Keeping Us Safe: PCTI Tools to Support Older Adults Who Experience Abuse

Erica Costello, ABA Commission on Law and Aging
Lori Mars, Keck School of Medicine of USC
Bertha Sanchez Hayden, BetTzedek

Keck School of Medicine of USC

ABA AMERICAN BAR ASSOCIATION Commission on Law and Aging

BET TZEDEK 50 YEARS OF JUSTICE FOR ALL

Elder Mistreatment - Definition

According to the Centers for Disease Control and Prevention, “Elder abuse is an intentional act or failure to act that causes or creates a risk of harm to an older adult. An older adult is someone age 60 or older. The abuse occurs at the hands of a caregiver or a person the elder trusts.”





Types of Elder Mistreatment

Elder Abuse can happen anywhere. It can take many forms, including:



Physical Psychological Sexual Financial Neglect Self-Neglect

Multiple forms of abuse can co-occur

Impacts

- Medical and mental health consequences
- Increased cognitive decline
- Social isolation and disconnection
- Poverty and homelessness
- 3x higher mortality rate
- Billions of dollars in losses



Elder abuse has significant **medical, mental health, financial, and social impacts**.

Trauma

- Prior trauma history is a risk factor for abuse and trauma is also a consequence of abuse

- Up to 90% of adults nationwide have experienced some type of trauma during their lives

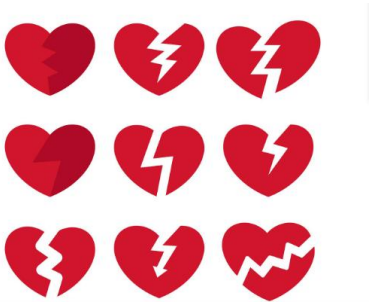
- Trauma can stem from interpersonal incidents, situational events; historical experiences; public health crises; and/or structural injustices.

- Consequences may be short-lived or lifelong. Precipitating events may arise in childhood, adolescence, or adulthood. Trauma may be re-triggered in older age, causing re-traumatization.

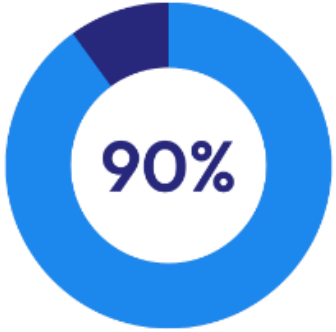


Trauma Experiences

- Trauma may be experienced directly, vicariously, intergenerationally, and systemically.
- There is growing evidence from the field of epigenetics the possibility that trauma is passed through generations, not just through how we interact and behave on an interpersonal level, but through our very genome.
- And though trauma is personally perceived and felt, trauma impacts individuals, families, loved ones, communities, and our society at large.
- Depending on the type, duration, context and severity of early life trauma experiences there may be life-long consequences.



Trauma and Abuse Across the Life Course



90% of Americans will experience at **least one traumatic event** in their lifetime

(Kilpatrick, 2013)



6% of the American population will experience PTSD in their lifetime.

(VA, n.d.-b)



1 in 4 children in the United States will experience or witness interpersonal violence in their childhood.

(Finkelhor et al., 2009)



1 in 3 women and more than **1 in 4 men** in the United States will experience sexual assault, physical violence, and/or stalking by an intimate partner in their lifetime.

(Black et al., 2011)



Approximately **1 in 10 older adults** will experience elder abuse annually.

(NCEA, 2023)

Childhood Trauma Exposure

Trauma exposure in childhood is associated with an increased likelihood of having anxiety and depression in older adulthood.

There is a "strong and cumulative" link between adverse childhood experiences (ACEs) and poor health in adulthood.



Trauma in Later Life

- Trauma experienced earlier in life may resurface or become more pronounced as individuals confront the challenges of aging, such as declining health, loss of independence, social isolation, and abuse.

- Aging itself can sometimes be accompanied by new traumatic experiences, such as the loss of loved ones, chronic illness, or major changes in life circumstances.

- Aging can intersect with societal attitudes and systems that may perpetuate or exacerbate trauma, such as ageism, discrimination, and barriers to accessing appropriate care and support.

Trauma and Elder Abuse

- Older adults may be more vulnerable, more susceptible to mistreatment, and less likely to recover from victimization.
- Links to child abuse, intimate partner violence, and other trauma
- Associated with polyvictimization
- Compounded by aging related vulnerabilities
- Different types of abuse may require different responses
- When exposed to distressing circumstances, many older adults will be able to draw upon their prior experiences of overcoming trauma.

Health Impacts

- Early life trauma can lead to unhealthy behaviors such as smoking, substance abuse, and eating disorders. It may lead to difficulty with coping, poor judgment, and risk-taking.
- Lifetime trauma exposure has been linked to the propensity for developing a wide range of physical, mental, and cognitive health conditions.
- Consequences may include depression, cardiovascular disease, diabetes, and hypertension.
- Although trauma may not be the singular cause of those health conditions, it is strongly associated with their development and severity.

Trauma Triggers and Re-traumatization

Trauma triggers - stimuli such as a sound, smell, touch, sight, taste, feeling, or circumstance that remind them of past trauma and prompts a trauma response

- Triggers and reactions to them can vary widely from person to person.
- Triggers can elicit a fight, flight, or freeze response in the body.
- Triggers can cause an involuntary recall of previous traumatic events.

Re-traumatization - when a person relives prior traumatic experiences with as much emotional intensity as when the original event occurred

Barriers to Seeking Help

- Many older adults are hesitant to share their trauma narratives.
- Earlier traumatic events may have instilled a lack of trust in service providers.
- Providers may not know how to recognize trauma symptoms or provide PCTI care.
- Service providers who lack an understanding of trauma responses, impacts, and symptoms may inadvertently misdiagnose older adults or provide inadequate care.

Elder Sexual Abuse

Janet, sixty-eight, has been married for forty-one years to Steve. They have two children, Joe and Emily. Through the early part of her marriage, Steve repeatedly hit and forcibly sexually assaulted her. Although Steve rarely hits Janet now, the marital rape has continued. Steve has, over many years, forced Janet into submission by preventing her from driving, working outside of the home, and managing money. Janet has suffered depression and anxiety for years. Her fear, religious beliefs, and early socialization, prevented her from seeking a divorce. Joe has observed Steve's mistreatment and has notified APS.

What person-centered, trauma-informed practices would you suggest?

Elder Financial Exploitation

Jack, age 73, and Diane, age 72, recently appointed their son Bobby, age 51, to be their Financial POA. Bobby, who lives with his parents, was supposed to use the POA to help with their monthly mortgage payment. Unknown to Jack and Diane, Bobby has been using the POA to make monthly withdrawals from their bank account to pay off some of his gambling and credit card debt.

A report is made to Adult Protective Services by a concerned neighbor when Jack and Diane received a notification from the bank that several of their mortgage payments were past due. Jack and Diane want to remain in the home, maintain a relationship with their son, and "do not want to bring anything criminal against our boy."

What person-centered, trauma-informed practices would you suggest?

Guardianship

Edith is 79 years old, and her husband, Archie, is 80 years old. They are both retired and have lived in their Queens, NY, home for nearly 50 years. They are a working-class couple with a meager income and have one adult child, Gloria, who is their in-home caregiver.

Gloria was recently appointed as the guardian of Edith and Archie after her father became increasingly forgetful, was having difficulty speaking, and understanding and expressing thoughts. He also appeared unusually clingy, and was grossly behind in paying their bills.

Edith has further exhibited signs of extreme anxiety and forgetfulness, becoming physically aggressive towards Archie whom she sometimes no longer recognizes.

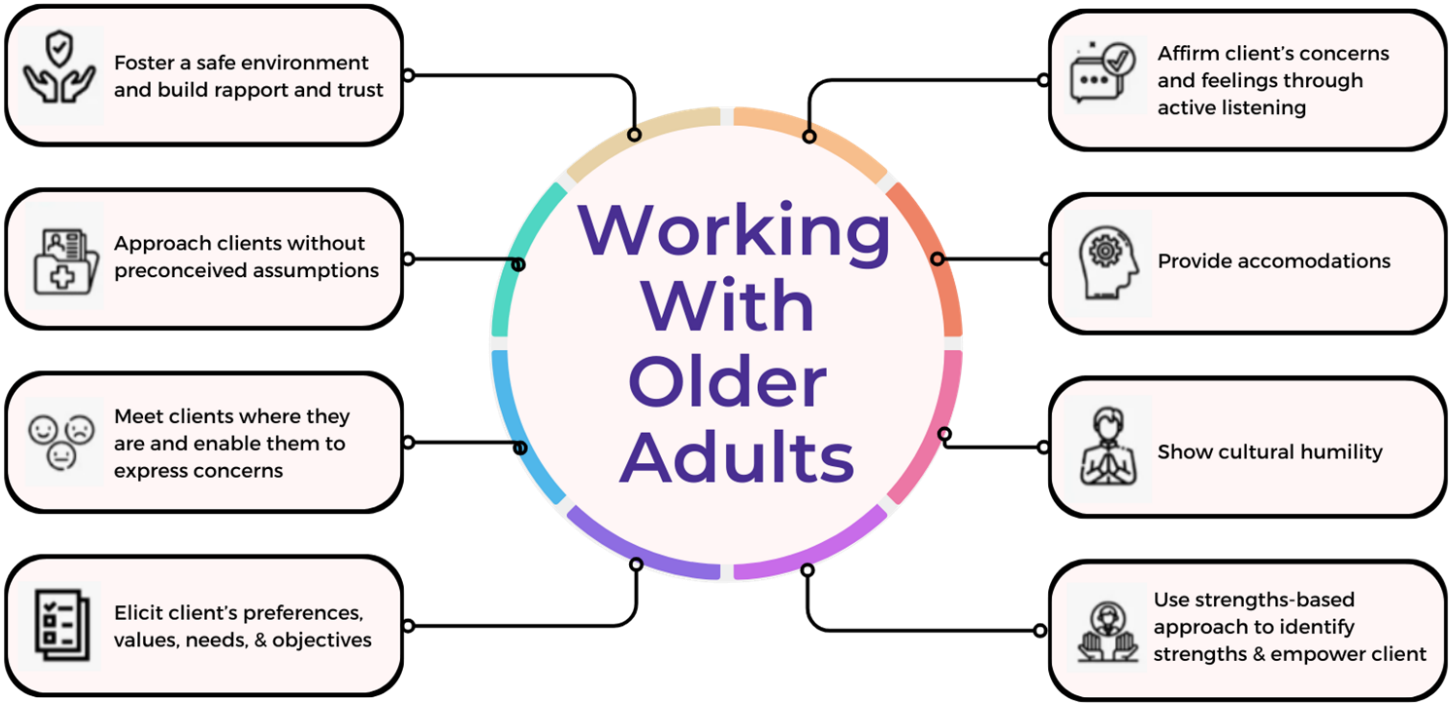
What person-centered, trauma-informed practices would you suggest?

What is a Person-centered, Trauma-informed Care Approach?

- Realizes the impact of trauma
- Recognizes the impact of trauma on individuals, families, providers, and others
- Responds by integrating trauma into service provision
- Resist re-traumatization



Approaches to Working With Older Adults who are Experiencing Abuse



What are the Benefits of Person-centered, Trauma-informed Care?

- PCTI services promote the well-being of trauma survivors through individual autonomy and choice, while building the capacity of agencies and programs to provide safe, supportive, and transparent services.

- In healthcare settings, PCTI practices create a safe, trustworthy, and predictable environment that enhances survivor empowerment and engagement while reducing the likelihood of re-traumatization. Trauma-informed care has been found to decrease symptoms, emergency department visits and hospitalizations, lower health care costs, and improve health outcomes.

- Organizations that have adopted PCTI care have been found to exhibit a structured work approach, improved staff knowledge and service delivery, and sustainability.

Best Practice Tips to Integrating Person-centered, Trauma-informed Care Practices

1. Raise awareness and understanding about aging, abuse, and trauma and the value of an applied PCTI approach.
2. Build PCTI organizational capacity, strengthen practitioner knowledge and skills, and instill culture change to better serve older adults.
3. Develop and adopt culturally responsive interventions and resiliency-based solutions to promote elder dignity and prevent abuse.
4. Validate personal strengths and capabilities while recognizing individual and collective trauma histories.
6. Understand that conducting culturally tailored work requires listening, learning, and cultural humility.
7. Include the older person's perspective and preferences in the design and delivery of services to promote elder autonomy, agency, and ability.
8. Integrate trauma-informed peer-support groups, safe spaces, culturally diverse literature, and culturally sensitive signage.

Elder Justice Shelters: A PCTI National Movement

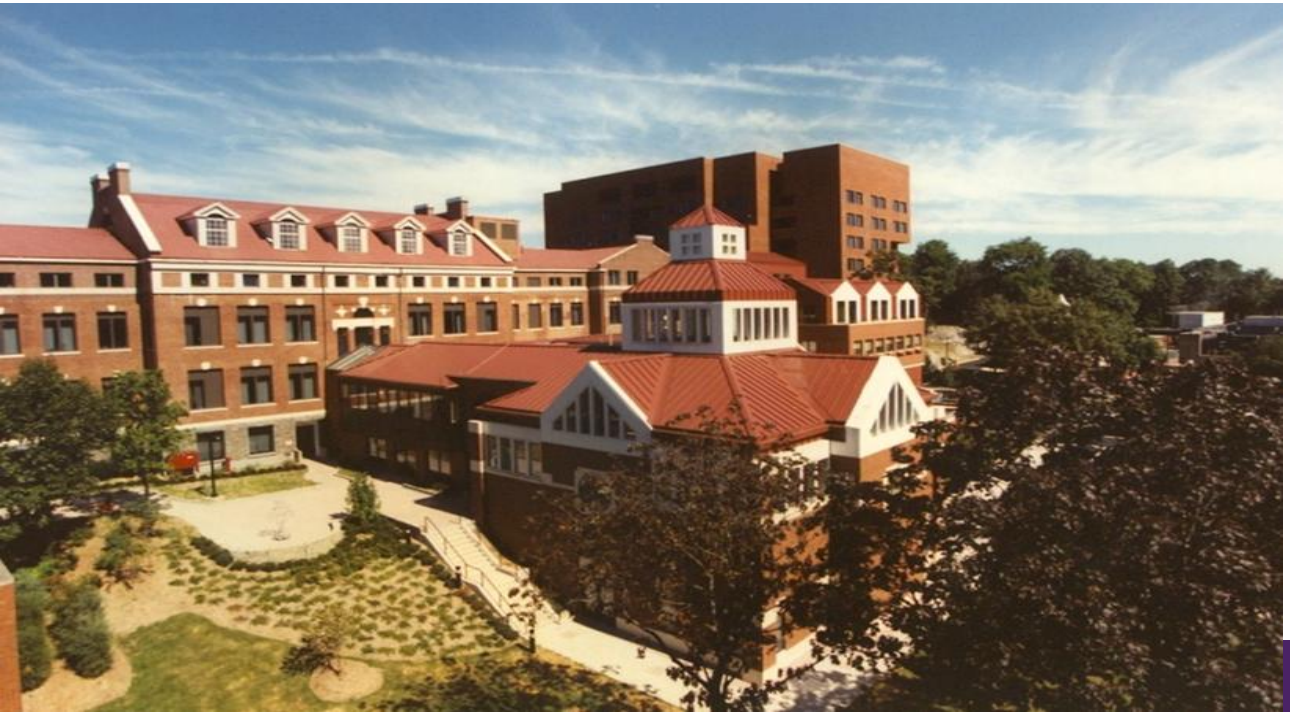
Malya Levin, Esq. LMSW
The Weinberg Center for Elder Justice

Sheri Gibson, PhD
Pikes Peak Elder Justice Center

Lauren Shaivitz, Esq.,
CHANA

The Harry and Jeanette
Weinberg Center for Elder Justice
AT THE HEBREW HOME AT RIVERDALE









What is Elder Justice Shelter?

Temporary safe housing

+ Supportive services

Leverage existing resources

- Grassroots beginning to fill gap in service
- Accessibility issues in traditional shelters keeping older adults in unsafe situations
- Responsive to the nature of elder abuse
- First shelter founded in 2005, The Weinberg Center for Elder Justice
- Embedded within the Hebrew Home at Riverdale by RiverSpring Living
- Skilled Nursing Care Rehabilitation
- Funded by Medicare and Medicaid
- Elder Justice services layered on top of clinical care
- Multidisciplinary Team
  - Trauma-informed Legal Work
  - Trauma-informed Social Work
  - Public Health Professional

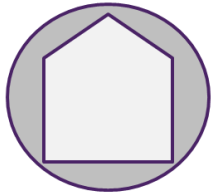
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Local Hospital/ Medical Centers
Area Agency on Aging
Senior Centers and Other Nonprofits
District Attorney's Office
Legal Services Agency
Victim Services Agency
Home Health Agencies
Financial Institutions
Multi-disciplinary team
Civil and Criminal Courts
Law Enforce-ment
Adult Protective Services
Person who Has Experienced Elder Abuse

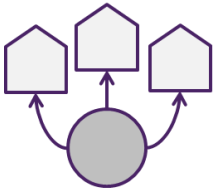
National Elder Justice Shelter Movement

SHELTER PARTNERS
SPRING
ALLIANCE
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SPRiNGAlliance.org



Model 1: Shelter program affiliated with a single long-term care facility



Model 2: External shelter program that coordinates placement at various housing sites



Other Models: Structure based on community needs and resources

How our model works

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Referral → Admission → Assessment → Provision of Social and Legal Services → Discharge to Safe Living Environment





Need, Access, Impact and Opportunities: Project Background and Design

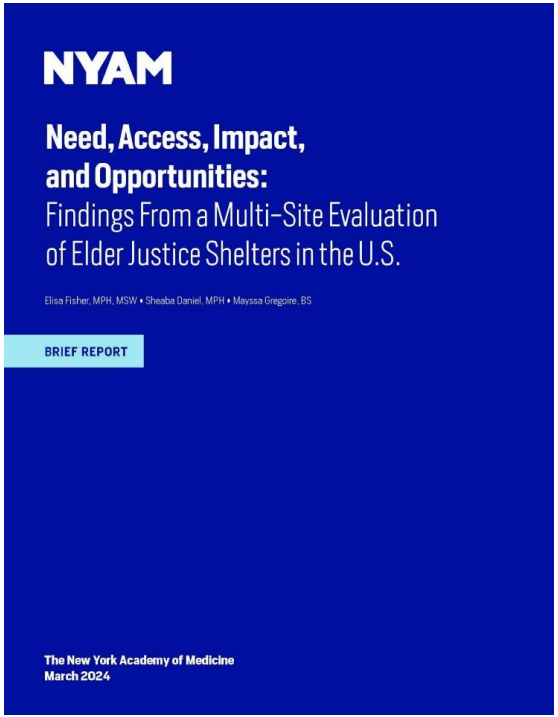
2021 Elder Justice Innovation Grant

- Funded by Administration for Community Living
- Project designed and managed by The Weinberg Center
- New York Academy of Medicine as external evaluator

Participating Models

- The Weinberg Center for Elder Justice at the Hebrew Home at Riverdale, Bronx, NY
- Shalom Sanctuary Center for Elder Abuse, Hooverwood Living, Indianapolis, IN
- The Magen Center, Syracuse Jewish Family Service, Syracuse, NY
- Pikes Peak Elder Justice Center, Colorado Springs, CO
- 2 additional sites closed shelter programs during grant period

First Multi-Site Evaluation of EJS!





Tying It All Together

AN ELDER JUSTICE SHELTER SUCCESS STORY

"... She's in a safe space, the family feels safe too. ... I feel like everything has kind of been made whole again, so it's just—it's the best that we could ever ask for."

Every [EJS] case has been extremely positive. Our most recent case was an elderly woman who had been under the care of her son who ... was abusing her. He was kind of plying her with alcohol, so to speak. She's [got] moderate to advanced dementia. And so just really her life was not good. The home was in foreclosure. The son was abusing her funds and actively abusing lots and lots of substances and carrying firearms around unsafely, and all kinds of things were going on. And he had dropped her off at a local bar and later reported, "Well, Mom is easier to manage when she's drunk." And so he'd left her there. And of course, she has moderate to severe to advanced dementia. So she had consumed alcohol and then tried to find her way home, and she was found frozen to the sidewalk.

She was admitted to one of our local hospitals and, through APS identifying the need, she was able to discharge from the hospital after treatment immediately to [the EJS]. And it's amazing, the transformation, absolutely amazing, the transformation that she has experienced just being able to immediately just go into this setting—that is, she's on one of the memory care units. And the first day she was agitated and exit seeking because it was a new transition. The social worker, who's wonderful, worked attentively with her, as did all of the staff, and really helped her settle in. And so now she is very social on her unit and does all of the activities ... She has a gentleman who she considers her boyfriend...they'll stroll the halls holding hands and they'll sit and watch movies together. And she'll be able to live the rest of her life there.

We've been able to reconnect her with her grandson who was [estranged] when she was living with her son, right? That was the barrier. Everyone was terrified of the son, so they wouldn't be able to go and visit her and check in on her. And now that she's in a safe space, the family feels safe too. And so now they'll visit all the time and bring her decorations for her room and everyone is connected and happy again. And I feel like everything has kind of been made whole again, so it's just—it's the best that we could ever ask for.

—Community Referral Partner

Evaluation Findings

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

Improved safety and stability

Better mental health and social well-being

Increased physical health and autonomy

Improvements in financial well-being

Greater long-term safety and stability

Common Barriers to EJS utilization include:

Lack of community awareness of services, programs and eligibility criteria

Workforce challenges within referral organizations, shelter programs and skilled nursing facilities

Onerous program or facility eligibility criteria or requirements

Limited program capacity

Client hesitation to leave and participate in elder justice shelter

Covid-19

The Weinberg Center for Elder Justice: Going Home



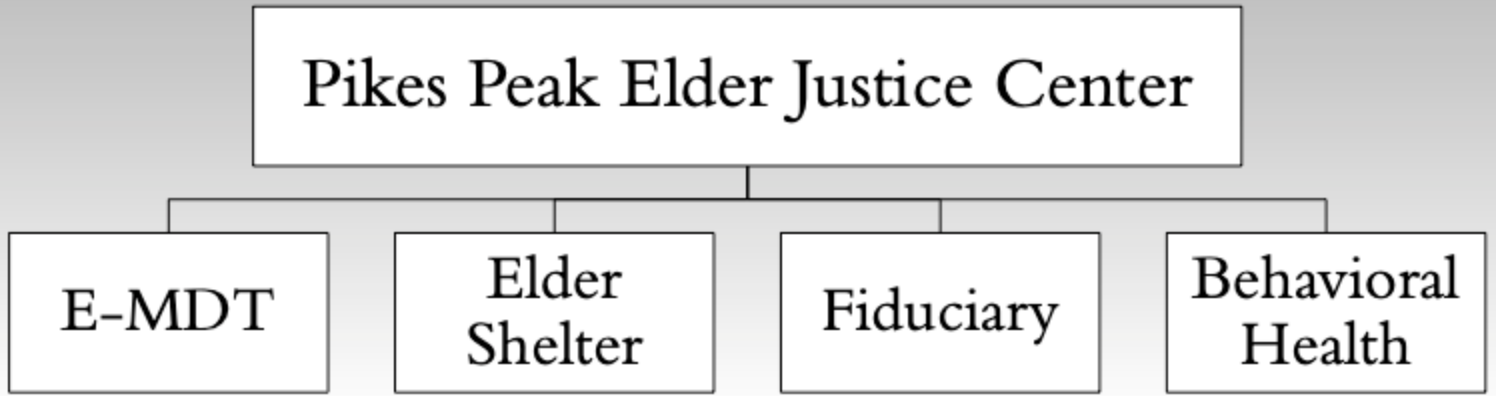
PERSON-CENTERED TRAUMA-INFORMED APPROACHES



- ***Safety First***
  Create physical and emotional safety through secure environments and consistent routines.
- ***Empowerment & Choice***
  Center the older adult's voice in all decision-making; offer options and respect autonomy.
- ***Trust & Transparency***
  Build relationships through honesty, reliability, and clarity of expectations and roles.
- ***Cultural Humility***
  Recognize and honor the unique identities, histories, and values of each older adult.
- ***Strengths-Based Support***
  Focus on resilience, coping skills, and personal goals rather than deficits or diagnosis.
- ***Collaboration Across Teams***
  Engage multidisciplinary professionals to holistically support health, housing, and legal needs.



PIKES PEAK ELDER JUSTICE CENTER (PPEJC)


Pikes Peak Elder Justice Center
E-MDT
Elder Shelter
Fiduciary
Behavioral Health



ELDER SHELTER PROGRAM

EARLY IDENTIFICATION OF GAPS

- Increased incidents of older adults in hospital emergency departments with no safe discharge due to:
  - Alleged perpetrator living in the home;
  - Home is uninhabitable due to severe neglect;
  - Older adult has multiple psychosocial and medical comorbidities to manage.

PURPOSE

The Elder Shelter Program provides safe shelter for at-risk victims of mistreatment while their long-term medical, functional, and psychosocial needs are assessed and supports put into place.

AN EVOLUTION OF FOUR OPTIONS FOR SAFE SHELTER

1. Assisted Living Facilities
2. Skilled Nursing Facilities
3. Hotel Stays
4. Stand-only 5-bedroom Home

FORMS OF MISTREATMENT

- Self-neglect
- Caretaker neglect
- Abuse (physical, sexual, mental, emotional)
- Exploitation (financial, sexual)



WHO SHELTER SERVES

- "At-risk adults" are persons aged 18 and older who are unable to provide or obtain services necessary for their health, safety, and welfare, OR who lack the capacity to make or understand responsible decisions, and any person who is 60 years of age or older or any person 18 years of age or older with a disability".

THE PLACEMENT PROCESS

- The client shall meet the Colorado definition of an at-risk adult who is the victim of mistreatment, neglect, or exploitation and who is in need of healthcare and safe shelter.

- The client shall be offered and be willing to be placed in a temporary healthcare shelter.

- The client shall meet the criteria for admission as determined by the accepting facility.

- The client will consider keeping the location of shelter confidential, depending on the nature of the abuse or neglect.



BEHAVIORAL HEALTH



- UCCS Doctoral Student Clinical Rotation with PPEJC
- Provides ***assessment*** services to community-dwelling older adults in their homes.
- Provides home-based ***mental health*** services to community-dwelling older adults - up to seven (7) free sessions.

Who We Are

CHANA is a program of The Associated: Jewish Community Federation of Baltimore.

We support survivors of abuse and trauma in the Jewish community.

Our comprehensive services include:

- Supportive counseling
- Safety planning
- Court accompaniment
- Legal advocacy
- Resource referrals
- Consultations for families and community organizations
- Support groups
- Shelter and housing solutions

Honoring 30 Years
CHANA
An agency of The Associated

Barriers to Traditional Sheltering

- Cultural and religious needs may be unmet
- Proximity to community increases visibility and risk
- Shame and stigma discourage help-seeking
- Fear of recognition by other residents

Honoring 30 Years
30 CHANA
An agency of The Associated

Our Evolving Shelter Model



Traditional Shelter

Jewish Nursing Home

Private Safehouse

In-Home Support

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Nursing Home Collaboration

- Temporary placement for clients without medical needs
- Safety was re-evaluated continuously
- Allowed us to shelter vulnerable clients near services
- Ended due to leadership changes and new regulations



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Private Safehouse Model

- One-person accessible unit
- Effective only under specific conditions:
  - Client must be mobile or have transportation
  - Must be medically and cognitively safe to live alone
  - Must agree to keep location confidential



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Lessons from Pandemic In-Home Aid

- CHANA funded in-home support during COVID-19
- Concept was culturally and logistically responsive
- Ultimately not used—safety could not be guaranteed



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Current Individualized Approach

- Each case reviewed for safety, culture, and health
- Combine elder abuse support with housing solutions
- Interventions layered based on need and ability
- Support tailored to preserve dignity and privacy

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Client Story: Miriam (Pseudonym)

- Abused by adult son, fearful of accessing help
- Temporarily moved into safehouse—she was independent and mobile
- Maintained kosher diet and synagogue attendance
- Now living safely, rebuilding her life

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