PERCEIVED SOCIAL SUPPORT AND HELP-SEEKING AMONG U.S. CHINESE OLDER ADULTS WITH ELDER MISTREATMENT

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Background/Purpose: Older immigrants are at risk of experiencing marginalization and social exclusion. Traditional Chinese culture values could deeply influence the older Chinese immigrants’ perceptions regarding mistreatment and motivating them to seek help. This study aimed to examine the associations between perceived social support and informal/formal help-seeking intentions and behaviors among U.S. Chinese older adults experiencing elder mistreatment. Methods: Data derived from the Population Study of Chinese Elderly in Chicago (PINE). Independent variables were positive and negative perceived social support. Dependent variables were informal/formal help-seeking intentions and behaviors. Descriptive statistics and logistic regression analyses were performed. Results: A total of 423 participants experienced elder mistreatment (mean age: 72.4 ± 7.88 years old). The most common informal help-seeking sources were adult children, followed by partner, and friends/neighbors/colleagues. The most common sources of formal help-seeking were community social services organizations and the legal criminal justice system. After controlling for covariates, positive perceived social support was associated with informal help-seeking intentions (OR=1.14, 95% CI: 1.05-1.24, p < .01) and behaviors (OR=1.12, 95% CI: 1.04-1.22, p < .01). However, the associations between perceived social support and formal help-seeking intentions and behaviors were not significant. Conclusions & Implications: Further research is needed to examine the mediating effects of cultural values on the relationship between perceived social support and help-seeking among mistreated older Chinese immigrants. In addition, additional studies are needed to identify impedes or facilitate factors of informal/formal elder mistreatment help-seeking. Prevention and intervention programs should incorporate valuable cultural insight to improve help-seeking among this population.

PERCEPTIONS OF MANDATORY REPORTING AMONG FAMILY PHYSICIANS TO PROTECT VICTIMS OF ELDER ABUSE IN MONGOLIA

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Every year, approximately 10% of older adults worldwide experience elder abuse (EA), a serious violation of human rights. A wide range of consequences of EA have been identified including increased vulnerability to morbidity and mortality. Some countries have regulations to protect victims of EA under stand-alone EA laws or relevant laws such as mandatory reporting. As of 2016, family physicians (FPs) in Mongolia became mandatory reporters of domestic violence alongside other human service workers under the newly amended Law to Combat Domestic Violence. Evidence shows that health providers who report abuse cases have greater awareness of their mandatory obligations to report. No rigorous study has explored the extent to which FPs in Mongolia know about mandatory reporting and their perceptions about its effectiveness to help victims of EA. An exploratory qualitative study was conducted. Through purposive sampling, 15 FPs participated in semi-structured in-depth interviews. The data collection took place over Skype. All interviews were recorded, transcribed verbatim and analyzed using thematic analysis. Surprisingly, all participants were aware of their mandatory obligations to report cases of domestic violence including EA. However, the study revealed that FPs were doubtful that potential victims of EA would be effectively protected under the new regulation due to the public perception that services and legal resources are designed primarily for women and children. Addressing this misconception is critical for ensuring that resources are appropriately utilized for potential victims of EA as well.

SUCCESSFUL INFORMAL HELP-SEEKING AND RESOLUTION OF ELDER FAMILY FINANCIAL EXPLOITATION: A CASE STUDY

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Effective interventions are needed to address elder family financial exploitation (EFFE), one of the most prevalent types of elder abuse globally. This poster examines the unique and critical help-seeking role informal family support

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 qualitative study aimed to assess perceived barriers and facilitators to detecting, reporting, intervening on and monitoring EA for VA providers. Providers from two VA facilities were recruited to participate in a one-on-one semi-structured interview. Transcripts of audio-recorded interviews were analyzed using thematic content analysis. Participants (n=22) were 82% female, age 33-64 years, had 4-25 years practicing in VA, and varied in discipline (e.g., nurse, physician, social worker) and practice setting (e.g., emergency department, geriatrics, primary care). For detecting EA, patient and caregiver cognitive impairment were frequently cited barriers, while an interdisciplinary team approach and ability to do home visits were noted facilitators. Common challenges with reporting EA to adult protective services (APS) were perceived lack of APS follow up and discrepancies in VA provider and APS investigator findings. While removing a patient from an unsafe living situation was a frequently cited successful intervention, providers also expressed feeling conflicted when infringing on patient autonomy. Poor communication with APS, patient loss to follow up, and caregiver interference made monitoring EA cases more difficult; intensive case management and in-home services facilitated monitoring. In conclusion, healthcare professionals see interdisciplinary care, in-home care, and better coordination with APS as key facilitators to managing suspected EA in the healthcare setting.