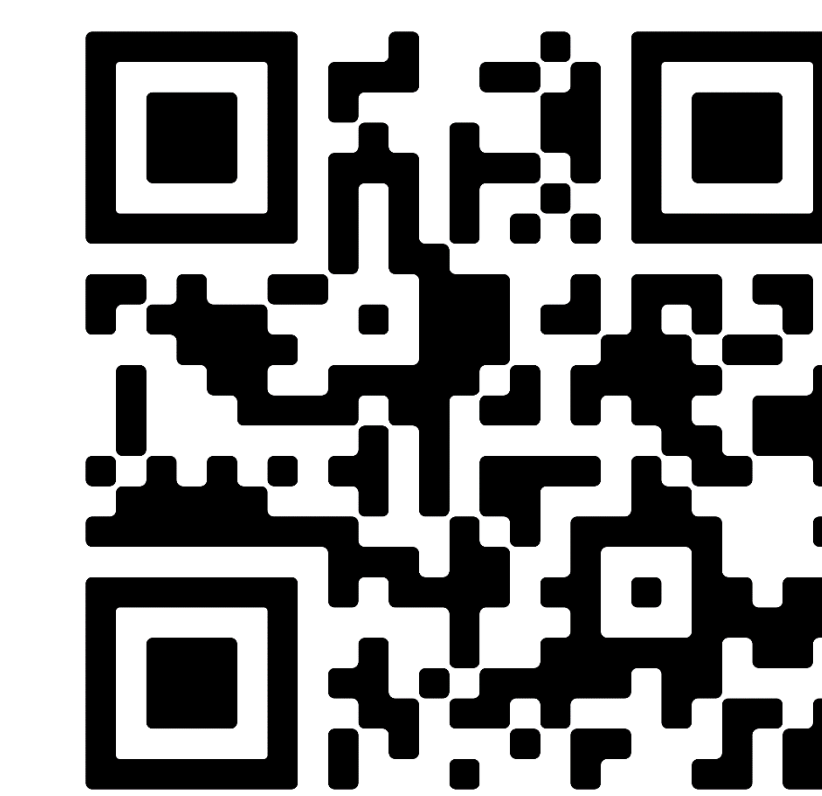




Help Getting Help: Service Needs and Barriers after Older Adult Maltreatment

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INTRODUCTION

Unmet service needs in older adults (OA) are linked with poor health and other negative outcomes (e.g. increased assistance for activities of daily living, limited access to healthy foods, inferior housing quality, etc.). Relatively little is known about OA service needs following maltreatment.

The limited available research suggests that, following maltreatment, some OAs are isolated, struggle to advocate for themselves, and/or do not have someone else advocate for them. OAs may face challenges with accessibility of or knowledge about available services or with services that do not directly meet their needs. Because of maltreatment, OAs may face unique service needs compared to their peers, such as criminal justice and legal service needs.

The current study examined older adults' perceptions of service needs, use, and barriers following allegations of abuse reported to law enforcement.

METHODS

Participants:

- Older adults (N=40), age 58-94 ($M = 76$; $SD = 8.63$), 75% female, 65% White.
- *Highest level of education*: 21% had high school education or less, 29% completed some college, 32% completed a Associates or Bachelors, 10% Other and 8% completed a postgraduate degree.
- *Marital Status*: 18% married, 28% divorced, 48% widowed, and 8% never married.
- *Employment level*: 53% retired, 13% employed full or part time, 15% unemployed, 10% something else (e.g. on disability).
- OAs were typically offered services and/or referrals to services through criminal justice, Adult Protective Services, and/or community-based agencies with whom they interacted

Procedures:

Part of a larger randomized control trial examining community response to older adult maltreatment across 4 timepoints. Participants were sent a recruitment letter describing a study on older adult health, stress and service needs.

Procedures cont'd:

- Participants were interviewed in private location (e.g. university offices, library). A consent quiz was used to assess understanding.
- Time 1 interviews took up to 3 hours; OAs were paid for their time.
- *Measures*: The interview protocol included established measures of trauma exposure, service use/needs and service barriers

RESULTS

| MALTREATMENT TYPE | Lifetime | Past year |
|------------------------|----------|-----------|
| Physical Abuse | 50% | 62% |
| Emotional Abuse | 73% | 90% |
| Neglect | 71% | 100% |
| Financial Exploitation | 58% | 73% |

Table 1. OA maltreatment experience lifetime and within the last year

| OLDER ADULT UNMET SERVICE NEEDS | % |
|---------------------------------|-----|
| Transportation | 45% |
| Medical | 38% |
| Mental Health | 38% |
| Household Services | 38% |
| Obtaining housing | 23% |
| Obtaining food | 28% |

Table 2. Types of services needs

| REASONS FOR UNMET SERVICE NEED | % |
|--|-----|
| Cost of services | 40% |
| Other financial burdens | 40% |
| Inadequacy of services | 38% |
| Insufficient knowledge | 33% |
| Not having asked for services | 33% |
| Needing help navigating services | 25% |
| Lack of provider understanding of older adults needs | 23% |
| Limited eligibility criteria for services | 18% |
| Not trusting providers | 18% |
| Felt too guilty/ashamed to ask for help | 18% |
| Poor provider communication | 15% |
| Insufficient governmental assistance | 13% |
| Lack of legal system based response | 13% |
| Lack of communication across providers | 10% |
| Lack of case coordination | 10% |
| Lack of overall care and compassion | 10% |

Table 3. Service use barriers

DISCUSSION

- Despite being offered services following maltreatment allegations, OAs still faced many unmet service needs.
- Reasons for unmet needs included:
 - Unavailability of services and mismatch of what was needed and what was offered
 - OAs lacked knowledge of services and access
 - Information may be online but not a useful medium for OAs
 - Participants were socially isolated and subsequent decreased access to other information
 - Communication between providers and OAs as well as between providers were an issue
 - Providers tended to under-communicate or over-simplified which impacted OA's sense of self-efficacy
 - Providers did not always communicate effectively between themselves
 - Maltreatment may have been one of the reasons there were service needs. In turn, unmet service needs increased risk for maltreatment such as by increasing dependency on the perpetrator/caregiver
 - Forms of abuse against OAs are complex dynamics for which traditional response is insufficient: abuser can be caregiver/loved one and removing abuser does not mean immediate relief to OA
- Difficult study that illustrated difficulty service providers face in reaching and maintaining contact with OAs, affected retention

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