

# **NYAM**

## **Need, Access, Impact, and Opportunities:**

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

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# Table of Contents

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<b>Introduction</b>	2
Background	2
Project Description and Evaluation Overview	2
<b>Methods</b>	4
Data Collection	4
Data Management and Analysis	5
<b>Findings</b>	6
Participating Sites	6
Perceived Need for Elder Justice Shelters	7
Perceived Impact of Elder Justice Shelters: Clients and Communities	12
Barriers to EJS Utilization	20
Alternative Elder Justice Shelter Models	31
Opportunities and Recommendations From EJS Professionals	34
<b>Summary &amp; Discussion</b>	38
Limitations	39
<b>Conclusion</b>	40
<b>Acknowledgements</b>	41
<b>References</b>	42
<b>About NYAM</b>	43

# Introduction

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## Background

Older adults, particularly those with complex social or medical needs, are vulnerable to abuse and exploitation. According to the U.S. Department of Justice, 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.<sup>1-3</sup> 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.<sup>4</sup> 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 the abuse and exploitation, or are found cycling through emergent systems like Adult Protective Services (APS) and hospital emergency departments.<sup>5-6</sup>

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. In addition to safe housing, the Weinberg Center uses a trauma-informed approach to provide clients with holistic case management and counseling, as well as medical, legal, and social services, with the goal of enabling them to find safety and autonomy in line with their own goals and medical or social needs. Since 2005, the Weinberg Center has provided more than 220,000 days of shelter to older adults who have experienced harm.

Since its founding, the Weinberg Center has shared knowledge and resources with others looking to implement EJS programs in their own community. In 2012, the Weinberg Center launched the SPRiNG Alliance, which brings together a collaborative network of EJSs across the country to share resources, experiences, and strategies for implementing and expanding access to EJS. The SPRiNG Alliance currently consists of 60 members from 28 communities in 17 states, as well as two members from Canada.

## Project Description and Evaluation Overview

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 APS. While the original aim of the project was to assess changes before and after shelter participation, factors external to the project, including the immediate impact and long-term ramifications of the COVID-19 pandemic on long-term care facilities, 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 project scope was adapted to explore stakeholder perspectives 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.

The following questions were used to guide the evaluation:

**Process Evaluation Questions:**

1. What are shelter needs among older adults experiencing abuse or neglect?
2. What are the main barriers—at the individual, organizational, and societal level—to shelter implementation?
  - a. How are barriers similar or different across participating shelter sites?
3. What factors or conditions would improve access to and utilization of EJS among those in need?
4. What are the facilitators of and barriers to effective collaboration between local Adult Protective Services departments and elder abuse shelters, and how does collaboration affect the ability of both agencies to effectively support clients?

**Outcome Evaluation Questions:**

5. What are client and stakeholder perceptions of the impact of elder justice shelter on client safety, autonomy, and overall health?
6. How does the intervention affect clients' need for APS involvement during and after shelter?

# Methods

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The evaluation used multiple methods and data sources. All protocols, consent materials, and data collection instruments were submitted to NYAM's Institutional Review Board for approval before use. All participants in the evaluation (shelter staff, shelter clients, referral partners, APS partners, and stakeholder partners) were informed of the purpose and procedures of data collection and provided the research team with verbal consent.

## Data Collection

**Shelter Data Trackers:** Each of the four shelter sites 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. Data were collected between January 2022 and August 2023. Each site shared de-identified data with the research team via a password-protected spreadsheet on a quarterly basis for quality assurance.

**EJS Partner Interviews:** Twenty-seven semi-structured interviews were conducted virtually with shelter staff (n=11), local APS representatives (n=9), and community referral partners (n=7) between December 2022 and December 2023. Participating EJSs identified individuals for interviews. Interviews explored the need for EJS, perceptions of the shelter model and its value, perceived impact, and recommendations. Interviews were conducted via Zoom and lasted between 45 to 60 minutes.

**Shelter Client Interviews:** Six semi-structured interviews were conducted by phone with clients<sup>a</sup> from three of the four participating shelter sites between March and December 2023. All interviewed clients had been in shelter for a minimum of three weeks and had capacity to: 1) provide consent for participation; and 2) recall their experiences before and during their time in shelter. Eligible clients were identified by staff at participating shelter sites who asked if they were interested in participating and, if so, for permission to share contact information with researchers at NYAM. Interviews explored clients' experiences in the shelter program and their perceptions of how it impacted their health and well-being. Interviews were conducted by phone and audio-recorded on Zoom and lasted between 20 and 60 minutes. Clients received a \$40 gift card in appreciation for their time.

**Other EJS Stakeholders:** To assess perspectives on the broader shelter movement, beyond the four EJS sites participating in this evaluation, we conducted interviews with four additional elder justice housing professionals involved in the SPRiNG Alliance. These semi-structured interviews explored similarities and differences in the implementation of EJS around the country as well as the benefits and disadvantages of alternative models. Related findings are reported in the *Alternative Elder Justice Shelter Models and Opportunities and Recommendations From EJS Professionals* sections of this report.

<sup>a</sup> One client invited their daughter to participate in the interview. Because both the daughter and the sheltered parent are representing the client perspective, they are referred to together as "shelter client" throughout this report.

## Data Management and Analysis

Shelter tracker data was collected and shared with researchers at NYAM in a password-protected Excel spreadsheet formatted for data entry. Tracker data was transferred to Stata SE (version 15) for cleaning, management, and analysis. Open text responses were coded according to category or theme, with review by multiple research team members. Results were reported using descriptives (frequencies and means).

All interviews were audio-recorded via Zoom. Recordings were professionally transcribed. Transcripts were maintained and analyzed by multiple members of the research team using NVivo 12, a qualitative data management and analysis software program. Using content and thematic analysis methods, data were coded and analyzed according to both pre-identified themes and themes that emerged from the data.

# Findings

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## Participating Sites

Six EJS programs were invited to participate in this multi-site evaluation. Sites were chosen to represent diverse communities across the U.S. By the time data collection began in 2022, only four programs remained in operation and were able to participate. There was substantial variability in the characteristics of participating shelter programs, including their length of time in operation, shelter size and setting, services offered, population served, and primary funding source.

### THE HARRY AND JEANETTE WEINBERG CENTER FOR ELDER JUSTICE

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The Harry and Jeanette Weinberg Center for Elder Justice at The Hebrew Home at Riverdale, located in Bronx, NY, has been in operation for nearly 20 years. Clients are eligible if they are age 60 or older and have experienced abuse within the community. Clients are served in a skilled nursing facility (SNF) that provides medical care, assistance with activities of daily living (ADLs)<sup>b</sup> such as meals and therapeutic and enrichment activities, as well as socialization opportunities. The shelter program also offers clients social work case management, trauma-informed counseling, legal services, and support in identifying housing in the community upon shelter discharge, if appropriate. Client stays are primarily funded by payment from Medicaid or Medicare; shelter-specific services are funded through foundation and government grant funding. The shelter program currently serves between 15 and 20 people.

### THE SHALOM SANCTUARY CENTER FOR ELDER ABUSE

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The Shalom Sanctuary Center for Elder Abuse at Hooverwood Living is located in Indianapolis, IN, and was opened in 2020. Clients must be age 60 or over and have experienced—or be at high risk for—harm from a trusted caregiver. Clients are placed within the continuum of care (CoC) community where the shelter is located, which offers skilled nursing, memory care, and assisted living, based on level of need and bed availability. Shelter clients receive case management and support related to safety and addressing the abuse or harm, such as connection to legal services, support addressing financial exploitation, and assistance in identifying safe, community-based housing options upon discharge. Funding for the shelter program is a combination of government grants and private donations. Shelter funds are available to cover shelter stays for those who do not qualify to have their stays covered by Medicaid or Medicare. Shelter capacity varies based on bed availability. At the time of the interview, there were approximately five shelter clients.

<sup>b</sup> Activities of daily living, or ADLs, include but are not limited to mobility, eating, toileting, dressing, grooming, and housekeeping.

## THE MAGEN CENTER

The Magen Center, operated by Syracuse Jewish Family Service, a community-based social service agency, opened in 2020 in Syracuse, NY. The Magen Center is located on a continuum of care campus operated by Syracuse Jewish Family Service and primarily serves clients who are over age 60 and who have experienced harm in the community. The social service agency operates 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. While originally intended to offer shelter both in an independent housing facility as well as a SNF, to date, clients have only been sheltered in independent housing. The shelter program is funded primarily by a grant from a health-oriented foundation. Clients are asked to pay a small fee toward rent after the first 30 days as an incentive to seek alternate housing. The shelter can serve up to four people at a time.

## PIKES PEAK ELDER JUSTICE CENTER

Pikes Peak Elder Justice Center is in Colorado Springs, CO. The program aims to serve any client considered an “at-risk adult” in the state, which includes all adults over age 70, as well as anyone with a cognitive or physical disability who cannot secure services for themselves. The EJS program initially launched in 2016 and consisted of a nursing home administrator placing clients who had experienced harm within one of the several SNFs under her company’s operation. After placement, client stays were covered by Medicaid. The program did not provide wraparound services such as case management. However, in 2022, local elder justice leaders created an independent nonprofit shelter program after the administrator left her position. The nonprofit aimed to continue the shelter program using a scattered site model to place clients in local SNFs. This model faced many challenges related to staff turnover, closure of local SNFs resulting in bed shortages, 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. The new model is not assessed in this report. Over the years, this program has received funding from a combination of government and foundation grants.

## Perceived Need for Elder Justice Shelters

### Elder Abuse in the Community

Interview participants and APS partners in particular agreed that 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.



*[We had] a client that was living in a home that was in a deplorable condition with her son. And her son was badgering her and yelling at her all day long. Unbeknownst, the son was also an active APS case. He was mentally unstable. So she felt unsafe in her home. So she was removed as well, and [the local EJS] accepted her. —Community Referral Partner*

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*[Our client was a] younger guy, 67, I think, with what was probably alcohol-related dementia, had a history of alcohol abuse [when he was] younger. Living by himself and had no family in the area. The company that came in to clean, like senior helper kind of thing, made an APS report that this gal had moved in and she was taking advantage of him ... Then, the bank made a report ... he had had a lot of unique ATM activity that wasn't typical to his account information. This was maybe a month later. I go out. The home health [aide] had quit, because she had gotten into a fight with [the gal]. Oh, my God. That apartment was destroyed. The glass broken. I mean, it was weird stuff like the mattress and dresser were in the kitchen. The bed frame was just out and he was sitting there in this trash pile. —APS Partner*

## Elder-Focused Shelter: An Unmet Community Need

Interviewees described many reasons that EJS is needed in their communities. Some older adults who have been abused must leave their home because it is shared with or can be accessed by the person causing harm, such as an adult child, intimate partner, friend, or neighbor. Legal processes to address or remedy the situation, such as eviction, guardianship, or securing an order of protection, are often long and time-consuming, leaving clients unsafe in their homes while the process goes on. 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.

*The primary reasons for our clients to be referred to [our organization] is because they're facing an eviction, a) for nonpayment of rent and ... b) because they're being exploited financially or somebody's moved into their property and it takes a long time to get them out [via] the court system. So it's an endangering environment for our client to remain in. Or probably just because [of] the deterioration of their property. It's unsafe. It's a property that's almost inches away [from] being condemned. —Community Referral Partner*

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*[The client] didn't have to go back to her daughter's home and risk being financially exploited yet again ... by going to the shelter, [shelter staff] could get a protective order in place as well and find her independent living housing. —Community Referral Partner*

Community referral partners consistently reported a need for shelter designed specifically to meet the needs of older adults who have been abused. They explained that placement in a setting designed for older adults is important for finding stability and safety, and for addressing trauma.

*[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**

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*I think [we need] more [elder justice centers]. More options for them that are structured to get them out of that abusive situation as quickly as possible. And then, more broadly, something that's able to get them stably rehoused at whatever income level they're coming in at.* **—Community Referral Partner**

APS workers in particular described a need for emergency shelter for older adults, explaining that they are often at a loss for where to house a client who is unsafe in their home. They felt there are limited options appropriate for the older adults with whom they work, who often have few financial resources and limited or no family involvement.

*[We need EJS for] when we have no other options. It's either calling 911, and we know that they're not sick. We just know that they need to get out of there. We're at the end of the road where there's no relatives; there's no other services that can keep this person safe, and we know that if they are not removed from that environment, that their life is at risk.* **—APS Partner**

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*There isn't any other program that addresses this need. Again, similar to the emergency services that victims of domestic violence receive, there is a need to address the need of elderly people who are victimized and are being abused. If it's financial, if it's physical, if it's neglect, you have to have an out. If you don't have an out, that's very scary.* **—APS Partner**

## SHELTER ALTERNATIVES ARE INADEQUATE

According to APS and community referral partners, the types of abuse experienced by older adults, and the conditions that make them vulnerable to abuse, are different than those experienced by populations for whom other types of shelters are designed, such as traditional homeless shelters and domestic violence shelters. As a result, these alternative shelter options are not equipped to manage and address the needs of vulnerable older adults. Traditional homeless shelters, for example, are typically crowded and unsafe for older adults, particularly those susceptible to abuse and exploitation. They also cannot accommodate the complex medical needs of older adults, who often have mobility limitations, complex medical conditions that necessitate medical devices, or require the assistance of a home health aide to help with ADLs.

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*It could have been a homeless shelter, which is, for our older individuals that have a medical or mental deficit, that's not really a safe setting. It's not a conducive setting to keeping them safe either. —APS Partner*

*[Our client] is a prime example of that oxygen concentrator issue that we have with quite a few people actually, that is there is no congregate shelter here that can take someone with an oxygen concentrator, and she uses one. —Community Referral Partner*

Domestic violence shelters may provide residents with less crowded facilities and more supportive services, but referral and APS partners agreed that they are unequipped to serve older adults. Not only are they typically unable to address complex medical needs or accommodate a home health aide, their services, like employment assistance and childcare, are often geared toward younger adults with children, and are irrelevant for most older adults. Furthermore, domestic violence shelters often rely on support groups and shared experiences among residents to help with healing, which would not serve the needs of older adults who often have different priorities and experiences of abuse.

*The only other options are, like, a domestic family violence agency ... it's great to have a shelter for those 60 and over to have somewhere safe to go like this ... Patients that are older don't really necessarily always feel comfortable going to a shelter where there's a lot younger demographic. —Community Referral Partner*

*We do have a shelter for domestic and sexual violence. But what our experience has been is a lot of our older individuals in the community don't wanna be in a shelter, especially when there's maybe young children ... I think what [EJS provides] is an opportunity to be with people their own age who have been through what they've been through, so they don't feel like, "I'm the only one," [or] "Oh, yes, I'm not the only one, but I'm the only one that hung in there for 40 years and is only now leaving," and there's a sense of isolation that comes with that. —APS Partner*

Older adults who have been abused often receive care in emergency departments (EDs) and hospitals. Interviewees explained that, while some arrive in the ED due to injury or illness stemming from the abuse or neglect, many older victims are in hospitals simply because they must leave their home and there are no safe alternatives. Relatedly, some older victims arrive in the ED due to an acute need but stay longer than necessary because the hospital must identify a safe discharge plan before releasing them, which is considered problematic for both patients and health systems.

*If you go into a designated shelter for abuse, the services are going to be targeted for abuse. But, if you are not, if you're going to a regular city—or any—hospital, then the whole process of being triaged, waiting for the doctor, sitting hours and hours in the waiting room, if you're coming out of an abusive situation and you got the courage to leave, that can be an added trauma on top of the trauma that you already have experienced. —APS Partner*

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*Sometimes people are just taken to the hospital, and then hopefully the hospital will hold on to them for a few days until they can either find a place or go into a nursing facility. Which is obviously not an ideal situation, but for some of our counties, that's their only option. —APS Partner*

The difficulty inherent in finding safe placements for older adult abuse victims strains systems that are already stretched to meet demand, especially hospitals and APS departments that are often short-staffed, underfunded, and overworked.

*I think it has the potential to have a tremendous value to our community. I think it's still in the early stages, and they're working out the kinks. And so, I think as it becomes more established, there's more awareness. Again, taking that burden off of the hospitals. And taking that burden off of APS is of tremendous value. —Community Referral Partner*

*[Without shelter resources] it can be a real struggle to get [clients] out of a difficult situation. It means it's often extra work on our investigators, because they essentially have to beg hospitals or facilities to take people in. —APS Partner*

## Perceived Impact of Elder Justice Shelters: Clients and Communities

### Impact on Client Well-Being<sup>c</sup>

#### ACCESS TO QUALITY SERVICES

According to interviewees affiliated with three out of four of the participating EJS sites, shelter offers clients access to needed supports and services that allow them to extricate themselves from harmful situations, overcome trauma, and heal. Shelter staff explained that EJSs provide clients with assistance meeting their basic needs, including a safe place to live away from the person causing them harm, prepared meals, assistance with ADLs, and access to medical care through skilled nursing or assisted living facilities, or by supporting patients in accessing outpatient care. They also offer counseling and case management specifically for survivors of abuse, as well as support with finding housing or reintegrating into the community upon discharge, when appropriate. One EJS provides access to legal services directly while others connect clients to external legal services to obtain orders of protection, guardianship, power of attorney, or other needed legal protections. Shelter staff also provided examples of other services offered to clients, such as pet therapy, socialization opportunities, and support addressing financial concerns resulting from abuse or exploitation.

*They're getting all the services that anybody would get who comes in to the nursing home, specific to their medical condition. So if they need rehab, they're getting rehab. If they need memory care, they're getting memory care. If they have medical care, they have daily nursing care, they have a dietitian.*  
—Shelter Staff Member

<sup>c</sup> This section pertains to data collected from interviewees affiliated with three out of four participating shelters. We were unable to assess perceptions of impact associated with Pikes Peak Elder Justice Shelter due to limited client participation during the study time frame resulting from unexpected changes to the shelter model and staff turnover.

*They receive all of the medical care that's available at [the skilled nursing facility] and nursing care, physical therapy, occupational therapy, speech therapy. There's recreation therapy as well. So a lot of opportunity to engage in activities. Pet therapy as well, and then social work support from me and [another social worker]. So we provide counseling. We assist with case management. We can help arrange discharge, referral to community-based organizations as needed. And then, also, we have the legal support ... that might look like maybe revising some advance directives, or getting an order of protection, or helping with power of attorney, or helping someone evict someone who may have harmed them. —Shelter Staff Member*

Shelter staff and clients also emphasized the flexible nature of the EJS programs and noted that services are tailored to the needs of individual clients. Some clients also described the responsiveness of EJS programs, as well as the availability of shelter staff to support them in accessing needed services or supports.

*Oh, sure, [I would recommend the program]. Without a doubt. I mean you can't ask for more. As I said, it's like having a mother. They do everything for you because again, depending on your stage of disability, if you are disabled, they compensate for it. They take care of whatever your needs are. If you need a wheelchair to get around, they have wheelchairs. If you need an assistant to come in, they change your bedding. You get showers and things like that. So whatever you need is here. It's available to you. And if it isn't, you can ask. You have someone to go to. There's social workers here. —Shelter Client*

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*Everything from their pet needs to get to the vet, to they need to change the locks on their house and assisting them with getting a locksmith out there. We've had a lot of financial exploitation so accompanying them to the bank, trying to address issues, closing accounts, opening a safer account ... It's fairly sky is the limit other than doing taxes for people or providing legal advice. We just assess each person and see what they need. —Shelter Staff Member*

Interviewees described examples of clients who receive or are linked to a range of supportive services that contribute to improvements in health and well-being. In most cases, the complex nature of EJS clients' situations requires coordination of multiple services and resources over an extended time.

*Many of our clients [who entered shelter] have been [at the same facility] for a couple of years. And they're aging there, so they're getting the good care that they need. And holistically it's a good program because the medication is there. The nutritional value is there. The exercise with the PT and the OT that they benefit from. And also the socialization. —Community Referral Partner*

*[Our client experienced] not just exploitation but ... the threat of physical abuse was considerable. And it was kind of a classic. He really needed alternate housing so he didn't have to put up with that ... A lot of our case management and counseling centered around getting him to the point where he would accept healthcare interventions. So getting him into the practice ... following up with some specialty care, getting him through a hospital stay ... as well as some psychiatric services. —Shelter Staff Member*

Of the three sites that offer shelter placements in a single location (i.e., a skilled nursing or independent living site), interviewees—including clients—provided positive feedback on the quality of the facilities and services. They also described positive experiences and relationships with shelter staff, including social workers, attorneys, and others.

*The overall impression I have is that [shelter staff are] a very hardworking group of people. They're obviously very dedicated. They're very smart. They're on top of their game and they know how to navigate systems—including orders of protection, including legal issues. These are people that are very astute, in terms of the clinical piece of it. We're not dealing with amateurs. We're dealing with people that know what they're doing. —APS Partner*

*If I was gonna rate this place as a motel, I would rate it at as five star. The food's good. The place is clean, which I know is probably hard to do with all these people. And everybody is nice and friendly. They say, "Hello," "Good morning." The staff here is wonderful. Even some of them that I've gotten to know kind of personally, they always stopping in, like, "You need a little something else? Are you hungry or anything like that?" Because the kitchen's just a few doors down. —Shelter Client*

## PHYSICAL SAFETY

According to interviewees, clients who enter shelter experience had improved physical safety while living in the shelter, not only due to leaving an unsafe home, but also to the protections—such as security guards and regulations on visitors—and legal services offered through the shelter. Some also described examples of clients who benefitted from shelter in the longer term, such as returning home with supportive services after securing orders of protection, transferring to a new setting or facility that meets their needs, or remaining in the SNF or CoC community in which the shelter is located after elder-abuse-related needs were addressed.

*[The client] could not have had a better outcome. She was appointed a legal guardian. She was getting the medical care that she needed. They also appointed a conservator. And most importantly, she was safe. —Community Referral Partner*

*[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*

## MENTAL HEALTH AND SOCIAL WELL-BEING

Interviewees witnessed—or experienced—improvements in clients' mental health due to participation in shelter. They described the positive impact on emotional well-being that can result from removal from an abusive situation and the security of having immediate needs addressed. They also emphasized the value of counseling and support provided by shelter staff and noticed that, after participating in shelter, clients experience lower levels of depression and anxiety and exhibit improved outlooks on life.

*A client was really, really struggling ... She's in a position that her own family member is doing this to her. A lot of trauma, a lot of anxiety, and I think she's doing great now ... Less anxious, less fearful, not hopeless anymore. You know, less—less depressed. —APS Partner*

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*[My father] was talking to a psychiatrist ... They said that he's doing real good. When he first got here, they said he was kinda depressed. Then later on, they was just like—he turned around. —Shelter Client*

Interviewees also described social improvements, such as new—or renewed—interest in hobbies, greater engagement with other residents, and renewed relationships with family members, either because the person causing harm was removed from the situation, or as a result of shelter advocacy on behalf of the client.

*Everyone was terrified of the son [who was abusive], 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, her 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. —Community Referral Partner*

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*My mental health is a lot better. I've been reading the Bible again. And I try to interact with the people here who are very elderly, much more old than me. And that makes you feel good, too ... I saw my psychiatrist this past Tuesday, and he's happy with the way things are going. My frame of mind is good. My health is good. I have a good outlook. —Shelter Client*



## PHYSICAL HEALTH AND AUTONOMY

Clients and staff described improvements in clients' physical well-being that resulted from participating in EJS. They reported better overall health, as well as improvements in nutrition, strength, and mobility. Clients emphasized the value of regaining the ability to complete ADLs, such as feeding or bathing themselves independently. Clients and staff attributed improvements in physical health to general participation in shelter, as well as improved access to necessities such as regular meals, medical care, physical therapy, and medication that had—for some—been withheld due to abuse or neglect.

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*Now I can take my showers myself and I have a great walker ... the PT came in and she showed me—and she didn't have to—all these different exercises, which I still do every morning. —Shelter Client*

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*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, you know? Ain't anybody have to do anything for me like that. —Shelter Client*

## FINANCIAL WELL-BEING

Clients and staff described positive financial outcomes for those who participated in shelter, such as securing bank accounts, addressing issues with Social Security checks, and blocking those exploiting clients from accessing funds. As a result, clients regained financial security, independence, and control.

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*This recent client that I mentioned who is now [in an] independent apartment on campus, this is a woman with a terrible abuse situation. It was a grandchild and the girlfriend of the grandchild who stole over \$10,000. They were breaking into the house ... Lots of work with the bank, lots of work with APS, police. This person was willing, eventually, to pursue charges against them. So addressing the actual abuse to make that stop and helping her move her money to accounts that would be unknown to these individuals. And to our knowledge, there has been no further financial exploitation. —Shelter Staff Member*

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*Once I got the power of attorney, which [a shelter staff member] helped me with that ... She said, "Now, what you can do is go to the bank and show them this power of attorney paperwork and let them know that you want to be power of attorney over your father's account"... And at this time, [the person abusing him] still had his bank card, his ID, his whole wallet. So I went up there, got power of attorney, and I canceled the card that she has. So now, if my father needed any money, I would just go up there and withdraw it. —Shelter Client*

## LONG-TERM CLIENT OUTCOMES

According to interviewees, most EJS clients are safer and more stable after shelter participation. Some clients stay at the SNF long term, some transfer to other assisted living or independent senior housing, and some return to the community after the harm has been addressed. As a result, APS and community partners reported that it was uncommon for clients to need APS to reopen their case after shelter.

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*After this person [came into shelter] they were able to access more stable housing ... So this person went from living in a situation that was very unstable, both emotionally and financially, and then moved into a situation, even though it was an institution ... went into a situation where the housing was stable, it was gonna get paid for, needs were gonna be met, medical needs were gonna be met, they were gonna be OK. —APS Partner*

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*In general, once we find shelter placement for individuals, we are not often re-involved again. —APS Partner*

However, some interviewees also noted that client situations are complex, and not all clients are ready to participate in shelter. Some choose to leave shelter before the harm is addressed and they return to the situation they left, return to unsafe or unstable situations after they are discharged, or lose contact with case managers.

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*[The impact of EJS on clients] depends on the situation. It depends if the client is ready for help. Actually, there was one client recently that left the [EJS]. I think if you're not ready for it, or if you're on the younger side, or if you're really like a lot of other victims of abuse, they're not ready to step apart from the abuser. I think it's challenging. —APS Partner*

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*We worked really hard and found [the client] a place and he accepted it because it met his lifestyle desires better than anything anybody had ever showed him before ... We don't know if he stayed there. He kind of fell off the radar. —Shelter Staff Member*

# 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**

## Community and System Impact

In addition to direct benefits to clients, community referral and APS partners described positive impacts of EJS on the broader community. They explained that shelter has the potential to streamline services for older adults within an otherwise disconnected system of services, potentially reducing the burden on healthcare and social service providers and families. Several emphasized the value of EJSs for hospitals, which must identify safe placements before patients can be discharged, as well as the perceived value to local APS departments, which need a place to refer clients who are unsafe in their homes.

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*You can look at it from a very cold-hearted perspective of hospital dollars and all of the admissions to the hospital that a lot of elders would otherwise be experiencing, which is not good treatment for them, is not money well spent. Different things like that, as well as a lot of people really need that help. A lot of families honestly need that help as well. We experience family members of elders who are grateful for these programs because for whatever reason, they may not be able to help solve the problem ... Being able to rely on these programs really helps everyone out a lot. —Community Referral Partner*

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*So I think we were very helpful in being able to, frankly, clear APS cases for them, right? To be able to take folks for long-term care that needed it, that they were hearing about, but that they didn't have a safe place to send folks. —Shelter Staff Member*

The perceived impact of EJS on APS staff workload varied across participating shelters and interviewees. Most agreed that shelters have the potential to reduce the intensity of APS involvement as clients are moved from emergency situations to more stable environments. Those interviewees affiliated with one of the three EJS sites that offer case management generally agreed that the responsibility for day-to-day case management shifts from APS to shelter staff while clients reside in EJS, which reduces—or has the potential to reduce—the need for or intensity of APS intervention in their case.

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*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. If they're in a community, and they're at risk because they decided not to go, the minimum visit is once a month. But if there's crisis, we might be out there as needed, right? So the work intensifies. And there's police involvement, you know, district attorney involvement. So there's a lot of things going on in one case, and the person is still not stable. —APS Partner*

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*[Access to EJS is] critical, and I love that our APS is so overtaxed as it is, that this takes this off their plate for them. —Community Referral Partner*

Still, several interviewees reported that they felt the overall impact of EJS on the community, and on APS in particular, was limited due to the size and scope of their local shelter program, as well as significant barriers to entry (see *Barriers to EJS Utilization*, below). Referral partners who felt that the existing local shelter program did not meet the emergent needs of the population they served, or that it was exceedingly difficult to have clients accepted into shelter, explained that the EJS was not currently a reliable resource for their clients. However, given the clear community need, many interviewees were also hopeful that programs could be modified, or would continue to grow and expand to meet needs.

*I think it's really such a small number of clients that I don't necessarily know that it has a huge impact ... It's not like my caseload is 60 and now I have 10 clients who went into the [EJS] so it's significantly lower. I think that it's a client here, a client there. —APS Partner*

*I do really think they [the local EJS] are a good option for certain people ... but I don't think there's enough people the way the model exists now ... I feel lucky to work in a region where it's a possibility—where I can always kind of think about this as an option, but I think the reality is it's just an option for a small number of people. —Community Referral Partner*

## Barriers to EJS Utilization

Despite community need, interviewees described multiple barriers to entry that resulted in lower-than-expected utilization rates. Stakeholders affiliated with sites across the country identified challenges at the individual, institutional, and societal levels that prevented those in need from accessing EJS services. While many of the barriers described were common across the four sites, some were not due to variation in setting, funding source, and population served.

Table 1 displays information on referral source, shelter acceptances, and reasons clients did not enter shelter programs for those referrals made to participating EJSs between January 2022 and September 2023. During the study timeframe, the four participating EJS sites received 124 shelter referrals. Most common referral sources were hospitals (40%; n=48), social service organizations (25%, n=31), and APS departments (15%; n=19). Approximately one third of referrals had an open APS case at intake. Forty percent (n=49) of the referrals to shelter were accepted, of whom 47% (n=23) enrolled in the EJS program.

Below, we describe the barriers to utilization most frequently identified in interviews with APS and community referral partners, many of which were also described as noticeable barriers by shelter staff.

**TABLE 1. SHELTER REFERRALS, JANUARY 2022–AUGUST 2023 (N=124)**

	n	%		n	%
<b>Referral source*</b>			<b>Reasons referrals were not accepted or did not enroll in shelter* (n=101)</b>		
Hospital	48	39%	Client not interested	29	29%
Social service	31	25%	Level of care needs not aligned with shelter option	20	20%
APS	19	15%	Received or waiting for placement in alternate facility or program	15	15%
Other government agency (non-APS)	10	8%	No evidence of abuse or safety concerns	13	13%
Family or friends	4	3%	Mental and behavioral health, including substance use	8	8%
Self-referral	4	3%	Missing documentation/ client unresponsive	8	8%
Guardian	4	3%	No beds available <sup>‡</sup>	6	6%
Other <sup>†</sup>	5	4%	Not eligible—age, location, or financial concerns	4	4%
<b>Open APS case at time of referral</b>			Unwilling to cut contact with abuser	3	3%
Yes	43	35%	Other <sup>§</sup>	5	5%
No	81	65%			
<b>Referral accepted to shelter</b>					
Yes	49	40%			
No	75	60%			
<b>Of those accepted, those enrolled (n=49)</b>					
Yes	23	47%			
No	26	53%			

\* Multiple responses permitted.

<sup>†</sup> Other client referral sources include: another nursing home, physician, home care agency, and therapist.

<sup>‡</sup> Refers to facilities that were full, had no Medicaid beds available, or would not accept clients because of behavioral health issues.

<sup>§</sup> Other reasons include: missing enrollment data, court appointed a guardian, and unknown.

## Community Awareness and Education

Across sites, and particularly among the newer programs, APS staff and other community referral partners described a need for greater awareness of EJS programs, both within their own organizations or agencies and outside of them. Some 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.

*I collaborate so much with our local area on aging, our victim assistance [program], with the police force here locally, some of the other hospitals ... they weren't even aware of this program. And I sent them the application for it, and the criteria, so they could also refer patients if needed to this wonderful program.*

**—Community Referral Partner**

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*We're all learning how to utilize this new tool, this new resource in the community, and how best to serve the needs of the victim ... I don't see a lot of referrals, like, coming directly from law enforcement like you would in a domestic violence shelter.* **—APS Partner**

Beyond awareness, several interviewees reported a need for more information on who the program serves and how to access it. Some interviewees with more referral experience expressed a desire for greater clarity on eligibility criteria after referred clients were not accepted, despite the fact that they met basic requirements around age and history of abuse.

*And I think that there's not enough understanding of how to access the limited services that there are. So I think the community has a really hard time understanding that these certain services are available in a limited way in these kinds of ways and here's how you can access them.* **—Community Referral Partner**

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*I don't know what their [eligibility] criteria is. Let it be known, right? What are the definite nos? What's your criteria for getting into the [EJS]? I don't know that. All these years of relationship, I probably instinctively know, but not because I've seen it in writing.* **—APS Partner**

Participating sites reported that they conducted outreach and education activities to increase education and awareness of programs, services, and elder abuse more generally. Between January 2022 and August 2023, sites conducted 82 unique outreach activities, most of which (87%) were trainings for community-based or social service organizations, professional associations/forums, hospitals, and other organizations or agencies that serve older adults who may be facing abuse. Trainings covered shelter services and processes, elder abuse in general, financial exploitation and scams, guardianship, mediation, restorative justice and more (see Table 2).

**TABLE 2. SHELTER OUTREACH AND EDUCATION (N=82)**

	n	%		n	%
<b>Outreach type</b>			<b>Organizations reached</b>		
<b>Training*</b>	71	87%	<b>Community-based organizations</b>	19	23%
<i>Shelter services and referral process</i>	39	55%	<b>Professional associations/forums</b>	13	16%
<i>Elder abuse</i>	35	49%	<b>Hospitals</b>	10	12%
<i>Financial exploitation and scams</i>	5	7%	<b>Multidisciplinary Team (MDT)</b>	8	10%
<i>Capacity and guardianship</i>	3	4%	<b>APS</b>	7	9%
<i>Elder abuse mediation</i>	2	3%	<b>Educational institutions</b>	6	7%
<i>Restorative justice</i>	2	3%	<b>Internal training</b>	5	6%
<i>Other</i>	7	10%	<b>Unions</b>	3	4%
<b>Email or phone call</b>	5	6%	<b>Other</b>	11	13%
<b>Conference</b>	2	2%	<b>Approximate number of people reached</b>		
<b>Other</b>	4	5%	<b>10 or fewer</b>	26	32%
			<b>11–50</b>	50	61%
			<b>51–99</b>	3	4%
			<b>100 or more</b>	3	4%
			<b>Average (SE)</b>	27.18 (4.082)	

\* Multiple responses permitted for training topics; denominator for training topic percentages is based on training outreach (n=71).

## Workforce Challenges

Staff turnover at referral organizations and agencies, including APS and local hospitals, was identified as a contributing factor to the limited community awareness of EJS programs highlighted by interviewees. Such turnover reduces awareness of EJS programs and services, as institutional knowledge and relationships developed over time leave with the individual staff members, and new staff members are unaware of the resources available for patients or clients. Some, though not all, turnover in these organizations and agencies was attributed to the COVID-19 pandemic (see *COVID-19 Pandemic*, p. 29).

*I think we [at APS have] had turnover, they [at the shelter have] had turnover, and it's more just getting everybody on the same page. I've been at APS a long time, but just recently as a supervisor, I'm learning information that wasn't given to me at the caseworker level that I was at. It's learning different things, which is why I really want to work with my caseworkers, so that they understand how [shelter] works and we don't have that gap. —APS Partner*



*I also think, actually, part of what's happened is that there's been so much turnover in healthcare in hospitals. So the people who were more familiar with—the discharge planners who were more familiar with our program—are now not working in the same place. And so there are new employees who may not be familiar with us as a resource, which is why, again, training, outreach, is so important. —Shelter Staff Member*

Staff turnover within shelters, as well as within the SNFs where shelter clients are placed, also poses challenges. When shelter staff members or referral partners leave, long-standing relationships between shelter programs and essential community partners are broken and can be difficult to replicate. Furthermore, long-term care facilities with high staff turnover rates are often short-staffed, which reduces the number of residents they can serve and, as a result, the number of beds available for shelter clients.

*In our elder abuse shelter, there [was] significant staff turnover. So I was getting a lot of denials. Like, “I’m sorry, we can’t help get the patient in there.” So that was pretty difficult to have to experience because, during that time, I had several abuse cases all at once that couldn’t go home. —Community Referral Partner*

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*I think now with the turnover in different facilities [where shelter residents are placed], they’re not all familiar with [our EJS], or familiar with how it works. Not to mention the staffing issues in facilities. —APS Partner*

## Program or Facility Requirements and Limitations

### ELIGIBILITY CRITERIA

According to APS and community-based referral partners, strict—and, at times, unclear—eligibility criteria limit both referrals to and utilization of shelter programs. Acceptance into shelter is made on a case-by-case basis. Some requirements, such as age or type of abuse, are defined by shelter programs. Others may be conditions mandated by the housing provider or facility in which shelter clients are placed, which vary by site. For example, one shelter was unable to accept clients whose cognitive capacity “waxes and wanes” as it could not effectively provide consent for participating, while another frequently served APS clients with limited cognitive capacity. Two shelter programs based in nursing homes require that clients have a documented need for skilled nursing, whereas one that is operated in a senior housing complex requires clients to be capable of living independently.

Other common eligibility barriers included mental illness, as well as hoarding, substance misuse, and felony charges or a history of incarceration.

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*I think the other barrier that is one of those nonnegotiables is age. I had a woman who was [in her] 50s who was being abused. Also, food being withdrawn, drinks being withdrawn. [She] wound up in renal failure because of it and she didn't meet the age criteria. —APS Partner*

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*[The EJS] can't accept individuals with significant psychiatric behaviors and different things like that. And so, I think that's a limitation. I think everybody's kind of just trying to do the best that we can.*

**—Community Referral Partner**

In this evaluation, 20% of individuals referred (n=20) did not enter shelter because their level of care was not aligned with the requirements of their local shelter program, meaning, for example, they could not enter a SNF-based shelter because they were independent in their ADLs, or they could not enter an independent living shelter because they were not independent in their ADLs. Thirteen percent of referrals did not enter because there was no abuse or safety concern identified (n=13), 8% did not enter due to mental or behavioral health issues, and 4% (n=4) were rejected because they did not meet the age, location, or financial requirements of the program (see Table 1, p. 21).

## INTAKE PROCESSES

Documentation and paperwork required by some shelter programs—particularly in those shelters where clients are placed in a nursing home—can be challenging and add time to intake processes, according to those interviewed. Verifying the presence of abuse, obtaining medical clearance, finding a nurse to complete a Patient Review Instrument (a requirement for all nursing homes), and gathering other required documentation all complicate shelter placements.

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*When we finally get the person who says, "Yes, I'm willing to go," we want to put them in the county car in that moment and we want to drive them to the [EJS], but instead, we have weeks of paperwork. —APS Partner*

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*Often, where I find it a deficit, is that we're dependent on that preadmission screening process or that level of care process, so we're kind of involving the medical side ... It would be kind of nice, I think, [if clients could go from their] home to the shelter, but we have to have that stop in [a hospital] between. —APS Partner*

Interviewees' perceptions of the average length of time for client intakes to EJSs varied from two to three days to more than two weeks. Partners affiliated with sites that had longer intake processes explained that the delay makes it difficult to rely on EJS in the emergency situations common among their clients. These delays can reduce client willingness to leave their home and deter partners from making referrals to shelter.

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*I think that probably an area that staff may be frustrated [with] sometimes is that they view it as an emergency resolution, but the process is not an emergency process ... you get to a momentum where the client is ready, "I'm ready. I'm willing to come with you." If you tell them, "Let me get the nurse in. Let me get this. Let me get that"... you're losing the momentum. —APS Partner*

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*From a hospital perspective it's very frustrating for my colleagues and our leadership because they take so long [to admit a patient]. They don't take people just from the ED because they wanna bill the insurance. —Community Referral Partner*

## INSURANCE REQUIREMENTS

Strict requirements related to insurance were also reported as a challenge for the two participating sites that require Medicaid or Medicare funding for placement. These facilities require documentation prior to acceptance to ensure that facilities will be paid for the time clients are in shelter, or in case clients stay in the facility long term. Relatedly, medical requirements for entry into a SNF required by Medicaid and/or Medicare, such as a mandatory three-day hospital stay or a completed Patient Review Instrument (PRI) documenting patients' level of care needs, delay intake processes and may deter referrals.

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*I would say we probably refer [clients to EJS] a few times a month. Not, obviously, all of them end up being placed, and there's a lot of reasons for that. There are barriers in facilities being willing to take individuals that are Medicaid pending. —APS Partner*

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*Part of [the EJS's] due diligence is to make sure is the person gonna qualify for Medicaid, is there gonna be a payment source, that kind of stuff, in case [the client's stay] needed to be long term. —APS Partner*

One EJS program, based in a CoC community, had access to philanthropic funding and funding from APS. The alternate funding source provided greater flexibility and enabled it to accept clients more quickly and with less emphasis on whether certain “medical criteria”—typically a requirement for SNF placement—are met.

*I guess the nice thing with the shelter is we're not so attached to insurance coverage, because we have that funding outside of Medicare, Medicaid, you know, the insurance piece. The shelter has some funding, APS has some funding that can help pay for their stay ... [The EJS is] good at looking at things and trying to figure out does Medicare cover it or does your insurance cover it, but that isn't the barrier to admissions. —APS Partner*

## PROGRAM CAPACITY

Interviewees reported that, in their experience, EJSs have limited capacity, which restricts the number of clients they can accept and increases the number of denials shelters must make. 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 *COVID-19 Pandemic*, p. 29). In this study, 6% of referrals (n=6) were unable to enter shelter due to a lack of available or appropriate beds (see Table 1, p. 21).

*I think some of the difficulty in getting folks into the [local EJS] is that space is limited, right? So they have to make sure—I think it impacts admittance to the [shelter] because they have limited beds. I think if it was a model that was replicated in other institutions, we have options, right? —APS Partner*

*There were multiple barriers in the last several months in getting patients in [our EJS]. And from my understanding ... there was a fire. And then also, a significant staff turnover. So I was getting a lot of denials ... That was pretty difficult to have to experience because, during that time, I had several abuse cases all at once that couldn't go home. —Community Referral Partner*

## CLIENT HESITATION

According to interviewees, client hesitation or disinterest is a common barrier to utilizing shelter services. Clients are often unwilling to leave their home, even when their safety is at risk. The person who is causing harm is often a loved one, complicating their willingness to leave, particularly as some programs prohibit clients from contacting anyone upon shelter entry. Clients may also be unwilling to leave other loved ones, pets, or personal items behind, or unwilling to leave the neighborhood or community in which they live.

*Even when they're physically suffering or emotionally suffering, psychologically suffering, they have this attitude of, "I gotta stick it out 'cause marriage is sacred," and I think it's a question of perspective with some of the older cohorts ... And I think that holds them back from seeking help, shelter is seen as a charity and a lot of times people don't like the idea of bringing strangers into their family problems. —Community Referral Partner*

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*It's hard. Sometimes you're taking some people who have lived in the same home for 50 years and you're moving them. How would you be if somebody picked you up and put you in this place, and said I'm controlling you now? —APS Partner*

Furthermore, programs based in SNFs often have strict rules, such as residents being unable to leave the premises or have visitors. Clients may fear the loss of autonomy that comes with entering a SNF, particularly those who are younger and are accustomed to having more independence.

*[Big barriers are] people having to not have visitation, not speaking to their support system by phone, and for the people who do have capacity that maybe are more functional, that do work and are—whatever—have things going on in their lives, and then all of the sudden they are trapped there. That's obviously not going to be appealing to somebody who—I think this person was like 65. They are not a nursing home person. —Community Referral Partner*

In this evaluation, 29% (n=29; see Table 1, p. 21) of those referred did not enter EJS because the individual decided they were not interested, including those who declined due to shelter location and those who were opposed to living in a nursing home (see *Stigma*, below).

## **STIGMA**

For those sites in which clients are housed in a long-term care facility, interviewees frequently discussed perceptions and stigma around nursing homes as a barrier to engaging clients in EJS. Older adults often have a fear of being institutionalized and worry that—should they enter—they will be unable to leave. In fact, the threat of being sent to a nursing home is a part of some clients' abuse experiences.

*“Nursing home” is also another scary word. I think that there are many facilities that have learned to change it to a “care center.” And I think that nursing home just feels like it’s gonna be in a locked place. You’re never gonna get out. —Community Referral Partner*

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*And again, 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 our biggest fears and one of the biggest threats that [is] used against our clients, too, is that: “Well, you’re gonna be put in a nursing home, and you’re never coming out.” —APS Partner*

In addition to stigma around nursing homes, APS and referral partners explained that the term “shelter” has a negative connotation, which is often based on perceptions—or realities—of crowded homeless shelters. They also noted that many older adults do not want to be labeled as “homeless” or as a “victim” of abuse, and may be ashamed to accept what they consider “charity.” Fears of these labels may deter some older adults from taking advantage of EJS programs.

*Well, I think the word “shelter,” no matter what, if it’s a [city] housing shelter for homeless individuals and families, it’s always gonna conjure up a negative atmosphere. Because all they know is the news that [gets] put out there about shelters and people being robbed and abused, mentally, sexually. —Community Referral Partner*

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*And I think part of it is generational ... that pridefulness in saying, “We don’t go to shelter. We don’t need the help.” Part of it’s shame, too, that they’re in a position that they’re unsafe, having to deal with that. —APS Partner*

## **COVID-19 PANDEMIC**

This project took place during and immediately following the COVID-19 pandemic, which exacerbated existing barriers to EJS utilization, according to interview participants. They explained that social distancing measures and emergency shutdown orders sharply reduced interactions between older adults and the neighbors, family members, professionals, and others who would normally identify and report abuse. Interviewees specifically noted that many people avoided hospitals—where elder abuse is commonly identified—out of fear of contracting the virus. As a result, APS cases decreased, as did referrals to EJS.

*Who identifies that someone is a candidate or in need of elder shelter? Well, that's police and Adult Protective Services and community health workers and community social workers. And up until recently, all of us were kind of shut in as well, and not able to access those individuals to be able to get—identify that they were in need. —Community Referral Partner*

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*It seems like [APS currently serves] less [clients], I think, because, with the pandemic, people weren't noticing [elder abuse]—we weren't getting the reports from people in the doctors' offices or at the bingo halls ... If you're not going to the bank, the bank tellers aren't making APS reports. —APS Partner*

In addition to a reduction in the number of elder abuse cases identified and referred to services, interviewees noted that the pandemic increased client concerns related to entering EJS, particularly when it is based in a nursing home. They explained that, while negative impressions of nursing homes were common before the pandemic, perceptions worsened as news of COVID-19 outbreaks and related deaths increased distrust and fear.

*I think COVID-19 also impacted the perception of nursing homes, and there's a real fear of coming into a nursing home and contracting a disease. So I think the stigma has worsened. I think that's part of it. —Shelter Staff Member*

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*Even with my own elders, my own loved ones, I'm kind of terrified to take—had been terrified to—for example, take my mom to the doctor any more than I had to, let's use telehealth, that sort of thing. So I can imagine that that would also impact individuals' comfort level with utilizing any kind of placement outside of the home. —Community Referral Partner*

Interviewees also noted that there were fewer beds available in EJS due to the pandemic. Some nursing homes closed; those that remained open restricted new intakes and implemented new rules due to concerns around viral transmission. Staffing shortages within SNFs, which reduced the number of allowable residents, were also common during the pandemic.

*Before COVID, between February 2016 and March 2020, we served 200 people. Since then, we've only probably served, what, less than 50? Yeah. And currently, we don't have anybody that's in shelter that I'm aware of that came in under our program. Since COVID hit, that made a big problem for getting admissions, and then ever since the COVID passed, the issues with staffing. Facilities got blamed a lot for COVID deaths. And the federal government came down hard on facilities, so now they are reluctant to take people, especially if they're short-staffed. —Shelter Staff Member*

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*An APS officer and I went out to the home and removed this lady from her daughter's care. And it was pretty ugly. It was pretty bad, but we were able to get her safe and got her to the elder shelter, but she tested positive for COVID as soon as we got there. So we had to reroute. So she never got the opportunity to take advantage of the program. —Community Referral Partner*

The impact of the pandemic on APS departments varied. Interviewees in APS departments that required staff to continue working in person throughout the height of the pandemic described high turnover and simultaneously emphasized the value of in-person assessments. Those who shifted to remote work reported less turnover but noted other difficulties, such as staff training and collaboration, as well as a reduction in accurate reports of abuse, which made their work more challenging and less efficient.

*With the city, once we were required to go back to the [APS] offices full time, people who were able to retire, a lot of them retired. We had high number of retirements. People who were not—the permanency of working for the city was not important for them—had left. So we lost a lot of staff members. —APS Partner*

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*[Remote work] certainly has been a deficit, I think, not to have your team members close by and to see them and be able to hash out cases and ideas and different things that way. —APS Partner*

## Alternative Elder Justice Shelter Models

This project examined perspectives of stakeholders affiliated with four specific EJS models, each with its own successes and challenges. These programs were developed within the specific context of their local communities, and their experiences may not translate to other EJS programs and models.



To better understand the broader movement, we also interviewed professionals involved in other EJS programs around the U.S. These semi-structured interviews explored similarities and differences in implementation of EJS around the country, as well as benefits and disadvantages of alternative models and recommendations from others in the field. The goal of these interviews was to understand the extent to which findings from this evaluation may be relevant and informative for programs in other communities and the broader EJS movement, and to incorporate a broader range of perspectives on recommendations and opportunities for the future.

EJS stakeholders affiliated with programs outside of this project described their shelter models, which differed from those represented in this study in terms of implementing organization or agency, population served, and services provided.

## **COMMUNITY-BASED VICTIMS' SERVICES PROGRAM WITH A FLEXIBLE SHELTER COMPONENT**

One of the key stakeholders interviewed was affiliated with a program based in a victims' services agency. The program offers intensive case management and support for victims of abuse, including child, sexual, and elder abuse, as well as domestic violence. Shelter is one of multiple supportive services that the program offers, and it takes a variety of forms—clients can be temporarily housed in an ADA-accessible studio apartment, a hotel, or temporary rental property (i.e., AirBnB), an assisted living community, or a SNF, if medically necessary. This program requires self-referrals and does not accept referrals by a provider only. It is funded through a combination of government funds, foundation monies, and individual donations.

## **CONTINUUM-OF-CARE-BASED PROGRAM THAT ALSO SERVES THE BROADER COMMUNITY**

One interviewee was employed by a program that began by housing those in need in a CoC community and later expanded to provide additional elder abuse services to the broader community, including those who were unable or unwilling to leave their homes. Thus, shelter is one of many services the program provides to older victims of abuse. Due to its relationship with the CoC community, this program can provide immediate shelter in a SNF or assisted living facility while paying a reduced rate, as long as an appropriate bed is available within the CoC. Shelter is available to elder abuse victims regardless of Medicaid eligibility and can be provided to clients in as little as one day. The program is supported by federal funds, including funds available to provide respite to caregivers, funding from the Victims of Crime Act (VOCA), and funding from the American Rescue Plan Act (ARPA).

## APS-MANAGED SCATTERED SITE SHELTER PROGRAM

Two other EJS stakeholders were affiliated with an EJS program created and managed by an APS department. The programs provide short-term, scattered site shelter for APS clients (including younger adults with disabilities and cases of self-neglect). Clients can be housed in a variety of settings, including nursing homes, assisted living, group homes, or hotels on a short-term basis, as needed.

One of these sites has established contracts with various long-term care facilities around the state to pay for clients to be cared for in SNF “hospitality beds”—beds available to loved ones of SNF residents that typically empty—on an as-needed basis. The program aims to place people within 24 hours, though placement can take up to three days, and is funded through government grants, including funds related to COVID-19 pandemic relief. Shelter stays are meant to be short term (ideally five to seven days) due to funding limitations, though some clients who are difficult to discharge safely stay longer. The other program does not have the same connections with long-term care facilities, but does offer short-term placements in hotels and a contracted assisted living facility, if there are beds available.

## Other Stakeholders' Reflections on Need, Utilization, and Implementation of EJS

Reflections on the need for and value of EJS in their communities were similar among interviewees from alternative shelter programs to those from participating EJSs, suggesting that the themes presented in this report may be relevant to other communities and EJS programs. They described severe cases of elder abuse that required shelter placement, and noted that alternative shelter options are not appropriate for the older and disabled clients that they serve.

*We have a variety of domestic violence shelters throughout [our state], but what we're finding in our clientele when we get a call that someone is needing protection, they don't meet the eligibility requirements, because they can't take care of themselves, like bed management, or they might be in a wheelchair [and] might need assistance with transferring. So that would not make them eligible for those type of shelters. And so, historically, in the past, they had nowhere to go. —Other EJS Stakeholder*

EJS interviewees from alternative shelter programs also described the positive impact of their programs on both clients and the broader community. They reported examples of clients who experience improvements in safety, stability, social connection, and well-being resulting from their program. They also discussed their close and mutually beneficial relationships with their local APS departments. Two out of four of the alternative programs were run by APS, where staff emphasize the value of having shelter as a resource to serve clients in need. The other two programs explained that their programs can reduce the burden of managing complex cases of elder abuse or neglect on APS, enabling APS to focus resources on investigating allegations, which is its primary responsibility.

*I think what's important to recognize is that the role of APS is to investigate and determine abuse. That's what they do. The role of the [community-based] advocate is to make sure that person's safe, safety planning, shelter, resources, community advocacy, legal advocacy. So we don't overlap. We work together. They identify the abused person, refer them to us, and then we put all those other things into place. So to have APS and no resource, what good is that? And if we have no APS, then you're leaving it up to us to deal with 6,000 people, maybe to determine which ones are victims. —Other EJS Stakeholder*

Despite their emphasis on the need for and value of EJS, interviewees from alternative EJS programs described barriers similar to those identified by affiliates of participating EJS sites, including clients' hesitation to leave their home; limited capacity within facilities due to lack of beds and staff, particularly for clients with mental health challenges; and lack of community awareness. They also emphasized the impact of the COVID-19 pandemic on clients and EJS programs.

*One of the barriers is they refuse to go. Two is some of [the facilities] are full. Some of the barriers, or what we're finding, too, in some of our facilities—and this is a national problem—is staffing. After COVID, a lot of facilities are not properly staffed ... They might not be able to admit one more person, because they don't have the proper staffing to meet that individual's needs. —Other EJS Stakeholder*

## Opportunities and Recommendations From EJS Professionals

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

### Identify and Advocate for Sustainable and Sufficient Funding

- Advocate for sustainable funding streams to cover shelter programs from local, state, or federal sources.
- Educate policymakers on elder abuse in the local community:
  - Point to domestic violence and/or child abuse systems as models for how and why there must be investment in systems to address elder abuse.
- Consider creative ways to take advantage of existing funding streams, such as Medicaid's Money Follows the Person initiative or federal funding for respite programs.
- Seek increases in Medicaid reimbursement rates to increase facilities' willingness to accept more shelter clients.

*I think that there needs to be a commitment at the federal level in the same way that there's a commitment to domestic violence ... there has to be more dollars that come down to the community to support victims ... and there has to be funding for the shelter part of it. —Other EJS Stakeholder*

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*We started to have some conversations with the Department of Health and Human Services in [our state], and starting to look at some Medicaid funding dollars that could potentially follow a person and be used for shelter by any Medicaid facility. So I think that is a policy option that could really step in. —Shelter Staff Member*

## Adjust Language Used to Describe EJS Programs

- Avoid describing the program as located within a nursing home; emphasize the temporary nature of the program.
- Avoid use of the term "shelter," as stigma around homelessness, use of "charity," and crowded traditional homeless shelters reduces interest in programs.

*I think "shelter" suggests that they're experiencing homelessness, and obviously, the stigma attached with homelessness, as well as nursing home, I think, can be scary instead of assisted living or independent living. And maybe that also is a deterrent to people. And you know, I think "safe," "stable"—those words might be more attractive. —Community Referral Partner*

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*Why do you have to call it a "shelter," right? And definitely remove the "nursing home." [Use] safe haven—or whatever you want to call it. Don't call it a shelter ... Change the name. I think from that point on, you will have more buy-in. —Community Referral Partner*

## Increase Community Education and Awareness

- Regularly interact with APS and other community referral partners to ensure staff—including new hires—are familiar with EJS programs and services.
- Build relationships with new organizations, agencies, and communities that regularly interact with older adults, including law enforcement, senior centers, community-based organizations, naturally occurring retirement communities (NORCs), hospitals, and others.

*I think the fact that we don't know that much about [EJSs] is testament that they just need to get the word out there better. I think they need to connect more with other aging services organizations and organizations that are not necessarily just for seniors ... If they could get connected with the homeless shelters in town, connected with Catholic Charities, connected with the Rescue Mission, the food bank, so the sorts of organizations that deal with other needs of seniors such as healthcare and food insecurity. —Community Referral Partner*

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*You can't just educate about it once—I think it's yearly ... I was saying internally for us that that's what we need to do, but I think it's across the board with the education—medical providers ... I can't say it enough. The education, the exposure is huge. —APS Partner*

## Expand and Grow Shelter Programs and Resources to Serve the Diverse Needs of Clients

- Increase the number of shelter beds available, in general.
- Offer a range of placement options—both within and outside of continuum of care communities—so clients can be sheltered in a setting with the appropriate level of care to meet their needs, such as assisted living or independent senior living communities; shelter-owned, ADA-accessible apartments; or hotels.
- Create shelter options in more locations so that people are not required to leave their communities to seek help.
- Consider how to partner with organizations or facilities that have the capabilities to support those with behavioral health challenges.

*We just need more buildings, more units, more beds ... I think when we evaluate [EJS programs] and we think about what success looks like, we need to have a little different kind of hat on. There's not gonna be someone in a bed every night, but the more options you have, then the more capacity you have to serve clients in this long-term, flexible way that I think our older adult clients really need. —Other EJS Stakeholder*

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*My sort of ideal model would be that there would be sort of shelter coordination and individuals could go to different facilities based on their needs and based on the facility's capacities, so that if somebody did have a situation with active addiction, there's certainly facilities that work with folks in active addiction. Let's make sure they go there, and that the payment follows them ... [And also] having something that resembles a statewide network of shelters for referrals, I think, would be really, really key ... there's no reason that you should be sending somebody three hours away to a facility because that's the facility that is set up. —Shelter Staff Member*

## Reduce Eligibility Criteria and Improve Intake Processes

- Reduce eligibility criteria and identify strategies to serve people with more nuanced or complicated cases, including a history of mental health challenges (including hoarding), substance use, or incarceration.
- Reduce requirements—or provide more support—related to gathering paperwork and documentation prior to shelter entry.
- Engage with clients directly during intake processes to ease discomfort and help them understand the program.

*In talking with Adult Protective Services here in my area [about what EJS should do differently] ... not being as picky on some of the clinical background, or the medical. The ultimate goal is to get the patient to safety and a shelter. And that's why it's here in existence. I just felt like there were a lot of denials that shouldn't have been denials. —Community Referral Partner*

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*Typically what happens is ... we communicate everything about our program, and its parameters, and what it's like to the [referral partner], and then they relay it to the client ... [but] they may not fully know [the program], they may talk in more generalities, and that may dissuade some clients from accepting our services or wanting to come in. So maybe exploring the idea of us more directly interacting with clients before they come into shelter, and us being the one to explain the program and answer questions [would be helpful]. —Shelter Staff Member*

# Summary & Discussion

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Elder abuse is a persistent problem, and there is a need for programs and services that support older adults who have been abused, neglected, or exploited, including those who are living in unsafe environments. This study explored stakeholder perceptions of the value, utility, and impact of EJS in four communities located across the United States.

Stakeholders interviewed for this study consistently agreed that there is a need for shelter programs designed specifically to meet the needs of older adults who have been harmed. They described many examples of cases in which clients needed a safe place to stay while the harm was addressed and noted that—prior to the implementation of their local EJS—there were no adequate alternatives. Existing domestic violence and homeless shelters are uncomfortable or unsafe for vulnerable elders, many of whom have medical conditions and mobility challenges that further limit appropriate placement options. Hospitals are often used as an alternative to shelter, but they are not designed to provide the longer-term, trauma-informed case management and support required to address harm and find a safe solution.

Interviewees—including clients—reported positive experiences and outcomes related to EJS participation. Overall, interviewees considered most EJS programs to be high quality and effective. They explained that programs and services addressed clients' basic needs, as well as the harm that they had experienced. They described numerous examples of clients who experienced improvements in overall safety and physical and mental health—including better mobility, greater independence, increased social connection, and greater financial security.

Perceptions of the impact of EJS on the broader community varied. Some APS interviewees described their local EJS program as a valuable referral resource and noted that APS clients residing in shelter required less time and fewer resources than clients who remain in unsafe living situations. However, other APS and community referral partners explained that the small size and scope of EJS programs, challenging intake processes, and numerous barriers to entry limit their impact on APS departments and the broader community.

Still, across all sites, APS and community referral partners agreed that EJS programs have substantial potential to reduce the burden placed on overstretched APS departments and hospitals, particularly if barriers to entry can be addressed so that programs can be adapted to serve more clients in need. Current barriers to EJS utilization identified primarily by APS and community referral partners include a lack of community awareness about EJS programs; clients' hesitation to leave their home and loved ones (including those causing harm), in part due to stigma around both nursing homes and shelter; complicated intake processes with strict eligibility criteria; and limited capacity within SNFs (e.g., lack of staffing and bed availability). Each of these barriers has been further exacerbated by the COVID-19 pandemic, which caused a decrease in referrals to shelter programs, further reduced program capacity, and worsened stigma around nursing homes.

Interviews with EJS stakeholders affiliated with alternative EJS program models confirmed the need for and value of EJS, as well as common barriers to implementation. They also provided examples of additional program components or adaptations that might be tested in other communities, such as using a more flexible shelter model to offer multiple levels of care to meet diverse client needs, which might range from SNFs to independent housing, and offering community-based services to clients who are unwilling or unable to leave their homes. They also described their funding models, which include alternatives to Medicaid financing.

Going forward, interviewees offered several strategies to expand access to and utility of EJS programs, such as increasing community education and awareness, adjusting the language (e.g., shelter, nursing home) used to describe programs, offering more support to both clients and referral partners during intake processes, eliminating strict eligibility requirements, and offering a wider range of shelter placement options to meet the diverse needs of potential clients. However, interviewees consistently recognized the limited resources currently available for elder justice programs and emphasized the need for increased funding to more comprehensively and effectively address the needs of older adults who have experienced abuse.

## Limitations

This project was conducted during the COVID-19 pandemic, which continues to have a lasting impact on EJS programs around the country, particularly those based in long-term care settings. As a result, the scope of this project changed significantly over time. Originally, the study design included a quantitative assessment of changes in safety, autonomy, and well-being of APS clients who participated in shelter. However, the small number of shelter intakes during this period required us to adjust the study design and research questions and adopt a qualitative approach. Additionally, we were unable to limit analyses to only clients with open APS cases at intake. However, to the extent possible, we describe APS-specific experiences, perceptions, and impacts.

Staff turnover and low shelter participation during the study period contributed to difficulties with interview recruitment and participation. Some key shelter staff and APS partners were unavailable, and a few of the community referral partners had limited experience referring and having clients accepted into their EJS program. Additionally, identifying a sufficient number of clients with the cognitive capacity to agree to an interview was a challenge. Four out of six clients included in this study were recruited from one of the elder justice sites; there were no clients available for interviews from one site during the course of data collection. Quotes from clients were included in this report only if the sentiment was shared by clients affiliated with more than one shelter.

Despite these limitations, findings offer a detailed assessment of stakeholder perceptions of four EJS programs, as well as opportunities for improvement, adaptation, and expansion in the future.



# Conclusion

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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. According to APS and community referral partners, shelter staff, and shelter clients, EJSs can serve as a valuable resource that meets the specific needs of older adults and contributes to greater long-term stability among clients, as well as improved safety and well-being. As a result, these programs have the potential to ease the burden on overstretched APS departments and hospitals by streamlining access to resources 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 have 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 based in a SNF. 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 in a wider range of settings and communities, and offer varying levels of care to enable programs to better serve and meet the diverse needs of clients.

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