

# No Thank You: Reasons for withdrawal from older adult abuse support services

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# Outline

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- Older adult abuse reporting
- My progression to the topic
  - ❖ An illustrative case example
- Study: Examining withdrawal from a support service
  - ❖ Why do victims withdraw?
  - ❖ What are the characteristics and predictors of victim withdrawal?
- Discussion
  - ❖ What steps can we take to reduce withdrawal?
  - ❖ What research is needed in APS samples?

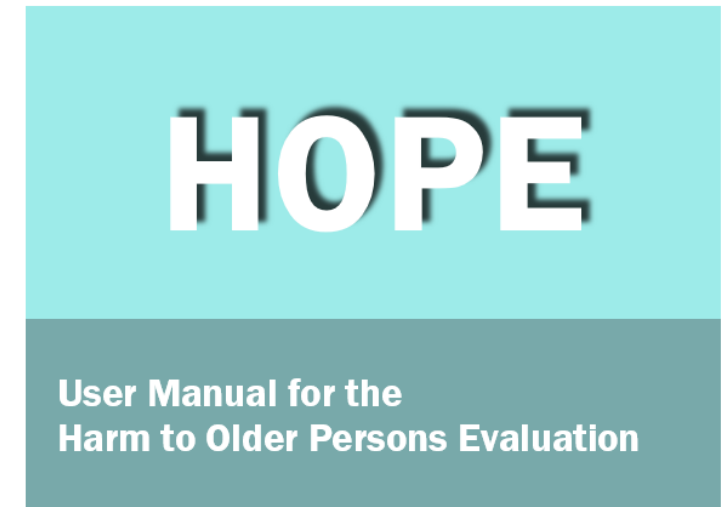
# Older Adult Abuse Reporting

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- Research focuses on professional reporting, limited data on victim reporting
  - ❖ 11%-70% of victims tell someone (Fraga Dominguez et al., 2021).
  - ❖ Range of barriers: fear, shame, physical frailty, loss of relationships, dependence on the perpetrator.
  - ❖ Predictors of victim report (vs non-victim report): female, younger (60-80), mental health problems, psychological abuse (Fraga Dominguez et al., forthcoming).
- We have yet to examine withdrawal once reporting has occurred....
  - ❖ Prevalence? Who? Why?

# “Necessity is the mother of invention”

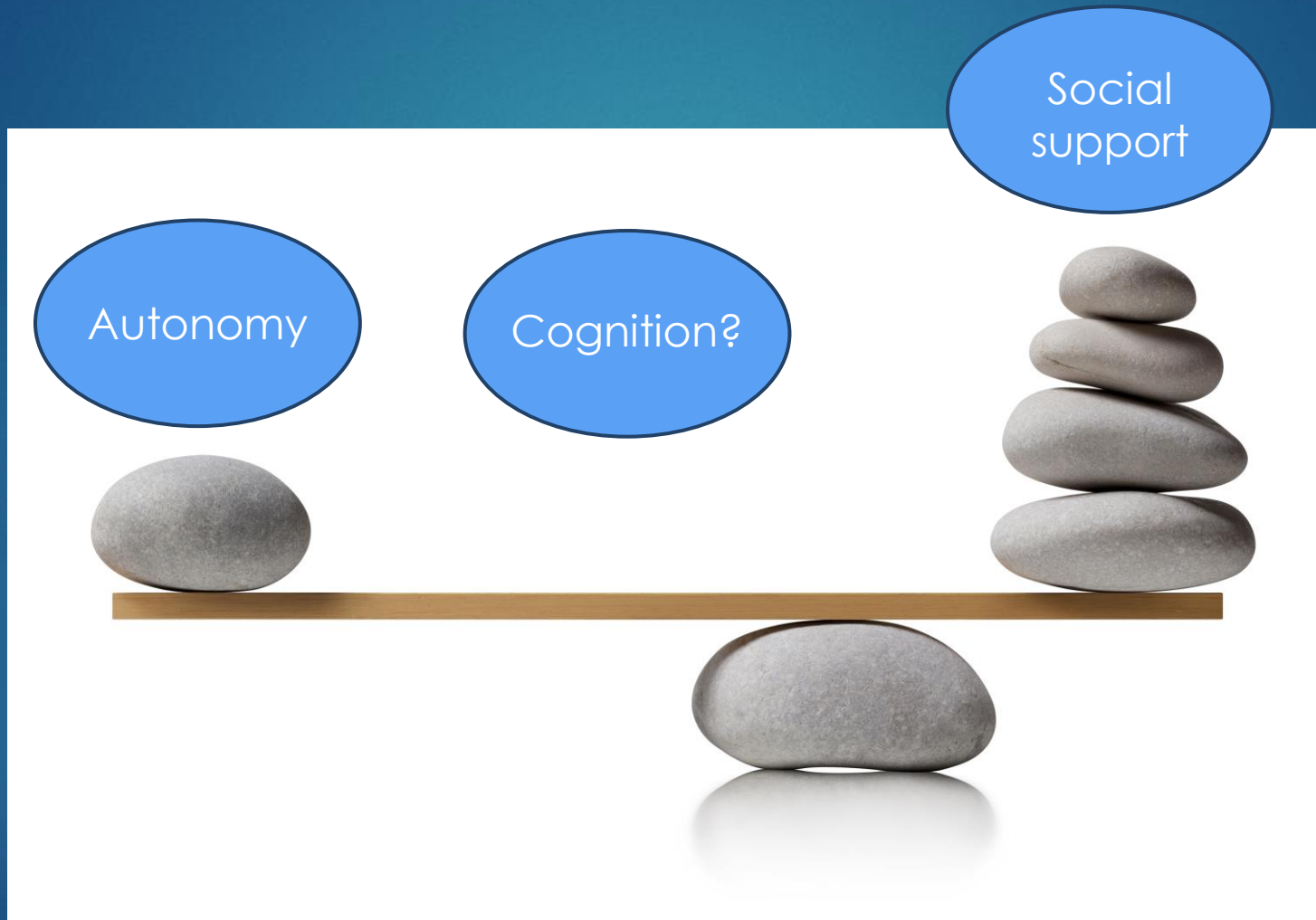
- Violence risk assessment and management
  - ❖ Identification of empirically supported risk factors and determining risk level
  - ❖ Matching risk management strategies to risk factors and risk level
- Research and practice
  - ❖ Development of the HOPE
  - ❖ Training and case consultation
  - ❖ Noticed withdrawal as a practice hurdle.....



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# Case example:

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# Withdrawal from Services

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 **Routledge**  
Taylor & Francis Group

BRIEF REPORT

 OPEN ACCESS  Check for updates

## No, thank you: reasons for withdrawal from older adult abuse support services

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### ABSTRACT

This study explored the prevalence, reasons, and predictors of service withdrawal by victims in a sample of 151 older adult abuse cases reported to a specialist social work service. Withdrawal occurred in 34% of cases, after an average of 3 months of contact. The most common reasons for withdrawal were victim denial of abuse and unwillingness to engage with the intervention plan. Denial and self-neglect significantly predicted withdrawal, but only denial remained predictive when both variables were entered into the regression model. Results emphasize the need to screen for and address withdrawal risk, with providers targeting denial of abuse specifically.

### KEYWORDS

Elder abuse; elder mistreatment; older person abuse; service refusal; service utilization

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How often do victims of older adult abuse withdraw from support services?

2

What reasons do victims give for withdrawing?

3

What are the predictors of withdrawal?

# Method

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- Exploratory examination
- Canada's first and longest-running social work intervention programme for older adult abuse.
- Reports made by victims, concerned persons, or professionals
  - In Canada reporting is mandatory in care facilities
- Information derived from an intake form and contact notes.
  - ❖ Information on case characteristics, victim characteristics, withdrawal and reasons
- 151 cases

# Demographic Information

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- Age
  - ❖ Victim:  $M = 76$  years ( $SD = 10.92$ )
  - ❖ Perpetrator:  $M = 48$  years ( $SD = 15.48$ )
- Abuse type
  - ❖ Polyvictimisation ( $n = 118$ , 78%)
  - ❖ Emotional ( $n = 16$ , 10.6%)
  - ❖ Financial ( $n = 10$ , 6.6%)
  - ❖ Neglect ( $n = 5$ , 3.3%)
  - ❖ Physical ( $n = 1$ , .7%)
  - ❖ Sexual ( $n = 1$ , .7%)
- Gender
  - ❖ Victim: Female  $n = 109$  (72.2%)
  - ❖ Perpetrator: Male  $n = 80$  (53.3%)
- Relationship
  - ❖ Adult child ( $n = 87$ , 57.6%)
  - ❖ Spouse ( $n = 26$ , 17.2%)
  - ❖ Other relative ( $n = 23$ , 15.2%)
  - ❖ Other non-relative ( $n = 15$ , 9.9%)



# How many victims withdraw?

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Resolved cases  
( $n = 100$ , 66.2%)

Resolved ( $n = 95$ ) or referred  
( $n = 5$ ) by the service



Withdrawn cases  
( $n = 51$ , 33.8%)

Victim did not want to  
engage or withdrew during  
the intervention

# Duration by Case Type

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- No significant difference in mean length,  $t(149) = 1.21, p = .229$
- Withdrawal
  - ❖ Mean = 107 days ( $SD = 168.68$ )
  - ❖ Median = 38 days
  - ❖ Range: immediate to **672 days**
- Case resolution
  - ❖ Mean = 141 days ( $SD = 163.82$ )
  - ❖ Median = 64.5 days
  - ❖ Range: immediate to 623 days

# Reasons for Withdrawal

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1. Victim stated that they did not want support ( $n = 33$ , 64.7%)
  - ❖ Victim denied abuse ( $n = 26$ )
  - ❖ Gave no further reason ( $n = 3$ )
  - ❖ Admitted abuse but refused support ( $n = 4$ )
2. Victim unwilling to take the steps suggested ( $n = 12$ , 23.5%)
3. Victim wanted to deal with the situation in the family ( $n = 2$ , 3.9%)
  - One victim reported each of the following:
    4. Unable (due to health), 5. Afraid, 6. Abuse had ended, and 7. They were taking steps they believed would work
  - One case unknown

# Withdrawal Predictors

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- *Classification*
  - ❖ Abuse type
  - ❖ Victim-perpetrator relationship
- *Dynamic risk factors for OAA*
  - ❖ Victim mental health and/or addiction
  - ❖ Victim self neglect
  - ❖ Victim is dependent on the perpetrator
  - ❖ Victim is isolated
  - ❖ Victim lives with the perpetrator
  - ❖ Problematic attitudes, victim denial of abuse

# Withdrawal Predictors

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- *Classification*
  - ❖ Abuse type
  - ❖ Victim-perpetrator relationship
- *Dynamic risk factors for OAA*
  - ❖ Victim mental health and/or addiction n = 74, 49%
  - ❖ **Victim self neglect ( $p = .026$ )** **n = 17, 11%**
  - ❖ Victim is dependent on the perpetrator n = 41, 27%
  - ❖ Victim is isolated n = 46, 31%
  - ❖ Victim lives with the perpetrator n = 91, 60%
  - ❖ **Problematic attitudes, victim denial of abuse ( $p < .001$ )** **n = 37, 25%**



# Withdrawal predictors

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- Model with *Self-neglect* and *Denial of abuse*
- Model was significant ,  $X^2 (2, N = 151) = 34.22, p < .001$ .
- The model explained 33% of the variance in withdrawal and correctly classified 78% of the cases.
- **Only denial remained predictive**
  - ❖ Those who denied the abuse were 3 times more likely to withdraw (95%CI [.04, .24])

# Discussion

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- Withdrawal is impacting 1-in-3 cases
- Predictor is aligned with the identified reason for withdrawal - denial
- Worth considering:
  - ❖ High cost to victims
  - ❖ Costly service problem, withdrawal cases can be lengthy
- How could this help Jack and others?
  - ❖ Jack never voiced a problem/abuse
  - ❖ No one asked, no one stepped in, no direct conversations
  - ❖ How do we promote sustained engagement?

# Implications

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- Results align with Andersen's Behaviour Model of Health services use (Anderson, 1995)
  - ❖ Denial relates to need for service (i.e., low need)
  - ❖ Need for service is a predictor of service use
  - ❖ Can be modified by education
  - ❖ Victims seek help when they perceive danger, barriers are a lack of awareness about abuse or thinking abuse was not serious enough.
  - ❖ Need to change perception and awareness
- Screen for denial at intake and other time points
- Engage in motivational interviewing
  - ❖ Helped older adults navigate ambivalence and motivations for change (MacNeil et al., 2023)
- Share assessment or concerns about risk
- Leverage your relationship with clients to set goals, and leave the door open should they withdraw

# Steps Forward: Brainstorm

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Is this also an issue in APS?

What research could be done in an APS sample?

Could/are reasons for withdrawal be recorded?

Is denial always the same, could it be masking something else?