

NYAM

Need, Access, Impact, and Opportunities:

Findings From a Multi-Site Evaluation of Elder Justice Shelters in the U.S.

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BRIEF REPORT

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Introduction

At least one in 10 older adults in the U.S. experiences abuse or exploitation, a rate that is believed to have increased during the recent COVID-19 pandemic.¹⁻³ Most elder abuse is perpetrated by family members or trusted friends, which means that home is often a particularly dangerous place when abuse is imminent or ongoing.⁴ However, current domestic violence and homeless service programs are not designed to meet the needs of older adults. As a result, older adults experiencing harm are often either forced to remain at home, with little protection against abuse and exploitation, or are found cycling through emergent systems like adult protective services and hospital emergency departments.⁵⁻⁶

Elder justice shelter (EJS) was pioneered by The Harry and Jeanette Weinberg Center for Elder Justice at the Hebrew Home at Riverdale (the Weinberg Center) to meet the temporary housing needs of those older adults experiencing abuse or exploitation who needed a safe, temporary place to stay. Since then, EJSs have been implemented in communities across the United States. While they share similar missions, each EJS program is distinct and tailored to the needs and resources available within the local community.

Project Background

In 2021, The Weinberg Center received funding from the Administration for Community Living to evaluate the impact of EJS on the safety, autonomy, and well-being of clients in diverse communities across the U.S., with a focus on the impact on those involved with Adult Protective Services (APS). While the original aim of the project was to assess changes before and after shelter participation at six distinct EJS sites, factors external to the project, including the immediate impact and long-term ramifications of the COVID-19 pandemic, resulted in shelter closure, high levels of staff turnover, and limited client participation in EJS over the course of this project. As a result, the number of participating shelter programs decreased (n=4), and the project scope was adapted to explore stakeholder perspectives—including APS and community referral partners, shelter staff, shelter clients, and others—on the need for EJS, as well as barriers to and facilitators of implementation; perceived value and impact of existing programs; and recommendations for adaptation, expansion, and improvement.

Between January 2022 and August 2023, researchers at The New York Academy of Medicine (NYAM) conducted 37 interviews with staff (n=11), local APS representatives (n=9), community referral partners (n=7), shelter clients (n=6) affiliated with the four participating shelter sites, as well as stakeholders (n=4) from other EJS programs. Shelter partners also collected information related to: 1) services provided to shelter clients during and after their shelter stays; 2) shelter referrals, acceptances, and intakes; and 3) outreach or educational activities.

Participating sites:

- **The Harry and Jeanette Weinberg Center for Elder Justice**, *Hebrew Home at Riverdale (Bronx, NY)*: Clients are served in a skilled nursing facility (SNF), which provides medical care, assistance with activities of daily living (ADLs), socialization opportunities, social work case management, trauma-informed counseling, legal services, and support identifying housing in the community upon shelter discharge, if appropriate.
- **Shalom Sanctuary Center for Elder Abuse**, *Hooverwood Living (Indianapolis, IN)*: Clients are placed within a continuum of care (CoC) community, which offers skilled nursing, memory care, and assisted living, based on level of need and bed availability. Additional services include case management and support related to addressing abuse, such as connection to legal services, support addressing financial exploitation, and assistance in identifying safe, community-based housing options upon discharge.
- **The Magen Center**, *Syracuse Jewish Family Service (Syracuse, NY)*: Operated by a community-based social service agency with a continuum of care campus, this program offers a care management program that serves EJS residents in addition to the broader community. It provides support related to meeting basic needs, accessing medical and legal services, addressing financial abuse or exploitation, identifying opportunities for socialization, and securing safe housing.
- **Pikes Peak Elder Justice Center** (*Colorado Springs, CO*):^a During the project time frame, this site offered a scattered site model that placed clients in local SNFs. This model faced many challenges related to staff turnover, closures of local SNFs, and limited client participation. Since data collection for this project ended, this EJS program has shifted its model toward placing clients in hotels and other independent housing.

Findings

Elder abuse is a persistent problem, and there is a need for shelters that meet the needs of older adults.

Interview participants agreed elder abuse is a problem in their communities and described examples of serious cases of neglect, as well as physical, emotional, financial, and sexual abuse or exploitation that required removal from a harmful living situation. Some of these older adults are unsafe in their home because it is shared with or can be accessed by the person causing harm. Legal processes to address the harm are often long and time-consuming, leaving clients unsafe in their homes while they proceed. In other cases, homes have become unsafe or unsanitary due to neglect, abuse, or mental illness (e.g., hoarding), and clients must live elsewhere while the home is cleaned or repaired.

[EJS is] definitely needed. Very, very much so. I think the public's understanding of elder abuse and neglect is very limited. I think it's an issue that most people are not very educated about and very aware of. And I think most people make the assumption that everyone has family and everyone has someone to take care of them, and that there's no issue. And of course, in our line of work, we see the opposite.

—Community Referral Partner

^a Pikes Peak Elder Justice Center is excluded from analysis of client impact due to low client participation during the study period.

Community referral and APS partners consistently reported a need for shelter designed specifically to meet the needs of older adults who have been abused, and noted that alternate shelter options, such as homeless or traditional domestic violence shelters, are not equipped to manage and address the needs of vulnerable older adults. Similarly, hospitals cannot offer the case management and longer-term support often needed to achieve stability. The difficulty inherent in finding safe placements for older adult abuse victims strains systems that are already stretched to meet demand.

According to interviewees, clients who participate in EJS experience...

...access to quality services that support them in finding safety, overcoming trauma, and meeting their basic needs.

EJS programs are perceived to be high quality, flexible, and tailored to the needs of individual clients. Services vary across sites but often include safe housing; prepared meals; assistance with ADLs; access to medical care, counseling, and case management; socialization opportunities; and support addressing the legal and financial consequences of abuse and finding safe housing upon discharge, when appropriate.

...improved safety and stability.

Staff, partners, and clients noted improved safety due to EJS participation, not only due to leaving an unsafe home, but also due to the protections—such as security guards and regulations on visitors—and legal services offered.

...better mental health and social well-being.

Interviewees attributed positive changes in emotional well-being, including fewer symptoms of depression and anxiety, to shelter participation and services. They also reported improved social connection and engagement, such as new—or renewed—interest in hobbies, engagement with peers, and renewed relationships with family members.

...increased physical health and autonomy.

Interviewees reported that EJS clients experienced better overall health, as well as improvements in nutrition, strength, mobility, and independence as a result of EJS participation.

...improvements in financial well-being.

Shelter participation supports clients in regaining financial security, independence, and control, according to staff, referral partners, and clients. They described examples of shelter staff helping clients secure bank accounts, address issues with Social Security checks, and prevent those exploiting clients from accessing funds.

...greater long-term safety and stability.

After shelter participation many EJS clients live in safer and more stable environments, such as SNFs, assisted living or independent senior housing communities, or a home in community that is safe, according to interviewees; APS and community partners reported that it was uncommon for APS to reopen a client's case after shelter. Still, some interviewees noted that client situations are complex, and some clients do not remain stable in the long term.

[Our client who entered EJS] became 100% safe. She was completely removed from the environment and the daughter wasn't able to ever abuse her again

—APS Partner

Now I feel good about myself because I can move, and I ain't gotta lay here for nobody to dress me and change me no more. I get up and go to [the] bathroom now, wash off myself, take a shower by myself now. So I love that part.

—Shelter Client

In general, once we find shelter placement for individuals, we are not often reinvolved again.

—APS Partner

When considering its impact on the broader community, interviewees explained that EJS...

...can be a valuable resource in the community.

Interviewees suggested that EJSs have the potential to streamline services and, by serving as a place to refer older adults with complex needs who face serious harm, can reduce burdens placed on hospitals and APS departments.

...could have a greater impact on systems, including APS departments and hospitals, if barriers to entry are addressed through adaptation or program expansion.

Despite describing mostly positive experiences for those clients who participate in shelter, APS and community referral partners noted many barriers to entry. They explained that the small size and scope of EJS programs limit their overall impact. Interviewees were hopeful that programs could be adapted or expanded to better meet the diverse needs of older adults experiencing harm.

If the client is in the [EJS], then they're safe, and we don't have to see them every month in their home because they're in an institution, and we can check in with the social workers.

—APS Partner

Common barriers to EJS utilization described by interview participants included...

...a lack of community awareness of services, programs, and eligibility criteria.

APS and community referral partners described a need for greater awareness of EJS programs and noted that key referral partners, such as law enforcement, certain hospitals, homeless shelters, naturally occurring retirement communities (NORCs), and others may be unaware that the programs exist. Beyond awareness, several interviewees reported a need for more information on who the programs serve and how to access them.

...workforce challenges within referral organizations, shelter programs, and skilled nursing facilities.

Interviewees explained that staff turnover at referral organizations and agencies, including APS and local hospitals, as well as within EJS programs, reduces awareness of and access to EJS programs and services, as institutional knowledge and long-standing relationships leave with individual staff members. Furthermore, long-term care facilities are often short staffed, particularly after the COVID-19 pandemic, which reduces the number of residents they can serve.

...onerous program or facility eligibility criteria or requirements.

Strict eligibility criteria and requirements, defined by either the program or the long-term care facility in which the EJS is located, were described by interviewees as barriers that hindered both referrals to and utilization of shelter programs. Age, cognitive capacity, level of independence, mental illness, substance use, and history of incarceration were commonly cited reasons for denial of placement. Some programs require verification of abuse and substantial medical or financial documentation, which can delay shelter placement and deter partners from making referrals.

I think that probably an area that staff may be frustrated sometimes is that they view it as an emergency resolution, but the process is not an emergency process.

—APS Partner

...limited program capacity.

Community referral and APS partners reported that EJSs restrict the number of clients due to limited program capacity. They attributed these limitations to lack of appropriate beds (e.g., Medicaid beds, beds for people with behavioral health issues), staffing shortages, and nursing home closures due to COVID-19 (see below).

...client hesitation to leave and participate in elder justice shelter.

Clients are often unwilling to leave their homes, loved ones—including those causing harm—or communities, even when their safety is at risk. For those referred to programs based in SNFs, negative perceptions of nursing homes and strict rules (e.g., policies restricting visitors or one's ability to leave the premises) can deter clients. Negative perceptions of shelters also deter clients, who may not want to be labeled as “homeless” or as a “victim” of abuse, and may be ashamed to accept what they consider “charity.”

If the person's viewing it just as, “Well, I'm going into a nursing home,” that is a fear. That loss of independence is huge. And that's ... one of the biggest threats that [is] used against our clients.

—APS Partner

...the COVID-19 pandemic.

This project took place during and immediately following the COVID-19 pandemic, which exacerbated existing barriers to EJS utilization. Social distancing measures and emergency shutdown orders sharply reduced interactions between older adults and those who would normally identify and report abuse, reducing identification of abuse and, consequently, referrals to EJSs. Sites that rely on SNFs were hit particularly hard: Clients were hesitant to enter as SNFs were seen as virus hot spots, and SNFs had less capacity to serve shelter clients as they handled pandemic-related crises, including staffing shortages and closures.

Stakeholders affiliated with nonparticipating EJS sites described their own EJS programs, which differed from those represented in this study and may be useful for informing future program adjustments or adaptations.

These alternative models included:

- **A community-based victims' services program with a flexible shelter component:** Shelter is one of multiple supportive services offered through this intensive case management program for victims of abuse, and it can take a variety of forms, including temporary housing in a studio apartment, hotel, assisted living community, or SNF, if medically necessary.
- **A continuum-of-care-based program that also serves the broader community:** Originally a shelter program that housed those in need in a CoC community, the program later expanded to provide elder abuse services to the broader community. The program maintains the relationship with the CoC and can house people there at a reduced rate as needed.
- **Two APS-managed scattered site shelter programs:** EJS programs created and managed by local APS departments that provide short-term, scattered site shelter for APS clients in a variety of settings, including nursing homes, assisted living, group homes, or hotels on a short-term basis, as needed.

Opportunities and Recommendations

EJS staff, APS and community referral partners, and stakeholders from nonparticipating shelters reflected on opportunities and provided recommendations for the EJS movement going forward.

- **Identify and advocate for sustainable and sufficient funding:** Increase financial investment from government and other sources to allow EJS to serve more people and their diverse needs, including funds that allow for greater programmatic flexibility.
- **Expand and grow shelter programs to serve the diverse needs of clients:** Offer EJS placement options with a broader range of geographic locations and levels of care to meet the varying needs of older adults.
- **Adjust language used to describe EJS programs:** Avoid use of terms like “shelter,” “nursing home,” and “victim” when describing EJS programs. Language focused on safety and security, similar to “sanctuary” or “respite,” may be more appealing.
- **Increase community education and awareness:** Provide regular training, education, and outreach to existing and potential referral partners, especially when there is staff turnover within referral organizations, agencies, or shelter programs.
- **Reduce eligibility criteria and improve intake processes:** Fewer restrictions and requirements may increase access to shelters and reduce burdens related to documentation that can complicate intake processes and deter partners from making referrals.

Limitations

This study aimed to explore stakeholder perspectives on the need and value of EJS, as well as barriers to and facilitators of implementation, and provide recommendations for improving programs going forward. Results from this study primarily represent the perceptions of staff, partners, and clients affiliated with four specific EJS programs across the country and cannot be generalized to other EJS programs. The project faced multiple data collection challenges, as turnover in shelter programs and limited client participation, attributed in part to the COVID-19 pandemic, reduced access to data and interview participation. Despite limitations, results from this work provide important and actionable information on the need for, utility of, and opportunities to advance EJSs in the U.S.

Conclusion

Findings from this study suggest that safe, supportive emergency housing for older adults who have experienced harm is needed in communities across the U.S., and that EJSs can serve as a valuable resource that meets the specific needs of older adults and contributes to greater long-term stability and well-being among clients. As a result, these programs have the potential to ease the burden on overstretched APS departments and hospitals by streamlining services and reducing the intensity of services required from APS workers, as well as the need to reopen APS cases for clients in the

future. Still, the impact of these programs is limited as they remain small and there are multiple barriers to entry. Common barriers to shelter utilization include strict eligibility criteria, difficult intake processes, limited program capacity, and substantial client hesitation related to leaving one's home, particularly when the EJS is based in a nursing home. The COVID-19 pandemic exacerbated these challenges, highlighting the importance of increasing program flexibility and adapting EJS models to meet client needs within changing healthcare and community contexts. With increased funding, stakeholders recommend expansion of EJSs to increase capacity, provide placement options in a wider range of settings and communities, and offer varying levels of care to enable programs to better serve the diverse needs of clients.

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