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Older Victims of Abuse: Understanding Help-Seeking in an Understudied Population

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ABSTRACT

The abuse of older adults by someone in a position of trust, also known as elder abuse (EA), is a prevalent and impactful problem worldwide that often goes unreported. The current study investigated EA victims' help-seeking, including barriers and facilitators to help-seeking, sources of reporting and responses, and attitudes toward intervention. The study utilized secondary data from a UK EA helpline, with 1623 cases examined through a mixed-methods approach, combining qualitative content analysis, descriptive statistics, and logistic regression. Data were gathered on victim, perpetrator and abuse characteristics, and victims' help-seeking. Victims faced a wide range of barriers to seeking help, particularly in relation to their social network, and sometimes due to the perpetrator's influence. Attitudes toward external help were mixed and victims had a variety of goals that they were seeking from intervention. Cases where victims were female, younger, experiencing mental health problems, or suffering psychological abuse, were more likely to be self-reported.

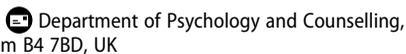
KEYWORDS

Elder mistreatment; victims; help-seeking; barriers; older adults; reporting

Elder abuse (EA), also known as the abuse of older people, elder mistreatment or older adult abuse or mistreatment, is a common problem worldwide, with recent systematic reviews finding that it affects one in six older adults in the community (Yon et al., 2017) and that a large percentage of staff report mistreatment in institutions such as care or nursing homes (Yon et al., 2018). EA is understood as “a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person” (World Health Organization [WHO], 2024, para. 2). EA is impactful, with victims experiencing psychological and physical harm (Yunus et al., 2019). Older adults can be mistreated by relatives, friends, acquaintances, and professionals; however, EA is often family-perpetrated (Dow et al., 2020).

Research on abuse under-reporting

Akin to other types of victimization, an important challenge in addressing EA is limited formal reporting (Fraga Dominguez et al., 2021). It is estimated that only 15% of cases

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are reported to police or other formal authorities (Burnes, Acierno, et al., 2019). Under-reporting leads to lack of support for victims and perpetrators, potentially contributing to the continuation or worsening of the abuse (Dow et al., 2020; Storey & Perka, 2018). Research on the reporting of EA has been limited by a focus on professionals and, where applicable, on mandatory reporting policies (Donnelly, 2019). Said research has primarily focused on EA detection and professionals' barriers to reporting, leading to the development of EA identification tools placing the onus on the professional to identify and report abuse (Spencer, 2009), thus implying that victims cannot or will not report. Contrary to this assumption, in a study conducted with professionals working with older adults in emergency departments, participants had absolute confidence in patients' ability to report in 96% of cases, a percentage inclusive of cognitively impaired patients (Richmond et al., 2020).

Research on nonprofessional reporters has traditionally employed samples of people from the general population – both older and younger samples – using a vignette methodology and asking participants to their behavior in a hypothetical situation (e.g., Gibson, 2013). The use of vignette methodology is justified due to the difficulties of conducting research with potentially vulnerable populations and beneficial in terms of testing the effect of different variables on reporting. However, it limits the generalizability of the findings to victims of EA, particularly because participants may have difficulties picturing themselves in a position of vulnerability (Gibson, 2013).

Less frequently, research on under-reporting has focused on the victims' perspectives of help-seeking and the barriers faced. Efforts to understand the victims' perspective, including strategies to manage abuse and challenges accessing the criminal justice system, have increased in recent years (e.g., Brown & Gordon, 2022; Burnes, Breckman, et al., 2019; Dow et al., 2020; Qu et al., 2021; Roger et al., 2021; Simmons et al., 2022). However, many studies have used small samples, often with limited representation of the experiences of older adults with disabilities, or victims of institutional abuse (Fraga Dominguez et al., 2021; Gill, 2022). Further challenges to capturing the perspective of older victims arise from the fact that older victims are not well represented in victimization surveys. For example, until 2017, the Crime Survey for England and Wales had a cap of 59 years for completion of its domestic abuse section (Bows et al., 2025).

A systematic review on EA victims' help-seeking (Fraga Dominguez et al., 2021) found that between 11% and 70% of victims disclosed abuse to someone, with informal disclosure being more common. A wide range of barriers to help-seeking were identified, such as fear of consequences for themselves (e.g., institutionalization) or the perpetrator (e.g., incarceration), feelings like shame and self-blame, physical frailty, and barriers related to their knowledge and attitudes toward formal services. These findings were consistent with a review on barriers to help-seeking by Gill (2022) and more recent research has identified similar barriers (e.g., fear of loss of relationships, dependence on the perpetrator or a desire to protect them, physical limitations associated with aging, and systemic factors which prevent reporting; Dow et al., 2020; Roger et al., 2021; Simmons et al., 2022). The experiences of those living with dementia or cognitive impairment are often absent from research (Gill, 2022). Available research suggests that older victims living with dementia and/or cognitive impairment face additional barriers to disclosing, with self-reports being less likely; when disclosures occur, they may sometimes be dismissed or attributed to dementia symptoms (Burgess & Phillips, 2006; Fraga Dominguez et al., 2025; Richmond et al., 2020).

In addition to barriers, Fraga Dominguez et al. (2021) also synthesized facilitators to help-seeking, sources of help (e.g., informal and formal) and responses from those sources. Victims often sought help due to fear for their personal safety or in the context of abuse escalation. Victims disclosed abuse experiences to a variety of formal and informal sources, although they disclosed more often to informal sources, and experienced both positive and negative outcomes from their help-seeking efforts, with negative outcomes leading to feelings of hopelessness. Social networks and appropriate support from formal systems facilitated the disclosure and help-seeking processes, consistent with recent studies (Burnes, Breckman, et al., 2019; Simmons et al., 2022). An example of a study that examined help-seeking with a larger sample – and that was not included in the systematic review mentioned above – is the Australian prevalence study reported by Qu et al. (2021). Results were largely consistent, finding that, when seeking help, victims often approached informal sources of support, such as family and friends, although speaking directly with the perpetrator was a common action taken to try to stop the abuse. The effectiveness of their actions varied depending on the type of abuse. Research on professionals and their attitudes toward older victims and perpetrators (Bows et al., 2024) suggests that stereotypical attitudes may also be a barrier to both seeking and receiving help from formal services, particularly for older women.

Researchers investigating help-seeking for EA victims have tried to identify predictors of help-seeking to understand who is more likely to seek help. Understanding which cases are more likely to be hidden can help target awareness campaigns and allocate resources more effectively. In the systematic review by Fraga Dominguez et al. (2021), it was identified that reporting may depend on the EA types experienced and victim-perpetrator relationship, with psychological abuse and neglect, and abuse perpetrated by family members being less often reported than other forms of abuse or victim-perpetrator relationships. The study by Qu et al. (2021) found that help was more likely to be sought in relation to physical abuse and less likely in relation to neglect. Victim characteristics such as age were also associated with reporting, with both older (80+) and younger (60–69) age groups significantly associated with increased help-seeking (Fraga Dominguez et al., 2021). Overall, few studies examined victim, abuse, and perpetrator characteristics in relation to reporting. Research published since the review has supported an association between case characteristics and help-seeking. For example, Burnes, Acierno, et al. (2019) found that victims who suffer physical abuse or poly-victimization were most likely to seek help.

Research has typically focused on predictors of formal help-seeking; however, researchers have stressed the need to investigate informal help-seeking (Fraga Dominguez et al., 2021). Victims are often more likely to seek help from informal sources, who can enable formal help-seeking or provide informal support without the involvement of formal systems (Burnes, Breckman, et al., 2019; Kilaberia & Stum, 2022).

Although understanding which victims are more likely to disclose abuse to informal or formal sources can be helpful, help-seeking is not a discrete process of asking for and receiving adequate assistance. Instead, help-seeking is an ongoing and dynamic process involving many steps (Fraga Dominguez et al., 2021). The ongoing nature of help-seeking means that there are many opportunities for disengagement, and that

even if help is offered, it may not always be accepted. There is evidence to suggest that services available to EA victims may be underutilized or rejected (MacNeil et al., 2023); thus, understanding what victims expect from third party intervention can be helpful in tailoring intervention in ways that will be acceptable to most victims. Conceptualizations of success in EA cases often vary between older adults, professionals, and other concerned individuals, such as family members trying to support victims informally (Kilaberia & Stum, 2022). A further understanding of victims' attitudes and wishes regarding intervention can help to tailor mainstream responses, even if the needs of each individual are still considered as part of a victim-centered approach.

The present study

Despite increasing research in this area, a substantial gap remains in terms of large-scale studies investigating help-seeking in EA by victims, including what facilitates help-seeking, in which circumstances victims may be more likely to seek help both formally and informally, and what victims expect from third-party intervention. The present study sought to improve the understanding of older victims' help-seeking in the context of abuse by a trusted person (i.e., EA as defined by the WHO, 2024). The study focused on victims' experiences of help-seeking with the aim of answering the following research questions:

- (1) What are the differences in case characteristics (victim, abuse, victim-perpetrator relationship, perpetrator) when EA victims contact sources of help? a. What case characteristics predict a victim (vs someone else) contacting a helpline? b. What case characteristics differentially predict victims contacting informal or formal sources?
- (2) What are EA victims' help-seeking experiences, in relation to the following areas? a. Barriers to help-seeking; b. Facilitators to help-seeking; c. Sources of help; d. Responses from sources of help and degree of success.
- (3) What are EA victims' experiences of and outcomes from confronting the perpetrator?
- (4) What do victims want to achieve by seeking help (i.e., contacting a helpline) and what are their long-term needs in terms of third-party intervention?

Design and methodology

This study involved a secondary analysis of cross-sectional data. The data source was Hourglass' free helpline, focusing on all the records over a one-year period. Hourglass, formerly Action on Elder Abuse, has been operating for 30 years, and remains the only EA-dedicated charity in the UK (Hourglass, n.d.; Podnieks et al., 2010). Although the charity's and helpline's focus have changed and broadened since the study was conducted (see Hourglass, n.d.), at the time of study, the main purpose of the helpline was to offer advice to older adults affected by abuse and others concerned about EA. In some cases, a referral to adult safeguarding was made if requested by the caller.

For each report received, helpline operators recorded free texts describing the enquirer's situation, the help needed, and the advice provided. Reports were made by victims, concerned others or professionals. Within this paper, and for simplicity of differentiation between characteristics of relevance to the research questions, those alleged to have experienced abuse will be referred to as victims and those who have allegedly abused an older person will be referred to as perpetrators.

The research was facilitated with a data sharing and confidentiality agreement and was ethically approved by the researchers' university. The data obtained from Hourglass included all EA reports (i.e., calls, e-mails, and letters) received and recorded between May 2017 and May 2018 ($n = 2,538$). Cases from this sample were included if they (1) met the WHO (2024) definition of EA and (2) contained information about the victim gender, type of abuse, perpetrator and victim relationship, the identity of the reporter (victim vs non-victim) and information on help-seeking from the perspective of the victim and/or reporter. Each case represents a unique caller to the helpline; where repeat calls were identified the information from any further enquiry was added to the information about the first record.

Out of the 2538 entries in the system, 1623 (64%) met inclusion criteria and were considered unique cases. The main two reasons for excluding 915 cases were that the EA definition was not met ($n = 207$, 23%) or the level of detail was too limited, and it was not possible to determine whether the case was EA ($n = 192$, 21%). A detailed overview of the characteristics of this sample, including the cases that were excluded, can be found in Fraga Dominguez et al. (2022a); however, a general description is provided at the beginning of the results section.

From this sample of 1623, different subsamples are considered for the current study depending on the research question being answered. The subsamples will be specified within the relevant results subsections.

A data collection tool was developed and used by the first author to gather the relevant case characteristics and variables of interest from the free texts. The tool was created based on previous literature, including a systematic review of victims' help-seeking behavior (Fraga Dominguez et al., 2021), and a systematic review of EA risk and vulnerability factors – that reflected relevant victim and perpetrator characteristics (Storey, 2020). The coding scheme included primarily nominal variables, some with categories (e.g., abuse location), but many coded dichotomously as present or absent (e.g., barriers related to family). Some variables were also gathered as free texts and then analyzed using qualitative content analysis. The variables recorded and relevant to the present study are included in [Table 1](#).

Table 1. Data collection variables relevant to the study.

Variables	
With Pre-Identified Categories	With Free Texts Analyzed Using Qualitative Content Analysis
<ul style="list-style-type: none"> ● Previous help-seeking behavior: yes/no. ● Barriers to current (i.e., to the helpline) and/or previous help-seeking behavior. Understood as anything (e.g., a circumstance, a feeling, or a belief) that makes it harder for a person to seek help. Classified in the themes identified in Fraga Dominguez et al. (2021): <ul style="list-style-type: none"> ○ 1) Fear of consequences; 2) Feelings or perceptions of personal circumstances; 3) Formal services; 4) Family barriers; 5) Social network; 6) Perception of abuse; 7) Cultural, generational, or religious. ● Facilitators to current (i.e., to the helpline) and/or previous help-seeking behavior. Understood as anything (e.g., a circumstance, a feeling, or a belief) that makes it easier for a person to seek help. Classified in the themes identified in Fraga Dominguez et al. (2021). ● Source(s) of help-seeking. Persons, professionals, or services that a person seeks help from, categorized as: <ol style="list-style-type: none"> 1. Informal: family, friends, acquaintances. 2. Formal: social services, police, charities, etc. ● Responses from sources. The immediate response obtained from sources of help after help-seeking, verbally or non-verbally, as well as the helpfulness of the response: categorized as positive, negative, mixed, neutral. ● Outcomes of help-seeking. The success in stopping or improving the abusive situation, categorized as: <ol style="list-style-type: none"> 1. The abuse ceased; 2) The situation improved but the abuse did not cease; 3) The situation worsened; 4) No change. ● Prior confrontation of the perpetrator (yes/no). 	<ul style="list-style-type: none"> ● Barriers to current and/or previous help-seeking behavior that did not fit in the pre-identified themes (see left column). ● Facilitators to current and/or previous help-seeking behavior that did not fit in the pre-identified themes (see left column). ● Perpetrator's responses to confrontation. ● Anticipated outcomes from helpline contact: victim's goals in contacting the helpline (i.e., help needed). ● Needs in relation to third-party intervention: understood broadly as the needs in relation to help obtained from third parties.

To assess the reliability of coding, a research assistant (RA) independently coded 254 cases (10% of the original sample of records; $n = 2,538$). Inter-rater reliability was calculated using Cohen's kappa for categorical variables and Intraclass Correlation Coefficient (two-way, mixed methods, absolute agreement) for continuous variables. Cohen's kappa results ranged from .68 to .87, indicating good to very good agreement (Altman, 1999), and ICC₁ ranged from .80 to 1, indicating good to excellent agreement (Koo & Li, 2016).

The study involved both quantitative and qualitative analyses. Quantitative analyses were performed using SPSS version 21 and included descriptive statistics (i.e., frequencies; to answer Research Questions 2, 3, and 4) and logistic regression (to answer Research Question 1). Two different sets of logistic regression models were conducted; one set aimed to answer Research Question 1a, to identify whether variables related to the victim, abuse, victim-perpetrator relationship, and perpetrator predicted the victim being the one

contacting the helpline (compared to someone else contacting the helpline; Research Question 1a). The other set aimed to understand whether these variables predicted a victim's formal disclosure (see Research Question 1b). In both cases, variables were first tested in different regression models, by type of variable: models with a) victim variables, b) abuse variables, c) variables relating to the victim-perpetrator relationship, and d) variables related to the perpetrator. Most predictors referred to the presence of something (e.g., an abuse type), although age was also used as a predictor (divided into older and younger age groups) and victim-perpetrator relationship had multiple groups reflected in the analysis. The variables that were statistically significant within significant models were then tested in an overall model.

In the first set of logistic regression models (Research Question 1a), the outcome variable was the identity of the reporter to the helpline (victim vs someone else; victim was coded as 1; see Model 1). For the second set of logistic regression models, the outcome variable classified the victims as having previously disclosed the abuse informally or formally (either to the helpline or to other services), with formal reporting being coded as 1 (see Model 2). Cases where the victim had not reported or had reported to both were excluded for this analysis.

To examine variables that did not fit into pre-identified themes or subthemes or variables for which no themes existed (e.g., attitudes toward intervention), qualitative content analysis was used, with the support of NVivo 11 and 12; this helped to address Research Questions 2, 3, and 4, and complemented the descriptive statistics for pre-identified themes. Qualitative content analysis is appropriate for summarizing larger data sets such as the one in this study and can help to generate categories of content (Drisko & Maschi, 2016). Coding was performed using a combination of deductive and inductive approaches, appropriate for the type of data in this study, where for many variables, pre-identified categories (i.e., derived from research) existed and were deductively generated. For these analyses, the researcher became familiar with the data by reading it carefully before assigning codes. Subsequently, the researcher identified common themes and created subthemes. These themes and subthemes were revised as needed iteratively, and the approach to coding was data-driven. To enhance credibility, the researcher used memos to document and review decisions (i.e., to merge codes or create overarching themes). These memos were also used to reflect on the researcher's impressions of the data and the data analysis process, which facilitated the researcher's reflexivity (Korstjens & Moser, 2018; Shenton, 2004). To illustrate themes and subthemes, examples are provided; however, to preserve anonymity, quotes are omitted. Because codes were primarily descriptive, the amount of potential bias from the analysis is minimized. Given the large sample size, and to illustrate how many cases included specific themes or subthemes, frequencies are reported (Drisko & Maschi, 2016).

Results

Victims ($n = 1,623$) were primarily female ($n = 1,093$, 67%), and the EA suffered predominantly financial ($n = 994$, 61%) or psychological ($n = 803$, 50%), with co-occurrence of two or more types of abuse (i.e., polyvictimization) in 653 cases

(40%). The abuse occurred at home in most cases ($n = 1,211$, 80%; 117 missing), with 174 (12%) cases occurring in a care home or nursing home. Abuse was frequently perpetrated by family members ($n = 1,193$, 74%), usually adult children ($n = 760$, 47%). Twenty percent of victims were described as living with dementia. Most commonly, the helpline was contacted by non-victims ($n = 1,434$, 88%), the majority of whom were informal supporters (e.g., family members, friends, neighbors, acquaintances) and whose experiences have been described in Fraga Dominguez et al. (2022b). Findings throughout refer to the victims' experiences of help-seeking. These were either reported by the victims calling the helpline or by the third party contacting on their behalf.

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Predictors of victims' self-report to the helpline

This analysis examined predictors of victim self-reporting to the helpline ($n = 189$, 12%). The final model (see Table 2) included variables relating to the victim, abuse, and victim-perpetrator relationship as predictors and the enquirer identity (victim vs non-victim as the outcome). These variables were the victim's gender, age group (60–80 vs 81–102), mental health problems, psychological abuse, neglect, sexual abuse, dependency on the perpetrator, the use of isolation, and the victim-perpetrator relationship.

This model was statistically significant; $\chi^2(12, n = 1,253) = 227.166$, $p < .001$, and a good fit of the data, as indicated by a non-significant result in the Hosmer and Lemeshow test; $\chi^2(8, n = 1,253) = 6.961$, $p = .541$. The model parameters are reported in Table 2. A case was more likely to be reported by the victim, as opposed to someone else, when the victim was female (OR = 2.48), younger (60–80) (OR = 4.17), when the victim had mental health problems (OR = 2.33) and were suffering psychological abuse by the perpetrator (OR = 3.63). Cases were more likely to be reported by someone else when the form of abuse perpetrated was neglect (OR = 7.69), when the perpetrator employed isolation techniques (OR = 5.88) and when the perpetrator was an adult child (OR = 1.75) or friend (OR = 3.85).

Predictors of formal vs informal disclosure

This analysis examined predictors of victim disclosure type: formal only (i.e., to the helpline or another formal source; $n = 237$, 47%) or informal ($n = 270$, 53%) in cases where the source of disclosure was known and excluding those cases where victims disclosed to both informal and formal sources. The outcome variable was formal disclosure. The final model (see Table 2) included variables relating to the victim, abuse, and victim-perpetrator relationship as predictors. These variables were the victim's age group, the victim's dementia, psychological abuse, the use of isolation, poly-victimization, the victim-perpetrator relationship, and the victim's dependency on the perpetrator.

This model was statistically significant; $\chi^2(10, n = 417) = 68.024$, $p < .001$, and a good fit of the data, as indicated by a non-significant result in the Hosmer and Lemeshow test; $\chi^2(8, n = 417) = 4.429$, $p = .816$. The model parameters are reported in Table 2. Within the model, several variables were significant. Specifically, cases of psychological abuse were more likely to be reported to formal rather than informal sources (OR = 1.79). Cases where the victim was older (81–102 years), living with dementia, being isolated, or suffering from

Table 2. Overall models with victim, abuse, and victim-perpetrator relationship variables.

Model 1—Outcome: Victim Reporting				
	<i>B</i> (SE)	95% CI for Odds Ratio		
		Lower	Odds Ratio	Upper
Intercept	−2.38 (.34)***			
Female Gender	.91 (.24)***	1.54	2.48	3.99
Victim's Older Age (81–102)	−1.43 (.23)***	.14	.24	.38
Mental Health Problems Present	.84 (.31)**	1.27	2.33	4.26
Psychological Abuse Present	1.29 (.23)***	2.29	3.63	5.76
Neglect Present	−2.04 (.49)***	.05	.13	.34
Sexual Abuse Present	.68 (.61)	.60	1.97	6.48
Perpetrator's Use of Isolation	−1.76 (.49)***	.07	.17	.45
Victim-Perpetrator Relationship (Family member)				
Partner	.30 (.34)	.69	1.35	2.63
Adult Child	−.55 (.27)*	.34	.57	.97
Friend	−1.36 (.59)*	.08	.26	.82
Professional and Other	.45 (.34)	.81	1.56	3.01
Victim's Dependency on Perpetrator	−.44 (.25)	.39	.64	1.06
Model 2—Outcome: Formal Reporting				
	<i>B</i> (SE)	95% CI for Odds Ratio		
		Lower	Odds Ratio	Upper
Intercept	.41 (.31)		1.51	
Victim's Older Age (81-102)	−.75 (.23)**	.30	.47	.74
Victim's Dementia Diagnosis Present	−1.66 (.64)*	.05	.19	.67
Psychological Abuse Present	.58 (.29)*	1.02	1.79	3.14
Perpetrator's Use of Isolation	−1.17 (.43)**	.14	.31	.72
Poly-victimization Present	−.72 (.25)**	.30	.49	.80
Victim-perpetrator Relationship (Family member)				
Partner	.23 (.38)	.59	1.26	2.68
Adult child	−.18 (.30)	.47	.84	1.51
Friend	−.62 (.54)	.19	.54	1.54
Professional and Other	.48 (.39)	.74	1.62	3.47
Victim's Dependency on Perpetrator	−.44 (.26)	.39	.65	1.08

Note. Model 1 = Nagelkerke R square = .316. Model 2 = Nagelkerke R square = .201.

Model 1 correctly predicted 89% of cases but was a poor predictor of victims' self-reporting to the helpline, predicting only 20% of cases correctly. Model 2 correctly classified 66% of cases (63% of informal disclosure cases and 68% of formal disclosure).

* $p < .05$, ** $p < .01$, *** $p < .001$.

multiple types of abuse were more likely to be disclosed to informal sources (OR = 2.13; OR = 5.26; OR = 3.23; OR = 2.04: respectively).

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In line with research question 2, this section will examine barriers to help-seeking, facilitators to help-seeking, sources of help-seeking, and responses from sources and outcomes of seeking help.

Barriers to help-seeking

In 1032 cases (64%), one or more barriers to help-seeking were identified that made it harder for the victim to seek help. These barriers were classified as belonging to the eight themes of barriers identified in a published systematic review (Fraga Dominguez et al., 2021) as outlined in Table 1. Barriers were not exclusive, so the same case may have

included several barriers. The most mentioned barriers related to the social network ($n = 457$, 44%), followed by feelings or perceptions of personal circumstances ($n = 321$, 31%) and barriers related to formal services ($n = 305$, 30%). Percentages were calculated with respect to the cases where there were barriers. The following paragraphs outline the most common barriers by each of the eight themes.

Social network ($n = 457$, 44%). The most common barriers to help-seeking within this theme were that the victim was isolated ($n = 230$, 50%), that despite being connected with others, they lacked effective social support ($n = 93$, 20%), or that their existing social network did not want to get involved or help with the abusive situation ($n = 87$, 19%). The next two most common barriers were that the victim had problems communicating with or seeing others, primarily due to the perpetrator's control or influence ($n = 87$, 19%), or that the victim had negative attitudes toward their informal network or the help that was offered by this network ($n = 46$, 10%).

Feelings or perceptions of personal circumstances ($n = 331$, 31%). There were several victim's feelings or perceptions of their personal circumstances that made it harder to seek help; most commonly, the victim's physical frailty ($n = 120$, 37%). Other common barriers were the victim's ambivalence regarding help-seeking ($n = 63$, 20%), a refusal to disclose or talk about the abuse with any third-party ($n = 29$, 9%), and difficulties communicating what was happening to them (e.g., due to a stroke, stutter, or learning disabilities; $n = 23$, 7%).

Formal services ($n = 305$, 30%). The most common barrier within this theme was related to service response or involvement ($n = 147$, 48%), particularly a lack of response or appropriate response from services, such as social services or the police (e.g., being interviewed with the perpetrator in the room). Next most common, there were barriers relating to the victim and their opinions or attitudes toward services (e.g., not wanting help from specific services or the specific help offered; $n = 146$, 48%). In some cases, there were also barriers due to the perpetrator's control or influence ($n = 30$, 10%), such as the perpetrator impeding contact with services or making it harder for the victim to contact services.

Fear in relation to help-seeking ($n = 209$, 20%). Barriers related to fear included fear for the victim or the perpetrator. Most commonly, victims were afraid, scared, or intimidated by the perpetrator ($n = 57$, 27%). However, in 61 cases (19%), victims wanted to protect the perpetrator from harm or negative consequences.

Perception of abuse ($n = 166$, 16%). The most common barrier within this theme was a lack of awareness that EA was occurring (e.g., for financial abuse) or not perceiving the situation as abusive ($n = 54$, 33%). The next most common barrier was memory-related problems, sometimes linked to dementia (e.g., not remembering details about abuse – financial transactions, paperwork signed, conversations; $n = 41$, 25%). Finally, 21 victims (13%) knew that abuse was occurring but had difficulties labeling the behaviors as abusive.

External circumstances ($n = 128$, 12%). In 83 cases (65%), the victim's experience of bereavement coinciding with the abuse seemed to make it harder to seek help and

sometimes the victim's socioeconomic dependency on others was mentioned as a barrier (= 45, 35%). Other barriers (= 5, 4%) were a general lack of money or resources, a dependency on the perpetrator for things such as bringing alcohol, and a precarious legal status in the country (immigration-related).

Family barriers (n = 61, 6%). The most common family barriers were the importance of the relationship with a familial perpetrator or other family members (= 18, 30%), a familial perpetrator's dependency on the victim (= 16, 26%) and the victim's relationship with their non-abusing adult children or grandchildren (= 13, 21%), which may have been negatively impacted by seeking help.

Cultural, generational, or religious barriers (n = 39, 4%). The most common barriers were language barriers (e.g., needing an interpreter who was not available; = 22, 56%). There were also some generational or traditional beliefs that acted as barriers, such as believing that abuse is a private matter (= 11, 28%). Cultural sensitivities or beliefs (e.g., not bringing shame to the family) were also present (= 6, 15%) and religious beliefs (e.g., about divorce's compatibility with their religious faith) acted as barriers in two cases (5%).

Facilitators to help-seeking

In 213 cases (13%), one or more facilitators to help-seeking and/or circumstances that prompted a decision to seek help were identified. Most commonly, victims were seeking help due to specific circumstances or triggers, such as abuse escalation (= 70, 33%) or the victim's fear for safety (= 42, 20%). Other circumstances that prompted a decision to seek help were the situation reaching an unbearable threshold (= 25, 12%), an unhappiness with their situation or a desire for change in their circumstances (= 15, 7%), a change in victim perceptions of the perpetrator or changes in their relationship with the perpetrator (= 15, 7%), recent awareness of abuse (= 12, 6%), and feelings of distress or other mental health difficulties (= 10, 5%). The most common facilitator was good informal support (= 35, 16%). Other facilitators present were good formal support (= 13, 6%) and access to information that could make it easier to seek help (e.g., proof of abuse; = 3, 1%).

Sources of help

In 354 cases, the victim had disclosed the abuse to an informal and/or formal source (22%). Where source of help was known (= 333), most victims had sought help from an informal source (= 189, 57%), such as relatives, friends, or neighbors, while others had sought help from a formal source (= 135, 40%) or both (= 9, 3%). Some examples of formal sources of help were the police, organizations for older people, social services, charities, or domestic violence organizations, but a wide range of services were contacted.

Responses from sources of help and outcomes

Where the response type from a source was known (= 300), most victims obtained positive responses (= 222, 74%), characterized by someone trying to help or support them. Some victims obtained negative (= 39, 13%), neutral (= 20, 7%) or mixed (positive and negative) responses (= 19, 6%). Outcomes from seeking help were known in 306 cases. At the time of the enquiry to the helpline, most victims had been unsuccessful in

stopping the abuse through help-seeking ($n = 272$, 89%). For some, the situation had improved but had not resolved ($n = 30$, 9%), and a small minority ($n = 4$, 1%) had been successful in stopping the abuse. Where they had already been successful, an example of a reason for enquiring was wanting to talk about their experience.

Some victims ($n = 52$, 3%) had confronted the perpetrator, for example, by asking them to leave their house or stop their behavior. In 22 of these cases (42%), the victim had also disclosed the abuse to someone else. Perpetrators' responses to confrontation were analyzed through content analysis. Of the 52, 10 (19%) responses were unknown/unclear. In most cases, the confrontation was unsuccessful, but the abuse did not worsen ($n = 31$, 74%). In five cases (12%) the confrontation was unsuccessful and resulted in further abuse (e.g., becoming aggressive, threatening escalation). Finally, in three cases (7%) the confrontation was partly successful (e.g., some money was returned by the perpetrator).

\$

%

Information about what victims wanted to achieve by contacting the helpline in the cases that were self-reported to the helpline ($n = 189$) was available in 82 cases and analyzed using qualitative content analysis. Primary aims can be found in Table 3. The most frequent aim was to gain emotional support or to talk with someone, followed by wanting general or specific support (e.g., support from Hourglass, legal support, housing advice).

To gather more information about victims' needs regarding any third-party intervention, we examined the victims' views, as reported by the victims themselves or by non-victim enquirers ($n = 313$, 19%). Some of the categories relating to intervention-related needs overlap somewhat with the aims of contacting the helpline. However, the latter represents what they wanted at the time of contacting the helpline and their reason for contacting the helpline, which is a narrower aspect than their general needs in terms of third-party intervention – which also covered areas other than outcomes for themselves (e.g., what

Table 3. Victims' goals when enquiring from the helpline.

Things victims want	Frequency	
	<i>n</i>	%
Emotional support or talking to someone (including face-to-face)	18	20.9
Specific support by Hourglass (e.g., writing a letter, referral to EARS or adult safeguarding)	15	17.4
General support or advice, or help in getting such support or advice	13	15.1
Support in finding legal advice (general or relating to POA, prosecution, or the perpetrator's eviction)	10	11.6
Housing advice (e.g., relocating to a new place or country, returning home)	9	10.5
Advice on accessing a specific service or help (e.g., mediation, counseling)	7	8.1
Help to stop the perpetrator, the abuse, or resolve situation	4	4.7
Publicise or record their experience	4	4.7
Support for the perpetrator or support for both themselves and the perpetrator	3	3.5
Information or knowledge about rights	3	3.5

Note. The total percentage exceeds 100 because several victims provided several goals for the enquiry. $n = 86$. EARS = Elder Abuse Recovery Service; POA = Power of Attorney.

victims want to happen when others, particularly formal services, get involved, and what they want to avoid).

The analyses show that both what the victims wanted from intervention and what they wanted to avoid related to several main areas, namely: specific support from services, living arrangements, the relationship with the perpetrator, the support from and relationship with concerned persons (i.e., informal supporters), the perpetrator, the disclosure of abuse and the outcomes from this disclosure. The most common needs within these areas are highlighted in Table 4. Some victims' needs were at odds with other victims' needs. For example, some victims wanted a relationship with the perpetrator, while others did not; some wanted help from concerned persons, and others did not want them to interfere. However, some commonalities were identified. There was a general need for emotional and legal support, and a reluctance to involve social services or the police, or to take "harsh" steps – at least

Table 4. Victims' needs regarding third-party intervention.

Area of Focus	<i>n</i>	%	Most Common Categories	<i>n</i>	%
Things Victims Want (<i>n</i> = 195)					
Specific support from services	76	39.0	<ul style="list-style-type: none"> ● Talking to someone or getting emotional support ● Legal advice, support, or assistance, or help in getting such advice 	17	8.7
Housing or living arrangements	61	31.3	<ul style="list-style-type: none"> ● The perpetrator to leave, or be evicted ● Leaving house temporarily or permanently (for suitable housing) 	25	12.8
Relationship with the perpetrator	17	8.7	<ul style="list-style-type: none"> ● Remaining at home "in peace" ● Continuing a similar relationship where abuse is still happening ● Perpetrator to be away ● Maintaining relationship but with the abuse stopping 	10	5.1
Support from and relationship with concerned persons (CPs)	15	7.7	<ul style="list-style-type: none"> ● CPs actively supporting them, being POAs or looking after finances ● CPs being with them in accepting support, as their bridge to support 	6	3.1
The perpetrator	10	5.1	<ul style="list-style-type: none"> ● Protection or support for the perpetrator (e.g., medical, with an addiction) 	5	2.6
Disclosure of abuse	10	5.1	<ul style="list-style-type: none"> ● Time to disclose or talk about what happened 	4	2.1
Things victims do not want (<i>n</i> = 251)					
Specific support from services	100	39.8	<ul style="list-style-type: none"> ● Social services' involvement ● Police involvement ● Taking "harsh" steps (e.g., prosecution, charges, injunction, court) 	23	9.2
Housing or living arrangements	27	10.7	<ul style="list-style-type: none"> ● The perpetrator to leave or asking them to do so ● Being admitted to a care home, especially one that is inappropriate 	19	7.6
Relationship with the perpetrator	22	8.8	<ul style="list-style-type: none"> ● Losing contact with the perpetrator, divorcing them ● Perpetrator managing finances, being POA, or deputy 	12	4.8
Disclosure of abuse and outcomes from it	37	14.7	<ul style="list-style-type: none"> ● Talking a lot about situation or discussing what is happening ● Making situation worse by reporting ● Speaking in front of the perpetrator (e.g., with social services) 	7	2.8
The perpetrator	26	10.4	<ul style="list-style-type: none"> ● Negative consequences (e.g., job loss, arrest, homelessness) 	7	2.8
				4	1.6
				26	10.4

initially. Victims also wanted to live in their homes, and many wanted the perpetrator to leave. Some were willing to leave their home for suitable housing, but there was a reluctance to go into a care home, especially one that was not appropriate for their needs. Finally, regarding the perpetrator, there was a common wish to avoid negative consequences such as the perpetrator losing their job or becoming homeless, and some victims wanted help for the perpetrator.

Discussion

The present study explored the help-seeking experience of EA victims, including barriers and facilitators to help-seeking, sources of help-seeking and responses, and attitudes toward intervention. In addition, the study identified predictors of the abuse being self-reported to the helpline (as opposed to reported by others), and predictors of reporting to formal or informal supports in the context of the helpline sample. The study involved a diverse sample in terms of abuse types and abuse location, and the sample size made it possible to ascertain the relative frequency of different barriers and facilitators previously identified in the literature and expand on those in a large sample of cases. Finally, to our knowledge, this is the first study to explore victims' attitudes toward intervention and wishes in a large sample of EA cases, an area that is in need of study (Burnes et al., 2021).

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The findings regarding barriers to help-seeking provided support for previous research findings and stressed the importance of problems related to the victim's social network and individual feelings regarding help-seeking. Many victims were isolated, and some experienced a variety of negative feelings regarding help-seeking. Barriers related to formal services were the third most common, although this high frequency may be influenced by the context of the helpline and the secondary data used, where enquirers are likely to be commenting on their experiences with formal services of help, if they have tried any, as well as their concerns regarding future engagement. Formal service barriers encompassed a variety of negative attitudes toward services, as well as the perpetrator's interference with those services. The influence of the perpetrator on the victims' ability to seek help was common across barriers and some examples appear to be consistent with coercive controlling behaviors (Barlow et al., 2020). For instance, in research by Storey and Perka (2018), case workers frequently experienced challenges in visiting or communicating with the victim, commonly related to the perpetrator not allowing contact, or making this contact unsafe. It is worth noting that there are many parallels between barriers experienced by older victims and barriers identified in other age groups and other types of violence (e.g., adult victims of intimate partner violence; see Kennedy & Prock, 2018; Lelaurain et al., 2017). Thus, a continuum of barriers may exist, with some barriers becoming more salient due to EA dynamics or due to additional challenges as people age, including systemic discrimination and professional bias (Bows et al., 2024).

Facilitators to help-seeking, victim disclosure, and predictors of disclosure

Consistent with previous research (Fraga Dominguez et al., 2021), facilitators of disclosure primarily included a change in circumstances, particularly an escalation in abuse or

increased victim fear. The findings highlight that victims disclose abuse, but only do so in a minority of cases; non-victims were the primary reporters. Although victims constituted 12% of helpline enquirers, almost a quarter had disclosed the abuse previously to an informal source, such as the person contacting the helpline, or a formal source, including the helpline. Disclosure to an informal source was more frequent (57% of cases where there was a previous disclosure), thus, by focusing only on formal reports by victims, there may be an underestimation of older adults' disclosure of abuse (Fraga Dominguez et al., 2021; Sylaska & Edwards, 2014). In fact, due to the lack of specific probing by the helpline staff around previous disclosure, it is possible that many more victims had previously disclosed the abuse to someone else (Storey & Perka, 2018).

There was evidence that some victims in the sample also acted by confronting the perpetrator. There is some evidence from research on informal supporters of EA victims and research on stalking that perpetrator confrontation may be ineffective and risky (Fraga Dominguez et al., 2022b; Storey & Hart, 2011) and although escalation of abuse was not a common outcome following confrontation, there was limited reported evidence of effectiveness. In contrast with our findings, Qu et al. (2021) found that older victims' conversations with the perpetrators more often led to an effective response, although risk was still present in some cases. Thus, the outcomes of confrontation require further exploration, including in which cases they may work or be a safe alternative. Nonetheless, considering that in some cases confrontation can lead to worsening of the abuse or escalation, where possible, practitioners should make victims aware of these risks and explore alternative and safer ways of taking action. This advice may also be helpful to incorporate in awareness campaigns.

In relation to victim disclosure, the present study adds to our knowledge about the cases that were more likely to be self-reported by a victim and cases that are more likely to be reported by others. Cases involving female victims and those in a younger age group (60–80 years) were more likely to be self-reported. Reduced male reporting is consistent with research showing increased stigma associated with seeking help by older males (Bates & Carthy, 2020). The findings also indicate that, as age increases, victims may encounter more barriers to seeking help. Cases involving victims experiencing mental health problems were more likely to be self-reported, perhaps prompted by other complex needs and experience of seeking help and use of services. Cases reported by others were more likely to involve neglect, isolation, and abuse by a friend or an adult child. It is possible that victims experiencing neglect might need more care, inhibiting their ability to report especially if they are institutionalized (Joosten et al., 2020). For instance, they could be less capable, or more concerned about losing the (inadequate) support they have. This highlights the need for screening and subsequent third parties' reporting in these cases.

Older victims, those living with dementia, and who were being isolated, were more likely to disclose informally as opposed to formally. Poly-victimization was also associated with informal disclosure, despite the co-occurrence between multiple types potentially indicating higher severity, which has been linked to formal help-seeking in previous research (Burnes, Acierno, et al., 2019). Overall, these findings suggest that there are different factors associated to informal disclosure compared to

formal reporting, which emphasizes the importance of continuing to consider these two types of disclosure in future research. Some victims may not be able to disclose formally due to specific barriers or circumstances, but they may still disclose to others informally, who could then connect victims with formal support. A further understanding of who these victims are from studies using different samples, as well as continued focus on the experiences of informal supporters (e.g., Burnes, Breckman, et al., 2019; Fraga Dominguez et al., 2022b) will be helpful in developing the state of knowledge in this area.

Experiences of support services were mostly negative, at least in reference to an improvement of the victims' situation or a cessation of the abuse, which is a common way of measuring EA outcomes (Burnes et al., 2021). Although, logically, those who have been unsuccessful with accessing support are more likely to contact a helpline – thus skewing the data – this finding is still concerning in terms of adequately servicing this population. Related to outcomes of help-seeking are the needs that victims had in terms of third-party intervention, which were also explored in this study and which are helpful for understanding how to offer victim services that they will be likely to accept and benefit from. A scoping review highlighted the need to conduct qualitative research with victims focused on understanding “meaningful intervention outcomes from their perspectives” (Burnes et al., 2021, p. 7). The findings contribute to that call by identifying what victims wanted in terms of intervention, as well as the things that they would like to avoid, such as the involvement of specific services (e.g., social services or the police) or being placed in a care home. Consistent with a recent study (Burnes, Hsieh, et al., 2019) which looked at outcomes of success, victims' needs regarding third-party involvement extended to other people and their relationship with others and are thus beyond the specific formal help they could receive. Victims' needs concerned help for the perpetrator, the relationship and frequency of contact with them, their living arrangements, the involvement of informal networks in helping them, the ways in which they wanted to discuss the abuse, and the direct outcomes from disclosure. In fact, a wide range of needs were identified but many victims had opposing views. Thus, a victim-centered (Storey & Perka, 2018) rather than a blanket intervention approach is likely to succeed in servicing older adults who suffer abuse (Spangler & Brandl, 2007).

Hence, practitioners may benefit from an individualized and broad approach in probing about needs and planning intervention. An intervention plan may respect victims' needs in one area (e.g., perpetrator's eviction), but fail to meet other needs (e.g., the perpetrator not being homeless) if there is not an appropriate remediation (e.g., housing assistance for the perpetrator). The lack of such an approach, or if victims' needs are not met, could lead to victims refusing intervention (Storey & Perka, 2018). It may also make victims less likely to pursue help in the future, by negatively influencing their attitudes toward help-seeking. Thus, failure to consider victims' needs in different areas could leave the older adult in a position of harm (i.e., living with the perpetrator). Given that successful interventions with the victim will need to also consider the

perpetrator, more research aimed at understanding perpetrators' perspectives and needs is necessary.

Implications for practice

The findings have several implications for practice. The identified barriers and facilitators can be used to train professionals, so that they are not only aware of EA detection signs but also of the reasons why victims remain silent, or what circumstances may help victims to report abuse. This knowledge can help professionals to explore the barriers most relevant to their clients and may facilitate engagement. Second, the knowledge about the characteristics of the victims least likely to seek help should be integrated into training for professionals likely to encounter EA (i.e., those who work with older adults) and should also be utilized in the design of awareness campaigns, by targeting specific groups who are less likely to seek help and by considering the barriers they may be facing. Third, influence of the perpetrator in trying to prevent victims from seeking help should be considered by professionals. Some of the behaviors described in this study, such as isolating techniques—i.e., preventing the victims from speaking with or seeing others, including services (Storey & Perka, 2018) – should be considered as red flags.

Fourth, the understanding that victims seek help with diverse goals in mind, as well as different things they want to avoid, should help to support practitioners' victim-centered approaches. The use of motivational interviewing, which encompasses client-centered principles, has recently been identified as a helpful approach in engaging victims in intervention (MacNeil et al., 2023). It is important that professionals (e.g., police) do not make assumptions (e.g., that victims will not want a specific outcome, such as prosecution), but rather interact with each older person as someone with their own set of circumstances, consistent with a victim-centered and personalized approach (Spangler & Brandl, 2007). For those victims who may be vulnerable (due to cognitive limitations, physical frailty), appropriate support should be provided to access the criminal justice system if they favor this approach (Brown & Gordon, 2022). However, it is also important for professionals to be mindful of stereotypical views of older victims and offenders and the impact they may have on victims' help-seeking and professionals' provision of support (Bows et al., 2024).

Limitations

The present study is limited in terms of the diversity of experiences represented due to sampling bias. One source of bias is that these are cases in which there is at least one person, either the victim or someone else, seeking advice for the abuse situation. The sample might therefore underrepresent cases with isolated victims, victims who cannot overcome other barriers, and victims who are managing abuse on their own. Due to the use of secondary data, there may also be bias in the type of data gathered within the sample. The available data are determined by the information that enquirers self-report and that helpline workers record in the database.

There are some limitations as they pertain to the logistic regression analyses with different forms of disclosure as outcomes. The set of analyses that used the victim's self-report to the helpline as an outcome may not be reflective of other types of formal reporting (e.g., police, social services), given that the helpline is a specific source of formal reporting. However, they help us to understand which cases are more likely to be

self-reported and which cases may be disclosed by others, such as informal supporters. In addition, this set of analyses is strong in terms of the temporal relationship between predictors and outcome, as all the case characteristics studied (e.g., a victim's mental health problems) were present prior to the victim (or someone else) contacting the helpline. On the other hand, the analyses using the outcome of previous or current formal disclosure and previous informal disclosure cannot establish temporality in the same way.

Despite the limitations, there are clear strengths associated to the use of secondary data from a helpline. Although there was no legal classification of victim and perpetrator (as there might be with the use of police or court data), the helpline reports included in this sample met the WHO definition of EA and, therefore, represent a diverse sample of help seekers not limited to the research constraints of criminal justice system attrition. Furthermore, this is a national sample, representative of different abuse types and abuse locations (e.g., community and institutional settings). The sample is also diverse in terms of the victims and abuse cases represented, as previous studies have been limited by excluding cases where the victim has any cognitive limitations and their lack of focus on institutional abuse cases (see further details in studies reviewed in Fraga Dominguez et al., 2021). This study included cases of victims living with dementia, thus furthering knowledge of this understudied population. Nonetheless, it is important to note that, based on prevalence estimates, the sample likely represents a small proportion of people experiencing EA in the UK.

Conclusions

The present study aimed to characterize the help-seeking experience of EA victims in a large sample of cases. Findings indicated that victims face a wide range of barriers, and they seek help when their experience of the abusive situation worsens. Informal disclosure was most common, and there were differences identified between victims who disclosed informally and formally. The study provided more information about EA victims' attitudes toward intervention, stressing the importance of a victim-centered approach which considers the needs of victims in a variety of areas in order to facilitate continued engagement with services and ensure the safety of victims.

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Author contributions

CRedit: **Silvia Fraga Dominguez**: Conceptualization, Formal analysis, Methodology, Project administration, Writing – original draft, Writing – review & editing; **Jennifer E. Storey**: Conceptualization, Supervision, Writing – review & editing; **Emily Glorney**: Conceptualization, Supervision, Writing – review & editing.

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