Investigating Barriers and Facilitators of Elder Abuse Care in the Veterans Health Administration

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BACKGROUND
- Elder abuse (EA) is common and Veterans may be at particularly high risk, but little is known about healthcare system-based detection and response in the VHA
- We sought to understand the perspectives of interdisciplinary providers in the VHA on detecting, reporting, intervening and monitoring EA

METHODS
- N = 37 nurses, physicians, psychologists, social workers, and advanced practice providers from Pittsburgh and Seattle
- Semi-structured, 1:1, open-ended interviews were audio-recorded and transcribed
- Transcripts were coded and analyzed using thematic analysis.

RESULTS
- Themes (Fig. 1) cut across stages of EA care and applied to patients/families, providers, the VA health system and external agencies
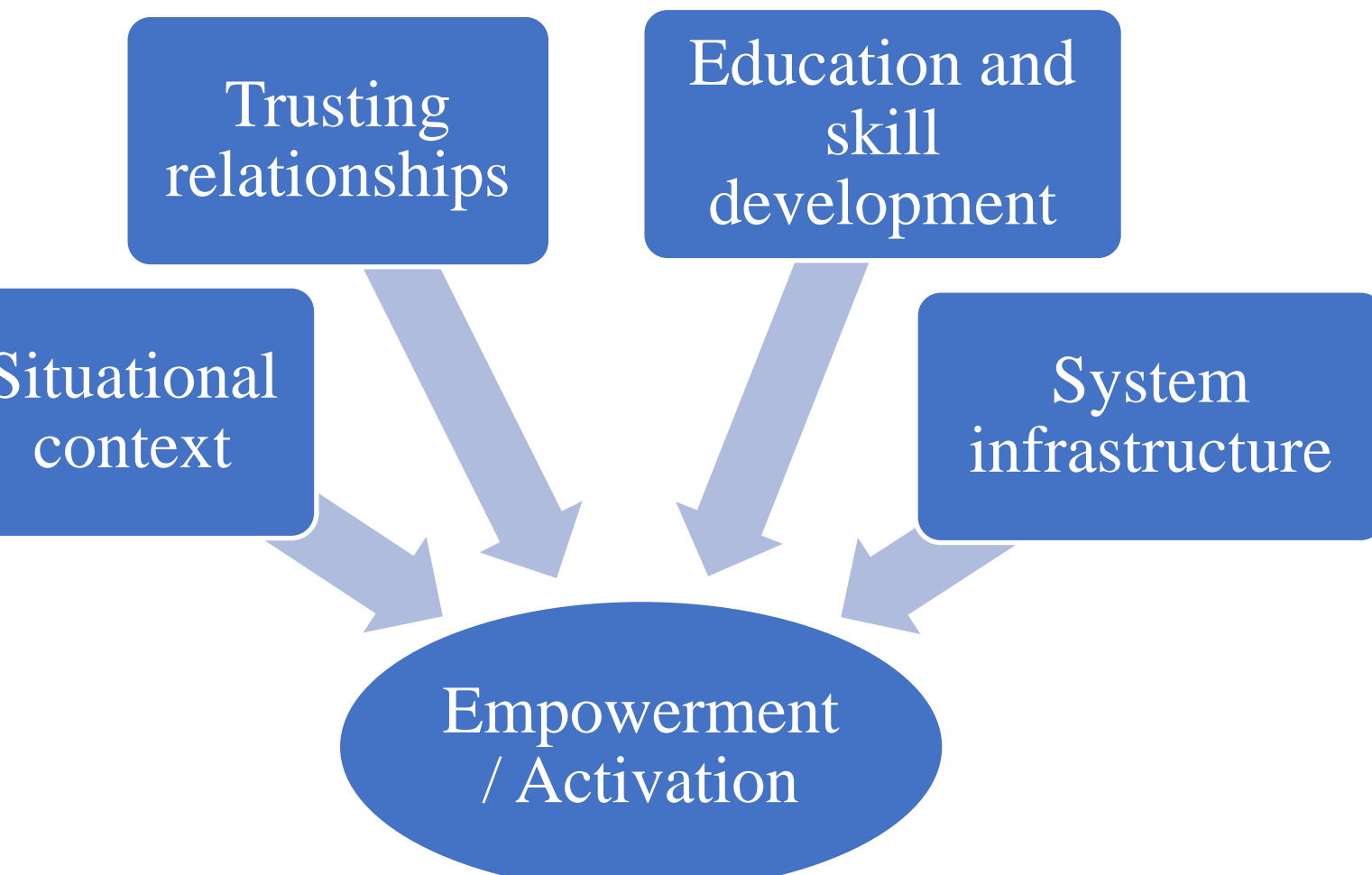

Figure 1. Themes elicited from VHA interdisciplinary providers on addressing EA

The **context of the situation, degree of trust in relationships**, **extent of education and skills**, and **existing system infrastructure** interrelate and contribute to patients' and providers' **motivation for action** in addressing elder abuse.

Situational Context
"[…] if the Veteran does have some degree of cognitive impairment, […] trying to get just accurate information about what's going on in the household is a challenge "

Trusting Relationships
"…within my program, I'm able to create a little bit more in depth relationship with these Veterans to make it to where we build trust, we build rapport, so they're able to come to us if they have concerns…we get to know them well enough to be able to read the signs when things are not going the way that they should be…"

Empowerment/Activation
"[…] in the back of my mind it's like […] what's the point of calling APS, they're not going to do anything anyway."

Education and Skill Development
"I've had a couple of family members who have locked their person in their bedroom with a padlock. And, I've done education around the fact that that's called imprisonment and it is a crime and they had no idea. They were just trying to do what they could do…"

System Infrastructure
"So, there's just not a good system in place, this is definitely a systems problem, where ideally, it would be step-wise, you'd identify the problem. There'd be some check marks in a form, and then there would just be steps and people…"

Figure 2. Exemplar quotes from main themes

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Table 1. Characteristics of study participants

Characteristic	Study Participants (N = 37) No. (%)
Age, median, (IQR)	43.5 (38, 49.5)
Female	29 (78.4)
Race	
White	33 (89.2)
Black	2 (5.4)
Hispanic ethnicity	1 (2.7)
Profession	1 (2.7)
Advanced practice provider	
Nurse	5 (13.5)
Physician	6 (16.2)
Psychologist	9 (24.3)
Social Worker	7 (18.9)
Years in practice at VA	10 (27.0)
1-5	
6-10	8 (21.6)
11-20	7 (18.9)
21-30	14 (37.8)
Primary practice location	8 (21.6)
Emergency department	
Geriatrics clinic	2 (5.4)
Home-based primary care	5 (13.5)
Inpatient	14 (37.8)
Mental health	2 (5.4)
Nursing home	4 (10.8)
Outpatient primary care	5 (13.5)

DISCUSSION
- Efforts to enhance skills training, build trust in relationships, and improve infrastructure may better empower patients and providers to engage in interventions to reduce EA harm

FINANCIAL DISCLOSURES