
Title

After Older Adult Maltreatment: Service Needs and Barriers

Author(s)

Julie M. Olomi, Naomi M. Wright, Leslie Hasche & Anne P. DePrince

Source

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Summary of Research

This study examined older adults' perceptions of service needs, use, and barriers following formal allegations of abuse, neglect, and/or exploitation. The study used Anderson's behavioral model of health care utilization, which predicts how service needs and predisposing factors influence service use. Forty people (average age 75.6; range 58-94, 75% female; 1/3 minority; half lived alone) completed the Trauma History Questionnaire, Service Use Checklist to assess their use of and satisfaction with services including medical health, mental health, legal, emergency crises, and aging services. They were also asked two open-ended questions. (1) What other services would you like to be available for older adults at risk for maltreatment, neglect, and financial exploitation? (2) What do you think are the reasons you are not getting more help?

The respondents had experienced physical maltreatment, neglect, and financial exploitation. One-fifth had difficulty in meeting basic needs in the past month. Two thematic categories were identified: 1) service, response, or help needs (24 codes); 2) reasons for not getting help (19 codes).

The majority of services used were medical; other services included senior services, legal services, emergency services and case management services. Service needs from highest to lowest were transportation, medical, mental health, household services, and accessing housing and food. Service needs were unmet because the older adult needed help navigating services, or did not know about services. They had impediments due to mobility, physical access, and technology, interference of family members, and finances. Respondents also expressed need for criminal justice services to be more responsive and for more overall care, compassion, and respect from providers. All respondents reported unmet need in spite of the fact that they had received help and were in a service system.

Practice & Policy Implications

The inability of service providers to help people meet fundamental basic needs can increase risk for maltreatment. Providers need to make efforts to improve case management and case coordination and make sure that people have knowledge of and access to services. Providers must also be aware of ageist perceptions that may lead them assume that older clients cannot handle complex information. With increased use of multidisciplinary teams, providers must pay attention to interprovider communication as well. Finally, providers must be aware of the complexities associated with responding to the violence and other forms of abuse that occur in the lives of older adults.

Further Reading

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Prepared By

Joy Swanson Ernst, PhD, Wayne State University School of Social Work



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