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**Service provider perceived barriers to addressing elder abuse: An elder abuse needs assessment**

by

**Louise Peitz**

A thesis submitted to the graduate faculty

in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

Major: Human Development and Family Studies

Program of Study Committee:
Jeongeun Lee, Major Professor
Joseph Svec
Megan Gilligan
Amie Zarling

The student author, whose presentation of the scholarship herein was approved by the program of study committee, is solely responsible for the content of this thesis. The Graduate College will ensure this thesis is globally accessible and will not permit alterations after a degree is conferred.

Iowa State University

Ames, Iowa

2020

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## ACKNOWLEDGMENTS

I would like to thank my committee chair, Jeongeun Lee, and my committee members, Joseph Svec, Megan Gilligan, and Amie Zarling, for their guidance and support. This research could not have been possible without their guidance. Furthermore, I would like to thank my family, friends, colleagues, and the department faculty for making my time at Iowa State University an excellent experience. I would also like to offer my sincerest appreciation to those who were willing to participate in my surveys and explorations.

## ABSTRACT

Recent attention has been drawn to the increasing prevalence of elder abuse in rural settings. This trend has called for more coordinated efforts to address elder abuse in the rural community. Current literature suggests that systematic obstacles are key issues that prevent service care providers from effectively providing the support needed in rural communities to prevent elder abuse. However, little work has been done to identify these obstacles and how to combat them. In this study, based on the Elder Abuse Needs Assessment of Iowa, we have examined the perceived barriers service providers face. Our sample includes 222 providers across Iowa who took an online survey. The survey was initially sent to members of the Coordinated Community Response team of Iowa, and forwarded to additional agencies and service providers across Iowa. Our findings indicated that service providers experienced similar barriers, despite the rurality component originally thought to influence these perceived barriers. Common themes described by the providers as barriers to addressing abuse were lack of collaborative efforts, funding, location, and lack of transportation resources. Using the Bioecological model, we interpret the results and highlight the need for future funding to alleviate the barriers service providers face in their agencies.

# CHAPTER 1. INTRODUCTION

Elder abuse, defined under Iowa law in Chapter 235F, is an assault of a vulnerable elder by physical, sexual, neglectful, or financial means. A vulnerable elder is "a person sixty years of age or older who is unable to protect himself or herself from elder abuse as a result of age or a mental or physical condition" (Iowa Code, Chapter 235F pg.1, 2017). The Center for Disease Control stated that 1 in 10 older adults experience some form of abuse while living in their homes (CDC, 2017); 60% of which is perpetrated by a family member (National Council on Aging, 2020). This is particularly relevant to rural populations as a majority of older adults depend on informal caregivers (i.e. family members) for daily needs (Toseland et al., 2011). Social workers, health care professionals, financial officers, community based service workers, and family members all play a role as service providers working to combat issues within the older population, including abuse and maltreatment cases (Bookman & Kimbrel, 2011). In the current study, we examine the challenges service providers face while working with elder abuse victims and their families, in both rural and urban environments.

The ecological model can be used to conceptualize our analysis. According to Bronfenbrenner's ecological model, system interactions surrounding an individual are instrumental to their development (Bronfenbrenner, 1994). In their study, Roberto & Teaster (2017) identify the ecological framework as one of many theories used to study elder abuse. In this review, Roberto and Teaster state that this theory has helped enable an understanding that elder abuse is a dynamic phenomenon, integrating multiple systems in which an older adult is involved. The emphasis on "person-context interrelatedness" is imperative to the theory (Roberto & Teaster, 2017. Pg 26). In this analysis, service providers dealing with elder abuse are at the core of this ecological model. The dynamic of the perceived barriers individuals face within their agencies is a function of systematic interactions within the ecological model levels. The barriers

perceived by these service providers are an interaction between the systems, ultimately demonstrating multiple barriers in each system. This bioecological theory may help explain the systematic barriers service providers experience by illustrating the levels within the model and how they relate to barriers within their agency. Qualitative responses provided by the respondents will illustrate these systematic barriers.

# CHAPTER 2. LITERATURE REVIEW

## Prevalence of Abuse

In his study *The National Elder Mistreatment Study,* Acierno et. Al. determined that amongst 5,777 older adults, 4.6% of them experienced emotional abuse, 1.6% suffered from physical abuse, less than 1% experienced sexual abuse, 5% had potential neglect, and 5.2% experienced financial exploitation in the span of just one year, (Acierno, 2010). This study shows that abuse was substantiated in at least 288 individuals out of nearly 5,800 providing strong evidence that abuse is prevalent in many forms amongst the vulnerable population of elderly adults.

It is important to note that these statistics are most likely underreported due to several factors. The assumption of underreporting of elder abuse is heavily supported by current literature. Heisler (1991) explained that victims may not report abuse because the perpetrators are usually family members (Heisler, 1991). Another reason for the vast underreporting is due to the dynamic intertwining of types of abuse (i.e. often one type of abuse accompanying another). For example, Tueth (2000) explains that financial abuse is often accompanied by psychological abuse. This can include forms of intimidation and threats towards the older adult, discouraging them from seeking help (Tueth, 2000).

The National Elder Abuse Study conducted by Acierno et al. (2010) also provides support that "little of this mistreatment was reported to authorities." In 2017, the Dependent Adult Abuse Registry Annual Report (Department of Human Services, 2019) revealed that there were 434 reported cases of elder abuse in Iowa, with an additional 141 cases of confirmed abuse that was not legally pursued. With evidence supporting underreports of elder mistreatment, it is expected that the actual cases of abuse are much higher than what has been presented in previous data (Acierno, 2010).

## Elder Abuse in Rural Contexts

Elder abuse has shown itself to be a concern in many rural communities (Teaster, 2018; Dimah, 2004; Griffin, 1994), including Iowa, which is generally classified as a rural state. There are many aspects associated with rural environments that aid in the increased levels of elder abuse. First, social isolation experienced by individuals in rural areas contributes to poor mental health. Shankar et al (2011) noted isolation was associated with increased levels of depression, and an overall decrease in health including high blood pressure, increased risk of inflammatory disease and lower activity levels. These ailments often lead to vulnerabilities, making an older adult more susceptible to abuse. Second, lack of access to resources such as transportation and inadequate health supplies further intensify this isolation leaving many older adults to rely on caregivers to provide these necessary services (Goins et al, 2005).

Rurality can lead to further increased burden of family members, who often double as caregivers (Toseland et al., 2011). The emotional and physical toll experienced by a caregiver often creates a high-stress environment. This often contributes to the burdens that the caregiver's own immediate family experiences (Toseland et al., 2011). With these additional burdens, caregivers often experience caregiver role strain, which enhances anxiety and often leaves them unable to adequately perform caregiving tasks (Burns et al, 1993; Liu et al, 2017).

Stated by Amstadter (2011), a large percentage of rural areas are composed of older adults, as opposed to their urban counterparts (18% vs. 15%). This rings especially true for more rural parts of the United States such as the Southeastern and Midwestern parts of the country (Amstadter, 2011). Aging in place has been a common theme for many older adults, especially those in rural areas (Bacsu et al, 2012; Bascu et al, 2014; Carver et al, 2018; Cook et al, 2005). Erickson et al (2012) found that many older adults residing in rural areas wanted to stay in their

established rural homes, even though their surrounding areas were often experiencing economic decay and further isolation from medical amenities (Erickson et al, 2012.) For many, the attachment to the community, people and homestead outweigh the negatives of a rural residence (Dye et al, 2010).

With the higher population of older adults in rural areas of the United States, Dimah (2004) found that women residing in rural areas experienced more abuse than their urban counterparts. Dimah's study ultimately concluded that more programs were needed in rural areas to combat the prevalence of abuse, especially amongst the older populations (Dimah, 2004). In their study, *Factors Affecting the Rate of Elder Abuse Reporting*, Wolf and colleagues (1999) stated that, "Because rural areas are known to have fewer services, it was suggested that the high rate of reporting in the very rural area might include many reports of other problems that would be screened out during the intake process in richer service areas" (Wolf et al, 1999. Pg 228). Tilse et al (2006) stated that older adults residing in rural areas found it difficult to find services due to distance and the services they could find severely lacked in variety. Additionally, Amstadter and colleagues (2011) stated that reporting rural elder abuse was crucial to understanding each states' needs as well as providing the data needed to adjust public policies. Their study also noted that the scarce research currently available on rural elder abuse has shown to be a barrier in addressing key issues.

The indications from current literature bring light to the unfortunate facts that not only do elders in the United States opt to reside in rural areas, but the rate of elder abuse is higher and the access to resources lower in these rural areas. The ecological theory provides rationale for this study and the effect systematic barriers have on service providers. One premise of this theory is the interaction between the mesosystem and an individual, which we see in this study as the

service provider and their work environment. The exploration of how rural vs. urban service providers are affected by their social and contextual factors indicate more macro-level influences, including societal views on importance of human services. This overarching issue trickles down to meso-level influences, including workplace barriers such as restriction of transportation and interagency collaboration. The component of rurality may exacerbate these issues even more. Based on this theoretical premise, I plan to explore perceived barriers by location of provider and explore the differences or similarities providers experience in the barriers they perceive.

## Parallel Findings in Child Abuse Literature

Although there is a lack of literature that explores the specific barriers service providers face while working with older adults in rural environments, there is literature on the barriers service providers face when dealing with other vulnerable populations.

Areas of literature we can equate to our own research topic include that of child abuse service providers, as well as the agency barriers these providers face while working with victims. He (2015) examined interagency associations between service providers working on child abuse cases and found that partnerships between agencies increased, most notably in populated areas with high caseloads. He (2015) also suggested that collaboration between agencies resulted in higher organization and a decrease in job stress. This finding indicates that partnerships between agencies may relieve service burden and increase the service distribution service workers can provide (He, 2015).

Sivagurunathan et al, (2019) also investigated service providers' challenges and barriers associated with child abuse cases. In their study, Sivagurunathan and colleagues collected qualitative data from service providers regarding the challenges they encounter when working

with male child abuse victims; the study revealed that victims avoid disclosing abuse to service providers. Child abuse victims in Sivagurunathan's study had trouble reporting their abuse because of the close relationships they had with their abuser. This lack of reporting can be paralleled to elder abuse victims, as a majority of the abusers are their caregivers who are usually family members or people with whom they have close relationships. (Roberto, 2016).

There are multiple similarities between the populations of children and elders: both are vulnerable, dependent on another individual, and that individual is often a trusted family member. Because of this, we may see the same complexities that child abuse service providers face to be present with elder abuse service providers. This dynamic is relevant to the ecological model in that dependent adults and children are embedded in the family context, showing similar obstacles within their respective systems. Similar to children who are dependent on their caregivers, many frail older adults are often dependent and have close ties to their caregiver. This family dynamic, a direct interaction of the mesosystem in a victim's immediate environment, makes abuse even harder for a victim to disclose. The role of trust and reliance a service provider bears is extremely significant. This knowledge is critical in that it relays the importance of the service provider role in aiding victims of elder abuse.

# CHAPTER 3. RESEARCH QUESTIONS

Based on the previous literature, I formulated two main research questions. First, I examined differences and similarities in barriers regarding the location of service providers and the territory they serve in Iowa. Second, I explored urban and rural service provider perceptions when it came to barriers within their agencies. For my analysis, I used a mixed methods approach to answer the following two questions:

1. Are there any differences in the perceived barriers – transportation, location of agency, collaborative efforts and funding – that service providers reported between urban and rural areas of Iowa?

2. Explore urban and rural service providers' perceptions of barriers to elder abuse.

# CHAPTER 4. QUANTITATIVE ANALYSIS

## Methods

Data for this study comes from the Elder Abuse Needs Assessment. This study is one of the first needs assessments of elder abuse in Iowa and was developed to explore the challenges and barriers that service providers face while working with abuse victims and their families. My sample represented service providers working with the Iowa elder population whose demographics are unique to the state. Iowa holds a large older adult population with approximately 186,000 males over the age of 65 and 241,000 females over the age of 65, giving us 427,000 individuals who fit the demographic of "older adult" (U.S. Census Bureau, 2019). This means nearly 14% of Iowa's entire population is composed of older adults. Within this older adult population, approximately 60,000 individuals are 85 years or older; this is about 2% of Iowa's population (U.S. Census Bureau, 2019).

The needs assessment used in this study was originally sent to members of the Coordinated Community Response (CCR) team located in Polk County of Iowa. This team was formed in alliance with the Department of Justice to raise awareness and combat elder abuse within Iowa. We developed study questions from the Department of Justice (DOJ) to examine the complexities of elder abuse in Iowa. The survey was distributed to members of this CCR team. The main focus of this survey was to examine how service providers view the efficacy of elder abuse services provided by their agency, as well as to see whether they feel equipped to provide dynamic services. In total, the study included 222 respondents from across Iowa, many of whom were working in the Des Moines and surrounding areas. It is important to note in this study that many respondents came from more urban areas of Iowa, which aligns with census data showing

metropolitan areas composing 59.9% of Iowa land, and non-metropolitan composing the other 40.1%. (State Data Center, n.d.)

Respondents to the survey were asked to write in which counties they served, which were then recoded into rural, urban, and mixed categories (those serving both urban and rural counties) in accordance with the USDA Map of Rurality (Iowa Rural Development, n.d.) (see Figure 1).

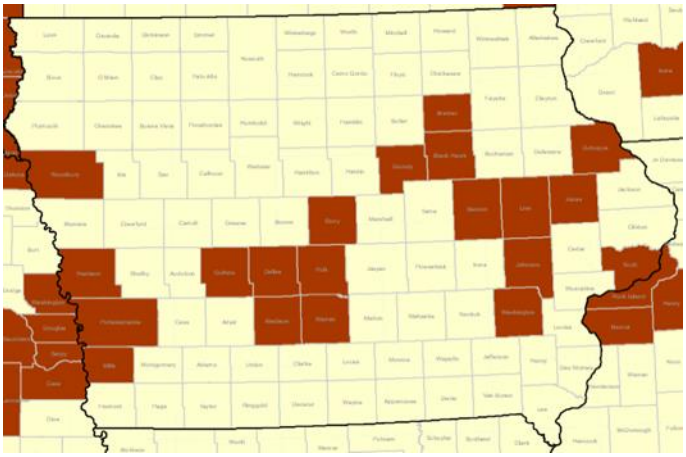
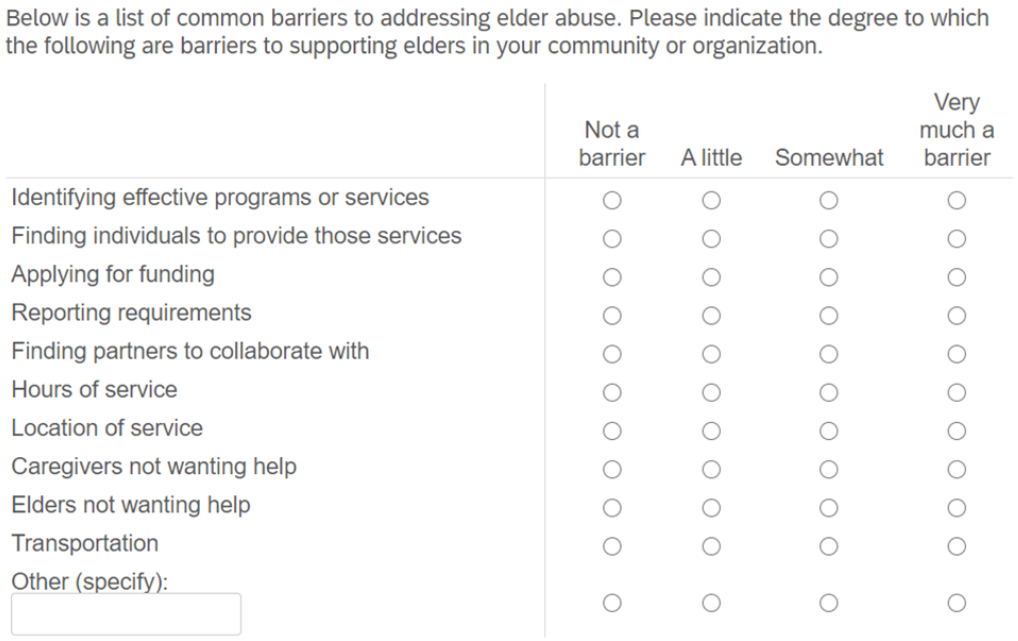


Figure 1: USDA Map of Rurality

This new variable was then used as the independent variable. The participants were then given a list of 10 perceived barriers and were asked to rate the barriers they experience within their agency on a Likert scale (1 = *not a barrier*, 2 = *a little*, 3 = *somewhat*, 4 = *very much a barrier*). The barriers listed were: identifying effective programs or services, findings individuals to provide those services, applying for funding, reporting requirements, finding partners to collaborate with, hours of service, location of service, caregivers not wanting help, elders not wanting help, and transportation. The four topics of focus for this study were: applying for funding, finding partners for collaboration, location of service, and transportation. We decided to focus on those four specifically because the majority of responses were geared towards

collaborative efforts between agencies, location of service, transportation challenges, and the overarching issue of funding (see Figure 2).


Below is a list of common barriers to addressing elder abuse. Please indicate the degree to which the following are barriers to supporting elders in your community or organization.

| | Not a barrier | A little | Somewhat | Very much a barrier |
|---|---|---|---|---|
| Identifying effective programs or services | ○ | ○ | ○ | ○ |
| Finding individuals to provide those services | ○ | ○ | ○ | ○ |
| Applying for funding | ○ | ○ | ○ | ○ |
| Reporting requirements | ○ | ○ | ○ | ○ |
| Finding partners to collaborate with | ○ | ○ | ○ | ○ |
| Hours of service | ○ | ○ | ○ | ○ |
| Location of service | ○ | ○ | ○ | ○ |
| Caregivers not wanting help | ○ | ○ | ○ | ○ |
| Elders not wanting help | ○ | ○ | ○ | ○ |
| Transportation | ○ | ○ | ○ | ○ |
| Other (specify): | ○ | ○ | ○ | ○ |

Figure 2: Snapshot of Question 22

The perceived barriers from this question were then recoded and measured as a single, dichotomous item: (1 = *yes, this was an experienced barrier*, 2 = *no, this was not an experienced barrier*). This technique was applied to all barriers listed in the question. These dichotomous variables are presented in Figure 3.

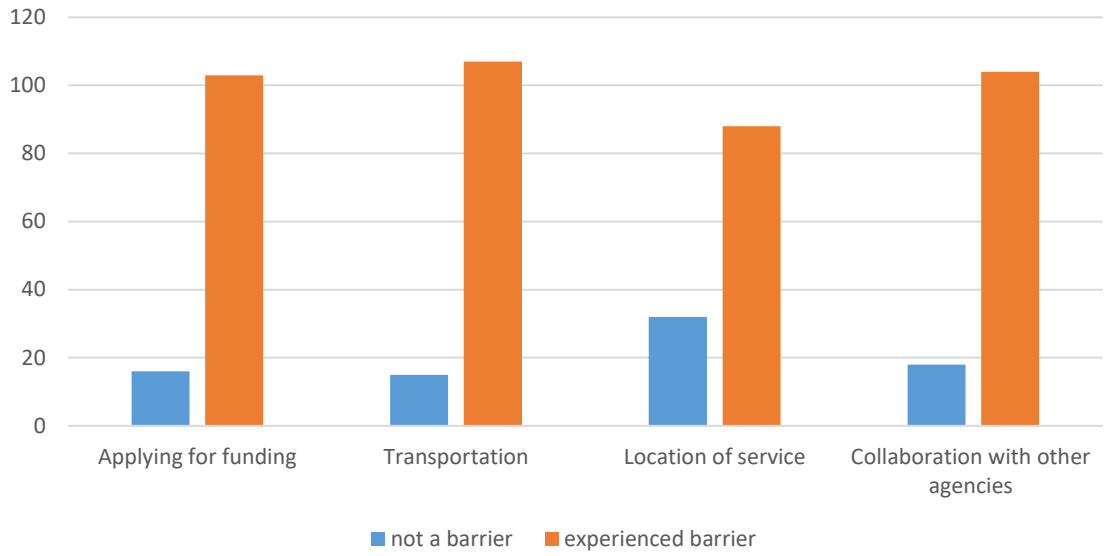



Figure 3: Bar Graphs of Perceived Barriers

## Analysis Plan

A mixed methods approach was utilized in this study. To address the first research question, we first ran a series of cross-tabulations to examine whether there were any associations between the barriers perceived and the location of the service provider. The inferential methods displayed in Table 1 describe the frequencies of the data used in this analysis. The variables included are frequencies of which respondents noted whether or not the barrier in question was a barrier to them. Table 2 shows the contingency table, which indicates the associations each barrier had with location of service provider. In this data, we assessed whether the rurality of a county, which a service provider serves, corresponded to particular perceived barriers to service.

To address the second research question exploring differences between urban and rural service providers' perceptions, we chose a thematic approach utilizing our qualitative data gathered from the open-ended questions posed in the survey. A second coder was recruited to promote reliability and validity in coding. Initially, all open-ended answers were sorted by

whether it was answered by a service provider in a rural, urban, or mixed county. The first coder then assigned a code to each subtheme that emerged within the narratives, which was corroborated by the second coder. Within the narratives, three major themes emerged, each of which had two to three subthemes.

## Quantitative Results

We began analysis of the first question by determining if there were any relationships between the locations of a service providers' area and whether there were perceived barriers experienced. In terms of frequency of barriers perceived (see Table 1: Frequency of Barriers), findings revealed that applying for funding was a barrier for 103 (86.6%) service provider respondents, while only 16 noted it was not a barrier.

Table 1
*Frequency of Barriers*

| Reasons for Barriers *(N = 222)* | | | |
|---|---|---|---|
| | Frequency | Percent | Total |
| Applying for Funding | 103 | 86.6 | 222 |
| Collaboration with Agencies | 104 | 85.2 | 222 |
| Location of Service | 88 | 73.3 | 222 |
| Transportation | 107 | 87.7 | 222 |

Collaboration with other agencies was not a barrier to 18 respondents, while being a barrier to the other 104 (85.2%) service provider respondents. Location of service was a barrier to 88 (73.3%) service providers, while not a barrier to 32. The last barrier addressed, transportation, was a barrier to 107 (87.7%) service providers, while not a barrier to 15.

The results of crosstablulation analysis is shown in the following contingency table (see Table 2).

Table 2
*Relationships between Service Providers Perceived Barriers and Rurality of Service Provider Location*

| | **Location of Service** | **Transportation** | **Applying for Funding** | **Collaboration** |
|---|---|---|---|---|
| | Experienced a barrier (% and N) | Experienced a barrier (% and N) | Experienced a barrier (% and N) | Experienced a barrier (% and N) |
| Urban | 45% (39) | 45% (48) | 48% (51) | 44% (47) |
| Rural | 39% (34) | 37% (39) | 34% (36) | 36% (38) |
| Mixed | 16% (14) | 18% (19) | 15% (16) | 18% (19) |
| | *Chi-square = 2.050* *P-value = .359* | *Chi-square = 2.481* *P-value = .289* | *Chi-square = .210* *P-value = .900* | *Chi-square = 3.310* *P-value = .191* |

In regards to location of service, 39 (45%) of urban providers reported this as an experienced barrier, with 34 (39%) of rural providers and 14 (16%) of mixed location providers agreeing this was an experienced barrier as well. In regards to transportation, 48 (45%) of urban providers reported this as an experienced barrier, with 39 (37%) of rural providers and 19 (18%) of mixed location providers also agreeing this was an experienced barrier. In regards to funding barriers, 51 (48%) of urban providers reported this as an experienced barrier, with 36 (34%) of rural providers and 16 (15%) of mixed location providers agreeing this was an experienced barrier. Lastly, collaborative barriers showed that 47 (44%) of urban providers reported this as an experienced barrier, with 38 (36%) of rural providers and 19 (18%) of mixed location providers agreeing this was an experienced barrier as well.

Even though the differences were not significant ($p=ns$), the data largely shows a pattern of urban respondents having the highest frequency in noting all four barriers. Among urban

providers, transportation is the lowest frequency barrier whereas funding is the highest. That aligns with some expectations as urban areas tend to have more transportation options but operational costs also tend to be higher. Across all barrier types, there is the most variation among rural respondents ranging from 34% (funding) to 39% (location); the least variation among mixed respondents from 15% (funding) to 18% (transportation); and urban respondent variation lying in the middle from 44% (collaboration) to 48% (funding). Additionally, the frequencies of respondents varied with urban providers consistently having the highest range ($N$=39 to $N$=51), with rural ($N$=34 to $N$=39) and mixed ($N$=14 to $N$=19) respondents having lower but the same range of frequency in responses across all four barriers.

# CHAPTER 5. QUALITATIVE ANALYSIS

The themes chosen were based on the four main perceived barriers from the quantitative analysis: collaboration, location, transportation, and funding. Stemming from these barriers, the three major themes found were: funding issues, lack of collaboration with other agencies, and location and transportation barriers. I combined the theme of location and transportation as these two barriers are often related. Overall, the emerging themes reflect systematic barriers conceptualized in the bioecological model (see Figure 4: Bioecological Model of Service Provider Barriers).

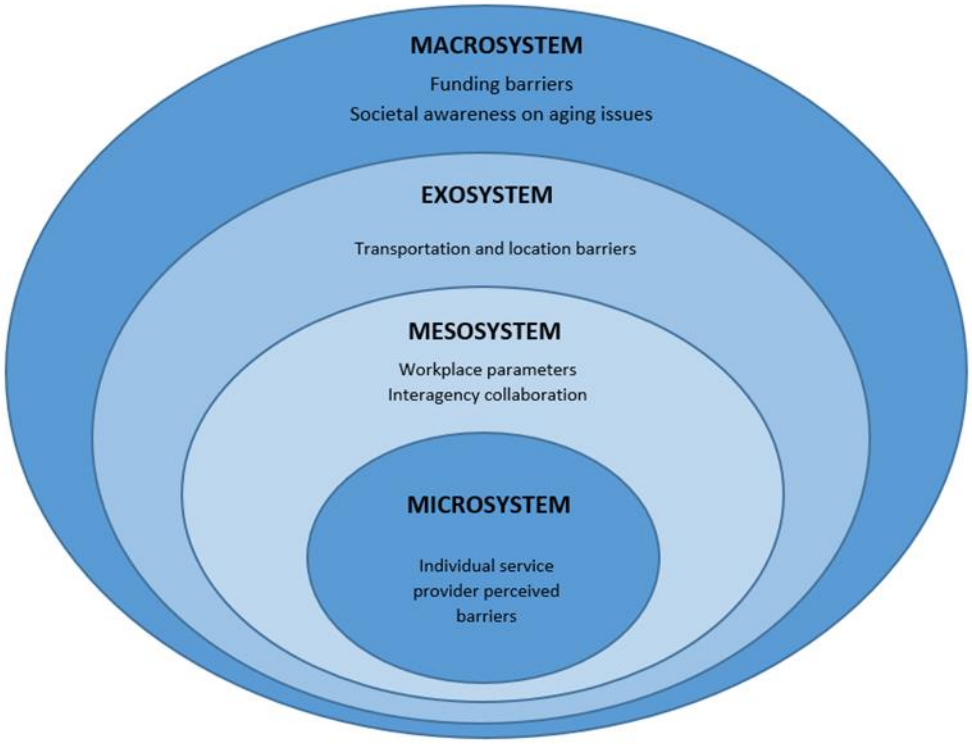



Figure 4: Bioecological Model of Service Provider Barriers

## Theme 1: Collaboration

Three main subthemes emerged from the responses in collaborative barriers for all three groups (rural, urban and mixed location providers). First, lack of knowledge was brought up by multiple service providers in all areas: rural, urban, and mixed. As one urban provider stated:

> *"Lack of knowledge is widespread and profound, lack of priority to address issues related to older adults and aging is everywhere, so many barriers, including lack of legislative and administrative attention to these issues, which lead to lack of funding for research, services, and improved outcomes[.]"*

This particular response can be viewed on a macro level, with "lack of knowledge" reflecting a societal need to bring more attention to ideologies of aging issues, including that of elder abuse, (Norris et al, 2013). Another urban provider stated:

> *"We find the medical providers recommend services & placements to elders without really knowing what is available and appropriate. The elder, then, is underserved and concludes that there is nothing s/he can do but suffer."*

One rural provider inferred lack of knowledge by stating:

> *"Other agencies not understanding how to refer individuals for help and therefore not doing anything."*

Lack of initiative was the second subtheme of collaboration barriers and was prevalent for all three groups of providers. This can be theorized on a mesosystem level, with workplace parameters influencing what a service provider can and cannot do. One urban provider discussed the challenges in regards to how confidentiality can affect the mentality of abuse:

> "*Confidentiality. DHS cannot talk with other people on case details outside an investigation. Also, there is still a "not my issue" mentality. We need a COMMUNITY to get involved."*

This reference for community involvement, although on a meso-level, references a far bigger issue on a macro-level that many communities unilaterally lack awareness and initiative when it comes to elder abuse needs and services. A rural provider alluded to this same issue stating:

> *"Other agencies not understanding how to refer individuals for help and therefore not doing anything".*

A meso-level barrier is revealed when interagency collaboration is hindered due to workplace parameters. A rural provider supported this by saying:

> *"When referring to agencies in our community we are often told that they cannot help with specific needs. We often feel as if we are directed to other agencies with no one stepping up to help."*

This lack of collaborative flow is again reinforced with a mixed provider stating:

> *"Agencies working in their own silos and not perceiving each other as partners to form true working collaborative."*

The third subtheme, lack of communication, was evident through the narratives. This lack of communication again falls into a meso-level barrier, indicating that workplace privacy concerns are a factor in this hindrance. This is showcased in one urban service provider response:

*"We often discover that more than one senior service organization or healthcare provider is working with an individual and communication among these entities can be difficult due to HIPPA and other organizational barriers."*

The theme of collaboration included three main issues many agencies perceive when working with elder abuse victims: lack of knowledge, lack of initiative and lack of communication. The underperformance of these three aspects of collaboration within an agency, as seen by service providers, ultimately weaken interagency collaboration.

**Theme 2: Transportation & Location**

Service providers expressed that transportation and location were also substantial barriers in addressing elder abuse in their communities. The subthemes of this barrier included lack of ability to transport (individuals to services or services to individuals) and an insufficient presence of providers in their location. Transportation and location barriers are an interaction between a service provider and their exosystem, exhibiting a barrier that is due to indirect environments of location between an agency and the population they serve. In regards to location of services, one rural provider stated:

*"We have little services and resources in rural Iowa"*

This corroborates the notion that a service provider often times does not have adequate resources in their immediate surroundings to aid victims experiencing abuse. Interestingly, urban providers experienced similar issues, with one urban provider stating:

*"Location - not on public transportation route - need transportation to visit the office."*

A different provider who served in a mixed location mentioned that necessary services for elder abuse victims were located far enough away that many victims could not access them:

> *"…while agencies have a robust service menu, in the rural areas we serve most of those services aren't readily available."*

Transportation issues, as a result of services being non-local, were mentioned by all three groups. Surprisingly, urban providers found transportation to be just as much of a barrier as rural providers, stating that their issue was reaching those in rural areas. As one urban provider stated:

> *"We are traveling little to none right now due to budget constraints."*

While a rural provider said:

> *"Transportation seems to be a huge factor for our elderly population."*

Another rural provider added:

> *"Most services in Des Moines [and] we are in central Iowa. Getting individuals to where they can get help a problem."*

This second theme of agency locality is composed of two main subthemes: transportation and location. According to service providers' responses, it is clear that these two subthemes influence each other and the rurality of certain individuals needing services make transportation issues even more apparent. Overall, these barriers are a function of the service providers' exosystems, and ultimately become macro-level issues when respondents reveal that funding is the core of many agency issues.

### Theme 3: Funding

Funding was by far the most noted challenge to barriers service providers perceived while working in their agencies. Based on the narratives provided by the respondents, many agencies, no matter their location, had little to no money for hiring additional service providers to help

with caseloads. As mentioned above, many service providers said that lack of additional research and services was due to low funding of their programs, which in turn led to lower collaborative efforts between agencies across Iowa. This barrier falls into a service provider's macrosystem, exhibiting the need for mutual societal beliefs that agencies that provide services for elder abuse victims need awareness, and ultimately, funding.

Participants' responses regarding this barrier were all of similar origin: lack of funds for additional personnel to administer services. Three rural service agents proclaimed the following were issues caused by lack of funding:

*"Lack of staff for continued support"*

*"Lack of providers",* and

*"It's not something we have staff to assist with…"*

Similar to what rural providers mentioned, urban providers corroborated these issues by stating the following:

*"We do not have sufficient funding to provide all of the services that are needed",*

as well as:

*"Funding to provide services is always a barrier for our organization."*

In line with what urban and rural providers stated, a service provider in a mixed area said:

*"There are a lot of cases and not enough people to handle them effectively",* and

*"Overall increase in financial barriers that prohibit or delay care."*

We can see in these narratives that service providers throughout Iowa are experiencing systematic challenges to addressing elder abuse. Looking at the picture as a whole, it is clear that the underlying theme to all of the agencies' issues is lack of funding. Restricted resources due to lack of funding negatively affect all aspects of an agency including educational programs,

transportation services, and supportive programs for the service providers working within the agency. Table 3 outlines these major themes along with their respective subthemes.

Table 3
*Thematic Findings and Subthemes*

| **Themes** | **Subthemes** |
|---|---|
| *Theme 1:* Collaborative Barriers | Lack of knowledge<br>Lack of initiative<br>Lack of communication |
| *Theme 2:* Location and Transportation Barriers | Ability to transport<br>Sparse local services |
| *Theme 3:* Funding Barriers | Funding agency services<br>Funding additional staff |

Additional funds can support an agency in many ways. In these narratives, funds for specific positions such as additional case managers and direct care providers can lighten the workload, reducing service provider stress and burnout. As seen in the previous narratives, many service providers are inundated with overload, and providing additional positions to support these roles may be key decreasing barriers and overall increasing productivity.

## Qualitative Results

Findings from the qualitative analysis showed that most service providers in all three environments (i.e. urban, rural or mixed) experience similar barriers within their agencies. Patterns within these narratives uncovered three main themes in which service providers experienced challenges: collaboration, transportation and location, and funding. Though separate in nature, many of the themes discussed here were closely related. As seen in the qualitative portion of this study, collaborative barriers were due to lack of knowledge and initiative, which

may be increased by additional staff within the agency. The total amount of responses discussing collaborative barriers totaled 37; each one detailing their own agency's challenge of interagency collaboration. This finding was also relevant to transportation and location barriers, as many providers mentioned that funding for transportation would help close the gap in providing services many older adults need. The amount of responses backing the challenge of transportation or location barriers totaled 20. Respondents in this survey overwhelmingly agreed that lack of funding was responsible for their agencies' increased barriers to being able to help elder abuse victims. Responses strictly representing funding issues totaled 26. It is important to note that although funding barriers were not the most frequently described barrier, many of the challenges described by each respondent alluded to overarching funding issues.

The responses given in this survey present the barriers on systematic levels, conceptualizing how a service provider's systems influence the presence of challenges to addressing elder abuse. Meso-level barriers included workplace parameters of privacy, as well as interagency collaborative challenges due to these parameters. Exo-level barriers revolved around transportation and location issues, which were functions of a service provider's direct and indirect environments. Ultimately, these barriers were all nestled under the overarching macro-level, which demonstrated the lack of societal awareness and education, influencing funding needs for agencies providing services to the aging population.

# CHAPTER 6. DISCUSSION AND IMPLICATIONS

From both the quantitative and qualitative analysis, it was found that there are no significant differences between urban and rural providers' perceived barriers, and the barriers experienced by both prove similar throughout the narratives given. This mixed methods analysis showed that both urban and rural service providers face many challenges including those of interagency collaboration, location and transportation, and ultimately funding issues within their agencies. We found that the barriers in question (collaboration, location and transportation, funding,) showed little differences by service providers in urban and rural counties of Iowa, which was far from the prediction that there would be broad differences in barriers experienced by urban service providers and rural service providers.

Similar challenges experienced by both rural and urban service providers can be explained through the lens of the bioecological model. The forefront macrosystem barrier is the overarching issue that service agencies are not viewed as a high need in the community, leading to lower funding of these agencies. This leads to challenges in the mesosystem, such as work place lack of resources and tools available for service providers to use when aiding elder abuse victims. Ultimately, this leads to micro level barriers which include service provider inability to adequately reach all needs of the individuals needing services.

Results from this study imply that service providers in all areas of Iowa experience similar barriers in providing services to those in need. As the results revealed, there were no significant associations between areas of which service providers covered and particular barriers they perceived. Qualitative responses from the participants evidence similarly perceived barriers across Iowa. Overall, 37 narratives described collaborative barriers, 20 described location and transportation, and 26 described funding barriers. Many of these barriers can be rooted back to

funding issues, with respondents noting that funding could increase transportation resources, provide more positions and hours to attend to elder abuse victims, and allow agencies to collaborate and encourage informative measure of what they can provide to those in need.

Our results contribute to the literature with two new findings. First, service providers in both urban and rural areas experience similar barriers as one another: transporting services, interagency collaboration, and funding. Originally, based on the ecological model, I hypothesized that rural providers experienced more barriers than their urban counterparts did. This analysis showed no such findings. Second, barriers ultimately derive from a lack of funding experienced by the agency. This was illustrated from the narratives provided by respondents, who alluded to the fact that funding could potentially solve many of the challenges presented in their agencies.

Current literature suggests differing views. Eastman and Bunch (2007) found significant differences between provider perceptions when dealing with urban and rural victims of domestic abuse. Findings from He (2015) also contradicted our findings as they indicated that high collaboration levels between service provider agencies were greater for those in highly populated counties. In our findings, rural service providers faced no more barriers than urban providers when it came to collaborative efforts; location and transportation challenges, or lack of funding. Many of the barriers we identified could be resolved by increased funding. Increased funding would open more positions and opportunities for service provider agencies which in turn could increase interagency collaboration, bridge transportation barriers and improve overall working conditions. Consistent with other literature, Rivers et al. (2009) alluded to the importance of interagency collaboration in terms of improving knowledge and funding of services aimed at public health. Similarly, Drabble (2010) stated that considerable efforts towards expansion of

collaborative programs and staffing would ultimately lead to success of an agency. Drabble also found that additional staffing may be useful in influencing these collaborative systems, which paralleled our findings that increased funding for additional staff may ultimately lead to better interagency collaboration. Nuances in samples across this literature may be a result of the unique demographics each sample holds. Studies regarding urban and rural contexts as it relates to elder abuse may reveal different findings as each state has different variations of urban and rural ratios. Iowa, as opposed to more urban states similar studies have been conducted in, is over 35% rural area (State Data Center, n.d.) This means urban providers are tasked with more area to cover, scoping across counties in many cases, leading to findings unique to Iowa's demographics.

Barriers and challenges identified in this paper have both clinical and policy implications. From a policy level, it was clearly shown that funding is vital to adequately provide services to the older population. Legislative initiatives must draw from these findings that suitable funding is not just an option, but also a vital need to service agencies in order to operate effectively. Cuts to funding in human service agencies will drastically affect what service providers can provide, and ultimately hurts the older population being served. From a clinical level, understanding the needs of older adults are important to being able to adequately treat those who fall victim to elder abuse. Thus, clinicians can draw from the findings that systematic barriers experienced by service providers can lead to victims not reporting their own abuse. Service providers, in many aspects, help victims to report and safely find restitution from abuse. Understaffing from funding cuts and lack of collaborative efforts between agencies may make their services sparse, leading to underreporting of abuse from the victim themselves. From an educationalist perspective, awareness and training about the needs of the older adult population is important to

understanding how service providers can successfully serve this population. Understanding trends such as ‘aging in place’ can help agencies allocate resources for easier access in all areas of the state, no matter urban or rural location. Knowing that barriers are experienced by all service providers help the understanding that collaborative efforts between all agencies are needed to successfully create a network of resources.

Several limitations need to be noted in this study. First, the sample size was small relative to the number of service providers in Iowa. Future studies should implement larger sample sizes, which would give a more complete picture of the present situation. Second, many respondents came from heavily populated areas, mainly Polk and other larger counties. This led to a possible skew in urban responses outnumbering their rural counterparts. Future studies should diversify their samples by including responses from all counties to ensure a proper representation of Iowa. Finally, the survey items may not have included all the barriers service providers perceive to face within their agencies. Information on resources was limited, leading to few specifications when identifying certain barriers. More items, or a space where service providers could add their own barriers should be added to ensure a more diverse list of possible barriers they experience in helping elder abuse victims.

Along with noting the diverse barriers experienced by service providers across Iowa, a focus on community strengths is beneficial to combating these issues. Existing partnerships between agencies, accessible educational resources and overall support of these agencies are all benefits seen in our local providers. These advantages prove invaluable to the efficiency and competence of agencies aiding elder abuse victims.

# CHAPTER 7. CONCLUSIONS

In this study, based on quantitative and qualitative analysis, we examined the association between rurality and perceived barriers of service providers. Consistent with quantitative finding, qualitative responses supported that barriers to addressing elder abuse within agencies are similar and location (rural, urban, or mixed) does not play a role in the severity of the barriers. From the thematic findings, in addition to seeing similar experiences with similar barriers among agencies, it was found that almost all of these barriers are related to a lack of funding. In conclusion, the analysis showed that service providers across Iowa, no matter urban or rural location, all experienced similar barriers to addressing elder abuse in their agencies. In conclusion, service providers face multiple challenges within their ecological systems, influencing the ability to aid victims of elder abuse. Many of these barriers were due to the forefront macro issue of funding, which may be resolved with greater awareness to the necessity and requisite of services for victims of elder abuse.

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# APPENDIX: IRB APPROVAL MEMO

IOWA STATE UNIVERSITY
OF SCIENCE AND TECHNOLOGY

Institutional Review Board
Office for Responsible Research
Vice President for Research
2420 Lincoln Way, Suite 202
Ames, Iowa 50014
515 294-4566

**Date:** 3/15/2018

**To:** Dr. Megan Gilligan
1356 Palmer

**From:** Office for Responsible Research

**Title:** Community Based Elder Abuse Needs Assessment

**IRB ID:** 17-471

| | | | |
|---|---|---|---|
| **Approval Date:** | 3/15/2018 | **Date for Continuing Review:** | 3/14/2020 |
| **Submission Type:** | New | **Review Type:** | Expedited |

The project referenced above has received approval from the Institutional Review Board (IRB) at Iowa State University according to the dates shown above. Please refer to the IRB ID number shown above in all correspondence regarding this study.

To ensure compliance with federal regulations (45 CFR 46 & 21 CFR 56), please be sure to:

- **Use only the approved study materials** in your research, **including the recruitment materials and informed consent documents that have the IRB approval stamp.**
- **Retain signed informed consent documents for 3 years after the close of the study,** when documented consent is required.
- **Obtain IRB approval prior to implementing any changes** to the study by submitting a Modification Form for Non-Exempt Research or Amendment for Personnel Changes form, as necessary.
- **Immediately inform the IRB of** (1) **all serious and/or unexpected adverse experiences** involving risks to subjects or others; and (2) **any other unanticipated problems involving risks** to subjects or others.
- **Stop all research activity if IRB approval lapses,** unless continuation is necessary to prevent harm to research participants. Research activity can resume once IRB approval is reestablished.
- **Complete a new continuing review form** at least three to four weeks prior to the **date for continuing review** as noted above to provide sufficient time for the IRB to review and approve continuation of the study. We will send a courtesy reminder as this date approaches.

Please be aware that IRB approval means that you have met the requirements of federal regulations and ISU policies governing human subjects research. **Approval from other entities may also be needed.** For example, access to data from private records (e.g. student, medical, or employment records, etc.) that are protected by FERPA, HIPAA, or other confidentiality policies requires permission from the holders of those records. Similarly, for research conducted in institutions other than ISU (e.g., schools, other colleges or universities, medical facilities, companies, etc.), investigators must obtain permission from the institution(s) as required by their policies. **IRB approval in no way implies or guarantees that permission from these other entities will be granted.**

Upon completion of the project, please submit a Project Closure Form to the Office for Responsible Research, 202 Kingland, to officially close the project.

Please don't hesitate to contact us if you have questions or concerns at 515-294-4566 or IRB@iastate.edu.