VOICES:
Digital Elder Mistreatment Intervention

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BACKGROUND / OBJECTIVES

Elder mistreatment (EM) is a problematic, national public health issue:

- Estimated 1 in 10 adults (60 years and older) experience EM
  - Many experience multiple forms simultaneously (1)
- Common forms of EM: Physical, emotional, sexual abuse, financial exploitation, neglect and abandonment (2)
- Only 1 in 24 cases are reported to authorities (3)
- Victims of EM have a 300% higher risk of death (4)
- Multitude of barriers in detecting and reporting EM
- Most traditional screening methods focus on the healthcare personnel as the screener

Our Objective:

We sought a paradigm shift in EM detection methods by creating a novel elder abuse screener that is self-administered by the older adult instead of health care personnel (5)

The VOICES Elder Mistreatment Intervention is a tablet-based, digital health screener designed to educate, screen and motivate users to privately and confidentially report potential abuse
VOICES FEATURES

- Multimedia including animated videos and automated text-to-speech
- Customizable, interactive experience guided by patient responses
- Private and confidential digital assessment conducted entirely on the iPad with headphones to enhance privacy and accessibility

SCREENING

EDUCATION

PSYCHOEDUCATIONAL INTERVIEWING
FEASIBILITY STUDIES

DESIGN
We conducted three mixed-methods studies (VOICES: n=1,002; VOICES in Primary Care (VOICES-PC): n=80; VOICES with cognitively impaired (CI) patients (VOICES-CI): n=101) to test the feasibility of VOICES at a large, urban emergency department setting and in the primary care setting (6-7).

RECRUITMENT
Subjects: Older adult patients visiting the emergency department ages 60+ with or without cognitive impairment (VOICES, VOICES-CI) or visiting primary care clinic (VOICES-PC).
Setting: Yale New Haven Health Emergency Department St. Raphael Campus (VOICES, VOICES-CI); Yale Internal Medicine Associates clinic (VOICES-PC).

INTERVENTION
Consent, followed by pre-survey to collect demographics. Patients self-administered VOICES independently.

OUTCOMES
Participants answered a series of validated questions pertaining to feasibility, satisfaction, ease of use, and appropriateness.
RESULTS

**VOICES Feasibility Outcomes**

- Satisfied with level of confidentiality and privacy
- Comfortable using VOICES on the iPad
- VOICES was easy to use
- Satisfied with time needed to use VOICES

**Suspected Elder Abuse (EA) Cases for VOICES (n=1,002) Study**

- EA Cases Overall: 112
- SW Offered Services: 48
- Reported to APS: 11
- VOICES Identification
  - Identified EA, patient did want to disclose: 49
  - Identified EA, patient did not indicate wanting to disclose: 50
  - Did not identify EA, patient did want to disclose: 11
Our findings suggest that older adults with or without cognitive impairment believe that VOICES is an acceptable, feasible and easy to use intervention for EA screening.

The emergency department and primary care are appropriate settings to integrate VOICES EAI into existing EA screening and disclosure procedures.
REFERENCES / CONTACT


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