Exploring the help-seeking experience of concerned persons: findings from an elder abuse UK helpline
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were assessed. Empathic accuracy was lower in old-old, as compared with young-old, individuals. Furthermore, empathic accuracy was only associated with low levels of stress reactivity among young-old but not old-old individuals. This suggests that empathic accuracy is not only compromised in very old age, but also appears to be of lower adaptive utility.

SESSION 5785 (SYMPOSIUM)

THE CRITICAL HELP-SEEKING ROLE OF FAMILY, FRIENDS, AND NEIGHBORS IN THE LIVES OF ELDERS ABUSE VICTIMS

Chair: Marlene Stum
Discussant: David Burns

Elder abuse prevention and intervention is a complex puzzle. We focus on examining the typically invisible role, experience, and impact of non-abusing family, friends, and neighbors, or “concerned persons” in stopping elder abuse. Given the reality that most elder abuse goes unreported and unaddressed, it seems essential to understand if and how concerned persons can play a role in help-seeking for older victims, and to also understand the needs and issues faced by concerned persons as a consequence. First, Breckman presents evidence of the significant distress concerned person’s experience from knowing about elder abuse and trying to assist victims, and shares experience developing and implementing the first Elder Abuse Helpline for Concerned Persons in the U.S. Second, Fraga Dominguez et al. present an important international perspective highlighting findings about concerned persons as users of a UK elder abuse helpline, their profile, the impact of helping, and variables relating to help-seeking. Third, Stum shares findings from a qualitative study of elder family financial exploitation related to what concerned family members were trying to accomplish by getting involved (motivating goals) and the resulting continuum of outcomes. Fourth, Kilabera also explores the help-seeking experiences of concerned family members in elder family financial exploitation situations, specifically the range of tasks involved, and the impacts on the concerned family member’s individual health and well-being. The discussion led by Burns will focus on understanding contributions of the research presented given the current state of the field, and offer suggestions for future research and intervention directions.

WHEN CONCERNED FAMILY MEMBERS INTERVENE IN ELDERS FAMILY FINANCIAL EXPLOITATION: GOALS AND OUTCOMES

Marlene Stum, University of Minnesota, Twin Cities, Saint Paul, Minnesota, United States

The role and experience of non-abusing concerned family members (CFMs) in elder family financial exploitation (EFFE) is largely unexplored. This paper examines the experience of “trying to do the right thing,” focusing on what CFM’s were trying to accomplish (motivating goals), and resulting outcomes utilizing data from a qualitative study of 28 CFMs (primarily female adult children of an older victim, and siblings of primary perpetrator). Five common goals appear to be motivating CFM involvement, driven by a priority to ensuring the victim’s quality of life, as well as the desire to honor and respect the victim’s wishes, protect the victim’s financial well-being, preserve family relationships, and deal with the perpetrator(s). CFM help-seeking resulted in a wide range of outcomes, from making a difference by connecting victims to supportive services and interrupting the financial exploitation, to mixed results, and in other cases frustration with no desirable outcomes.

WHEN HELPING HURTS: NONABUSING FAMILY, FRIENDS, AND NEIGHBORS IN THE LIVES OF ELDERS MISTREATMENT VICTIMS

Risa Breckman,1 David Burnes,2 Sarah Ross,3 Philip Marshall,4 J. Jill Suitor,5 Mark Lachs,6 and Karl Pillmer,7 1. Weill Cornell Medicine/ NYC Elder Abuse Center, New York, New York, United States, 2. University of Toronto, Toronto, Ontario, Canada, 3. Cornell University, Ithaca, New York, United States, 4. Historic Preservation Program, Roger Williams University, Bristol, Rhode Island, United States, 5. Purdue University, West Lafayette, Indiana, United States, 6. Weill Cornell Medicine, New York City, New York, United States

Research conducted by the NYC Elder Abuse Center (NYCEAC) at Weill Cornell Medicine and colleagues found that concerned persons experience significant distress knowing about elder abuse and trying to assist victims. Data will be presented from a nationally representative survey which included items on concerned persons in elder abuse. Thirty-one percent of all respondents reported that they had a relative or friend who experienced elder abuse; of these, 61% had attempted to help the victim and over 80% reported the experience is very or extremely stressful (2017). By both knowing about and becoming involved in elder abuse situations, concerned persons experience significant emotional and practical problems and often need professional help. NYCEAC’s Elder Abuse Helpline for Concerned Persons is the first of its kind in the country. The Helpline’s services and structure will be explained, and possibilities for replication in other locations will be explored.

EXPLORING THE HELP-SEEKING EXPERIENCE OF CONCERNED PERSONS: FINDINGS FROM AN ELDERS ABUSE UK HELPLINE

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Despite their potential role in elder abuse cases, knowledge about concerned persons outside of North America is scarce. This paper will discuss findings from a study focusing on concerned persons in the UK, by addressing their profile, the impact of helping, and several variables relating to help-seeking. Researchers used secondary data from a charity’s helpline, encompassing a year of recorded cases (N = 1623). Concerned persons (n = 1352) were often related to the victim (80%) and/or perpetrator (59%). In 43% of cases, they reported impact as a result of their awareness of the situation or supporting the victim. This impact was thematically analysed and ranged widely in terms of severity, from slight worry to being subjected to the perpetrator’s homicide threats, and it often affected the person’s mental health or financial situation. Concerned persons reported substantial

GSA 2020 Annual Scientific Meeting
barriers to action relating to the access to and responses from formal services.

CONCERNED FAMILY MEMBERS’ HELP-SEEKING IN ELDER FAMILY FINANCIAL EXPLOITATION
Tina Kilaberia,1 and Marlene Stum,2 1. UC Davis Health, Sacramento, California, United States, 2. University of Minnesota, Twin Cities, Saint Paul, Minnesota, United States

This paper examines non-perpetrator family members’ experience of trying to help when faced with elder family financial exploitation. Utilizing data from a qualitative study of 28 Concerned Family Members (CFMs) who were primarily adult children of older victims, findings provide evidence of the critical role CFMs play in helping the victims. Six help-seeking tasks are identified, including gathering evidence, learning new systems, and taking on money management roles. CFMs often put the victim’s health and well-being before their own, becoming secondary victims in the process. CFMs experienced a wide range of costs to their individual health and well-being, including physical, emotional, psychological, social and financial dimensions (e.g. stress, depression, inability to sleep, isolation, harassment, threats to personal safety, physical abuse, attorney and court costs, time off work). Findings have implications for supporting CFMs and addressing practical and health-related needs as secondary victims.

SESSION 5790 (SYMPOSIUM)

THE IMPACT OF FUNCTION FOCUSED CARE FROM ACUTE CARE TO HOME CARE AND NURSING HOMES
Chair: Silke Metzelthin
Co-Chair: Sandra Zwakhalen
Discussant: Barbara Resnick

Functional decline in older adults often lead towards acute or long-term care. In practice, caregivers often focus on completion of care tasks and of prevention of injuries from falls. This task based, safety approach inadvertently results in fewer opportunities for older adults to be actively involved in activities. Further deconditioning and functional decline are common consequences of this inactivity. To prevent or postpone these consequences Function Focused Care (FFC) was developed meaning that caregivers adapt their level of assistance to the capabilities of older adults and stimulate them to do as much as possible by themselves. FFC was first implemented in institutionalized long-term care in the US, but has spread rapidly to other settings (e.g. acute care), target groups (e.g. people with dementia) and countries (e.g. the Netherlands). During this symposium, four presenters from the US and the Netherlands talk about the impact of FFC. The first presentation is about the results of a stepped wedge cluster trial in 893 hospitalized geriatric and stroke patients, we investigated the effectiveness of FFC compared to usual care (FFC: n=427, UC: n=466) on ADL and mobility. We measured the Barthel Index and the Elderly Mobility Scale, and analysed using a mixed-model multilevel method. At discharge, 3 month and 6 months, the mean difference (MD) was in favour of FFC, although at none of the time points the level of significance was reached: the MD for ADL was respectively: 0.79 (95% CI: -0.98-2.56), 0.43 (95% CI: 0.10-1.79), and 0.57 (95% CI: -1.34-2.48). For mobility, the MD was respectively 0.89 (95% CI: -1.01-2.80), 0.78 (95% CI: -1.18-2.75), and 1.09 (95% CI: -0.88-3.07). Although the results are inconclusive, FFC shows a tendency to improve ADL and mobility in hospitalized patients. Part of a symposium sponsored by Nursing Care of Older Adults Interest Group.

A TRAINING PROGRAM FOR PROFESSIONALS TO ENCOURAGE INDEPENDENCE OF HOME-LIVING OLDER ADULTS: A PROCESS EVALUATION
Teuni Rooijackers,1 G.A. Zijlstra,1 Erik van Rossum,2 Ruth G. Vogel,1 Marja Veenstra,3 Gertrudis I.J. Kempen,1 and Silke Metzelthin,1 1. Maastricht University, Maastricht, Limburg, Netherlands, 2. Zuyd Hogeschool, Heerlen, Limburg, Netherlands, 3. Burgerkracht Limburg, Sittard, Limburg, Netherlands

Stay Active at Home (SAaH) was developed to change homecare professionals’ behavior towards encouraging older adults’ independence in daily activities. This mixed-methods study evaluated SAaH regarding implementation, mechanisms of impact, and context. SAaH was implemented in five Dutch homecare teams (162 professionals). Quantitative data were collected from all professionals, and five focus groups with 23 professionals and 4 interventionists were performed. Data were analyzed using descriptive statistics and qualitative content analysis. SAaH was feasible to implement. Professionals visited on average 73% of the programme meetings. They reported positive changes in their knowledge, attitude, and skills, and perceived social and organizational support regarding the new way of working. The extent to which professionals applied SAaH in practice varied. SAaH was easier to apply among new clients. Perceived barriers were time pressure and staff shortages, and people’s resistance to change. Tailoring the intervention to professionals’ needs and wishes could improve their compliance. Part of