with victims of abuse.</td>
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<tr>
<td>– In all cases, work collaboratively with caregivers to promote (1) accountability for the abusive behavior, (2) recognition of the factors that led to abuse, and (3) generation of resources that will prevent further abuse from occurring.</td>
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<th>Attention to Cultural Diversity Issues in Clinical Intervention</th>
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<tr>
<td>– Remain cognizant of historical and current challenges experienced by Latinos.</td>
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<td>– Remain aware of Latino distrust toward service providers and institutions.</td>
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<td>– Recognize the strengths associated with Latino cultural values and traditions.</td>
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<td>– Recognize the cultural relevance of offering bilingual services.</td>
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<td>– Establish trust as a key therapeutic priority.</td>
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<tr>
<td>– Help clients develop social support networks that will decrease social isolation.</td>
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<tr>
<td>– Help clients incorporate diverse community resources that will help them prevent further abuse from happening.</td>
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<th>Addressing Issues of Cultural Identity</th>
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<td>– Identify the type of cultural identity preferred by each family member.</td>
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<td>– Ensure that the cultural needs of Latino elders are recognized and supported by caregivers.</td>
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<td>– Assess for potential dynamics of internalized racism associated with abusive or neglectful behaviors.</td>
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<tr>
<td>– If dynamics of internalized racism are present, adopt a nonblaming stance and encourage clients to identify the sources that led to such internalization, as well as a recognition of the ways in which the occurrence of elder abuse is associated with these issues.</td>
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“Te gustaría hablar en Español?” (Would you like to speak in Spanish?). Alonso showed up for the second session reporting that Ursula had refused to attend. I suggested that perhaps a phone call and a personal invitation in Spanish could facilitate the attempts to engage her in treatment. I asked Alonso to initiate the phone call in order to appear less intrusive to his mother. As Alonso made the call, I noticed that Alonso’s Spanish was excellent. I introduced myself to Ursula and let her know that eventually I would really like to meet her because Alonso wanted to make sure that he was doing everything he could to verla feliz (i.e., seeing her happy). I did not pursue at that moment more active efforts to engage her in therapy because I was uncertain about her past experience with service providers. However, because Alonso had been active in seeking help for Ursula, I felt assured about his commitment to help her.
After completing the phone call, I pointed out Alonso’s excellent bilingual skills and asked him, “¿Te gustaría hablar en Español?” (Would you like to speak in Spanish?). Alonso slightly smiled and immediately asked, “What can we do for my mother?” I replied that building a rapport with older Latino clients can be a slow process, particularly because many had been mistreated by public institutions and service providers. Alonso and I also discussed potential community resources that could provide a source of emotional and cultural support for Ursula. I highlighted to Alonso the importance of encouraging Ursula to identify which resources she considered most beneficial. Finally, I invited Alonso to think about the losses that Ursula had experienced, as well as the ways in which her withdrawn attitude was associated with such losses.

**Identifying elder neglect and level of risk.** The identification of risk factors at multiple levels was guided by the proposed theoretical model (see Figure 1), which is informed by Bronfenbrenner’s human ecological theory. Specifically, I hypothesized that although Ursula’s basic physical needs were met, important emotional, social, and cultural needs were being neglected. Specifically, although Alonso and Ursula did not have relatives in the city where they lived prior to relocating, Ursula was displaced from a community with a strong Latino presence. The decision to move rested solely on Alonso, overlooking the desires of Ursula. In addition, Guillermo’s recent death left Alonso as her sole source of social support. Finally, because Alonso did not like to attend religious services nor Latino community events, Ursula’s opportunity to develop a social support network was nonexistent.

Based on the information given by Alonso and his way of interacting with me in therapy, I considered Alonso to be a U.S.-oriented individual, whereas Ursula seemed to be more country-of-origin oriented, regardless of the fact that she had lived in the United States for several years. I also hypothesized that Alonso’s struggle to identify what his mother needed could be related to a struggle to accept his cultural heritage. Reluctance to speak Spanish, even if one is fluent in such a language, can be an indicator of internalized racism among Latinos (Padilla, 2001). However, I needed further information to confirm this hypothesis. I was less concerned about external stressors affecting Alonso’s capacity to care, particularly because he reported that his income was adequate and that although his working conditions were demanding, his job did not involve having to work long shifts. Alonso had also developed good friendships with several of his coworkers.

Thus, I conceptualized this case as an elder neglect case in which cultural dynamics were at the core of the problem, particularly because of Alonso’s inability to fully recognize the emotional, social, and cultural needs of his mother. Based on this, I focused on further evaluating the cultural experiences of all family members, advocating for Ursula in my work with Alonso, and identifying resources that would help Ursula expand her social support network. Although Ursula had not been physically present in therapy, I felt confident about continuing individual sessions with Alonso, particularly because I had witnessed his strong desire to help her.

“¿Qué te duele de lo que ves en tu mama”? (What hurts you about what you see in your mother?). In the next session, Alonso reported that he and Ursula had started to attend a local church because he reflected about Ursula’s cultural needs after our conversation in therapy. After talking about this experience, I asked Alonso to tell me more about the history of his parents as immigrants, paying particular attention to his
memories as a child. I also asked him to tell me about his own life and the way in which it differed from his parents’.

Alonso reflected that many of his memories date back to the migrant lifestyle he experienced during childhood. He noted how frustrating it was for him not to have any vacations or free weekends with his parents, in contrast to families who did not work in the fields. He also described how demeaning it was to be poor and to live in crowded conditions. He said that his parents made great efforts to help him complete high school as well as an associate’s degree. He also swore to himself that he was never going to live that kind of life. At this point, I interrupted Alonso and asked him, “¿Qué te duele de lo que ves en tu mama?” (What hurts you about what you see in your mother?) Alonso stared at me and said, “To know what she’s been through,” to which I replied “...y al no hablar en Español el dolor se va?” (and by not speaking in Spanish, does the pain go away?). Alonso looked at me again, wondering what I meant. I clarified that it was my impression that by “walking away” from expressions of his Latino heritage, Alonso was also attempting to put away a past that was particularly painful. So, although he was able to speak perfect Spanish, he chose only to speak Spanish with Ursula. I asked Alonso to correct me if I was wrong. He said that although he knew he was Latino, he did not feel like one. Slowly, we started to identify ways in which he had distanced himself from the Latino culture. For instance, despite his parents’ request, he had chosen not to travel with them to the villages where they were born in Mexico. Alonso also admitted that he had a marked preference for having Anglo friends and dating non-Latina women. Following this insight, I validated Alonso’s vulnerability and his efforts to care for Ursula. I also asked him to think about the ways in which, by deciding to remain distant from the Latino culture, he had also been unable to remain fully aware of Ursula’s needs.

Reconnecting and gathering resources. Throughout the following sessions, Alonso reflected on the ways in which he had remained distant from his Latino heritage. I suggested that by helping Ursula reconnect with her cultural roots, perhaps he could also benefit as well. Thus, we integrated a list of actions that could represent an opportunity for Ursula to expand her social support network. This included becoming closer with extended family members by visiting them on a more regular basis, identifying Latino festivals in the community, increasing visits to places of worship with high attendance of Latinos, and exploring the possibility for Ursula to become active in church activities. Finally, I encouraged Alonso to consider the possibility of planning a trip to Ursula’s hometown in Mexico.

The following sessions focused on having conversations about cultural identity formation and helping Alonso confirm that the identified community resources were helping Ursula overcome her social isolation. To Alonso’s surprise, attending religious services and joining a church-based prayer group became strong sources of support for her.

Alonso and I discussed the complex ways in which oppression can force us to distance ourselves from our heritage, particularly if past experiences were discriminatory and painful. I invited Alonso to keep supporting Ursula with the social activities that were having a positive impact on her life and invite her to join therapy as soon as she felt comfortable. Finally, I reminded Alonso about the need to offer Ursula an apology for the way he managed their recent relocation. Specifically, I invited him to think about what it would have been like for him if he were in Ursula’s place. I suggested specific ways to address this issue with her.
“Mañana vamos a misa”. (Tomorrow, we go to mass). Ursula attended a session because she wanted to meet the person con “quien Alonso tanto platicaba” (with whom Alonso talked so much). The session was conducted completely in Spanish, and I promoted an enactment in which Alonso expressed to Ursula his gratitude for helping him attend school and for her efforts that secured his education. Ursula expressed sadness about losing Guillermo, along with not being able to see Jaime on a regular basis. She also expressed that although she struggled with the relocation, the move had also given her the opportunity to become closer with Alonso. Ursula also shared her excitement about an upcoming trip that Alonso had planned to her hometown in Mexico. I offered Ursula an invitation to start individual sessions if she wanted to talk more about the loss of Guillermo. Ursula thanked me, but gently declined. She stated that her prayer group had become the place where she found comfort.

Although Ursula declined services, Alonso and I understood the powerful impact that religiosidad can have on Latino people as a way to face adversity and hardship. I knew at this point in treatment that Alonso was attentive not only to the physical needs of his mother, but, most important, to her emotional, social, and cultural needs. As a result, we started a termination plan.

After one of our final meetings, as Alonso was leaving, he turned to me and said, “Mañana llevo a mi mamá a misa” (Tomorrow, I take my mother to mass). Although Alonso had repeatedly expressed to me that he did not want to be affiliated with a specific religion, he was also letting me know that he had welcomed living in two worlds. By helping Ursula embrace her cherished world, he was also helping himself by healing old wounds and discovering who Alonso is.

**IMPLICATIONS FOR FUTURE RESEARCH**

There is a great need to obtain more reliable data regarding the prevalence of elder abuse in Latino communities. Our current understanding of specific dynamics of abuse among Latinos is extremely limited, particularly as it relates to the most vulnerable members of this ethnic group. For instance, there is a lack of clarity about the factors that have the greatest influence on Latina elders who remain in abusive marital relationships (Grossman & Lundy, 2003).

There is also a need to explore the ways in which dynamics of internalized racism are associated with elder abuse and to identify the best clinical interventions to effectively address these issues. We hypothesize that in cases such as the one described in this article, the challenges to the therapeutic process will be less intense than cases in which caregivers are not committed to helping aging relatives or believe that their individual needs should take precedence, even at the expense of their elder relatives’ well-being.

Finally, there is a great need to develop culturally relevant methodologies capable of providing access to Latino families affected by elder abuse, in addition to obtaining reliable data. The historical oppression experienced by Latinos and the current forms of exploitation that continue to affect their lives make this goal a particularly daunting task. However, this issue constitutes a top research priority that needs to be addressed to improve the lives of many Latino elders affected by abuse.

**CONCLUSION**

This article presented an ecological model that has the potential to support family therapists willing to serve Latino families affected by elder abuse. The model sum-
marizes risk factors associated with elder abuse in Latino families and describes potential clinical applications. A major premise of the model refers to our belief that Latino families caring for elder adults will be able to adapt to the demands of aging only if they are supported by nurturing environments that allow them to fully embrace the personal, familial, and cultural strengths that they already have.

REFERENCES


www.FamilyProcess.org


