

Long-Term Trajectories of Older Adults Served by an Emergency Department/Hospital-Based Elder Mistreatment Response Program



Summary

Elder mistreatment is prevalent and poses a significant threat to older adults' medical wellbeing, mental health, and mortality, yet is seldom identified by professionals, resulting in missed opportunities for intervention. An emergency department visit or hospitalization provides a unique opportunity to detect abuse and appropriately intervene, but providers rarely recognize or report harms. Barriers to identification include limited resources, support services, intervention protocols, training, and time. The Vulnerable Elder Protection Team (VEPT) is a multidisciplinary emergency department (ED)/hospital-based consultation service to assess, treat, and facilitate safety for older adults experiencing elder mistreatment. The team is comprised of a social worker, a geriatrician, and an inpatient medical specialist. Baek and colleagues found that the VEPT intervention resulted in a reduction or cessation of abuse at follow-up.¹



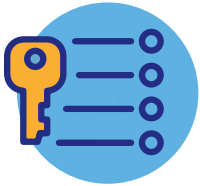
Methods

Researchers regularly followed up VEPT patients for whom there was high or moderate concern for mistreatment, for 12 months from 9/1/2020-3/27/2023 following hospital discharge. Information was collected through telephone calls to the older adults and others involved. Cases in which the patient re-presented to the ED/hospital with VEPT consultation during the follow-up period were analyzed.



Results

- 157 older adults met criteria for follow-up, and 30 of those (16.4%) died within 12 months.
- At one-month, elder mistreatment was no longer occurring in 47.5% of cases, and still occurring but reduced in 20.3% of cases, with 29.7% having no contact with the perpetrator and 17.8% having reduced contact.
- At 12 months, elder mistreatment was no longer occurring in 60.9% of cases, and still occurring but reduced in 14.5% of cases, with 34.8% having no contact with the perpetrator and 17.4% having reduced contact.
- During the 12-month follow-up period, 16 (10.2%) patients re-presented to the ED with VEPT consultation, with 12 having persistent concern for ongoing elder mistreatment.



Key Takeaways

- For a high proportion of VEPT patients, elder mistreatment was no longer occurring or reduced at follow-ups, with many having no contact or reduced contact with the perpetrator.
- Findings suggest that changes installed during hospital stays may be sustained post-discharge and that the ED/hospital setting may be a source of resources and referrals to assist vulnerable older people in the community.
- Inhibitors to community-based supports include limited agency capacity, the need for the older adult's consent, failure of providers to recognize abuse, and inability or unwillingness of older adults to accept change and services.
- VEPT patients who re-presented to the ED/hospital during the follow-up period had, among other reasons, not accepted intervention, were unable or unwilling to separate from the offender, had increased cognitive impairment and care needs, and community supports were limited.



Future Implications

Researchers observed improved post-discharge safety for older victims. Safety-related changes were found to last over one year, demonstrating the value of an ED/hospital-based elder mistreatment response team. Some older adults receiving VEPT intervention died during the follow-up, reflecting the severity of abuse and the challenges in effectively addressing it. Additional research and innovative strategies are needed to evaluate important outcomes, including improvement in quality of life and progress toward individualized goals.

Endnotes

1. Baek, D., Gottesman, E., Makaroun, L. K., Elman, A., Stern, M. E., Shaw, A., Mulcare, M. R., Mcauley, J., Lofaso, V. M., Itzkowitz, J., Chang, E.-S., Hancock, D., Bloemen, E. M., Lindberg, D. M., Sharma, R., Lachs, M. S., Pillemer, K., & Rosen, T. (2025). Long-Term Trajectories of Older Adults Served by an Emergency Department/Hospital-Based Elder Mistreatment Response Program. *Journal of the American Geriatrics Society (JAGS)*. <https://doi.org/10.1111/jgs.19351>. DOCUMENT REVISION: MAY 2025

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