

# Medical and Social Factors Associated with Referral for Elder Abuse Services in a National Health Care System

## Summary

Despite its prevalence, elder abuse (EA) is often undetected, limiting opportunities for abuse mitigation and intervention. Routine health care visits can be a conduit for detection and response, yet most health care systems do not offer a mechanism to systematically document suspicion or assessment of abuse through the electronic health record (EHR). Documentation of EA within clinical settings would better enable providers to characterize the risk factors associated with EA and identify the factors linked with service referral. Using data collected at the Veterans Health Administration (VHA), Makaroun and colleagues studied older adults who were referred for social work assessment for suspected EA during routine medical visits, and analyzed the characteristics associated with service referrals.<sup>1</sup>

## Methods

Researchers conducted a case-control study in VHA facilities of veterans aged 60 or older within primary care who were evaluated by social workers for EA-related issues between 2010 and 2018. Cases were matched 1:5 to controls with a primary care visit within 60 days of the matched case social work service. Patient sociodemographic and health factors with provision of EA services in unadjusted and adjusted models were analyzed.



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<sup>1</sup> Makaroun, L. K., Thorpe, C. T., Mor, M. K., Zhang, H., Lovelace, E., Rosen, T., ... & Rosland, A. M. (2022). Medical and Social Factors Associated With Referral for Elder Abuse Services in a National Health Care System. *The Journals of Gerontology: Series A*, 77(8), 1706-1714.

## Results

Of the 5,567,664 Veterans meeting eligibility criteria during the study period, 15,752 (0.3%) received EA-related social work services. The mean age of these patients was 74, 54% of whom were unmarried. In adjusted logistic regression models, women, racial and ethnic diversity, higher age, non-family next-of-kin, lower neighborhood socioeconomic status, and a dementia diagnosis were associated with receiving EA-related service referrals.

## Key Takeaways

- Identifying patients most likely to need EA services can inform efforts to increase the effectiveness of health care system detection, increasing the likelihood that those at greatest risk receive EA interventions
- Types of EA experienced at older ages, such as neglect, may be more commonly detected in the health care setting
- Linking EHR data with documented provision of EA services enabled researchers to find patterns among factors

## Implications for Practice and Research

EHR-based EA services data can inform EA risk factors that have been previously hard to quantify, while also identifying populations of patients with known risk factors who are not being referred as frequently for EA assessments. Patients may benefit from targeted health system efforts to improve EA-related service delivery. Future studies using EHR data to examine patients referred for EA assessment, but who do not accept services, may help expand understanding of factors associated with help-seeking behaviors in older adults potentially living with abuse. Few cases received ICD diagnostic codes for EA, reflecting provider reluctance to document and/or report suspected EA, or lack of familiarity with designated EA-related codes. Standardizing routine documentation for EA, taking safety and privacy considerations into account, could enable health care systems to better address the needs of older patients and assist with EA detection.

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