

# An Elder Abuse Shelter Model for Integrated Health Systems and Beyond: The Harry and Jeanette Weinberg Center for Elder Justice

Malya Levin, Joy Solomon, Esther M. Friedman, and Jirka Taylor

## Policy Points

- > The Weinberg Center for Elder Justice offers an elder abuse shelter model that addresses a critical gap in services for older adults
- > The Weinberg Center model is an innovative approach to care that embeds cross-disciplinary elder abuse supports within the existing structure of a large integrated hospital system

## MILBANK MEMORIAL FUND INTRODUCTION

By Kate McEvoy

Elder abuse has long been a multifaceted challenge that is likely very much underreported. Despite the attention and advocacy that has been brought to bear on this issue at the federal level, as well as groundbreaking policy commitments and resources associated with the Elder Justice Act, the frequency of elder abuse has continued to increase and has likely been exacerbated during the pandemic as families have had to shelter in place in close confines.

For these reasons, we are glad to share a profile of the Harry and Jeanette Weinberg Center for Elder Justice at the Hebrew Home at Riverdale, in the Bronx, New York. This emerging model challenges our traditional thinking about bricks-and-mortar shelters through an innovative approach that embeds cross-disciplinary elder abuse supports within the existing structure of a large integrated hospital system. As the authors note, this approach has the potential to augment a system's ability to effectively respond to the emerging needs of victims of abuse, develop and localize its geriatric care capacity, help people return to their home settings, and save money on acute and long-term care. It is exciting to see both that the model has clear near-term benefits and that the proponents are partnering with the RAND Corporation to carefully examine the longitudinal impact of the intervention.

## ABSTRACT

Elder abuse is pervasive and correlated with deleterious health outcomes, resulting in burdensome costs to health care and social service systems. Embedding an elder abuse shelter program within a larger health care system serving older adults is a promising practice with the potential to maximize use of available resources and improve outcomes on a significant scale. The elder shelter model, pioneered by the Harry and Jeanette Weinberg Center for Elder Justice at the Hebrew Home at Riverdale and now replicated in more than a dozen communities nationwide, addresses a critical gap in services for older adults experiencing abuse. These individuals often remain in unsafe situations because they have nowhere to go to simultaneously address both their medical needs and the legal, financial, and social-emotional consequences of the abuse they have experienced. The shelter

model program can be contained in a single long-term care facility like the Weinberg Center or exist without walls in a particular geographic area, with multiple facilities, agencies, or organizations coordinating services.

An initial evaluation of the Weinberg Center by the RAND Corporation found preliminary evidence that participation in a shelter model program may improve health outcomes within continuum-of-care settings for older adults who have experienced abuse in their homes. Beyond its direct impact on program participants, embedding elder abuse shelter programs within the health care system has several systemic policy implications, potentially allowing health care systems to use existing resources more effectively while promoting successful aging in place and improving quality of care for all patients, residents, and clients.

## Health Risks Among Victims of Elder Abuse



**300% higher risk of death.**

Research has show that victims of elder abuse have a 300% higher risk of death than those who have not been abused, regardless of comorbidities and even when the abuse is relatively mild.



**2X as likely to use the ER.**

A victim of elder abuse is more than twice as likely to use a hospital emergency room.



**2X as likely to live in a nursing home.**

A victim of elder abuse is twice as likely to be admitted to a nursing home.

Sources: Dong X, Simon M, Mendes de Leon C, et al. Elder self-neglect and abuse and mortality risk in a community-dwelling population. *JAMA*. 2009; 302(5):517-526. doi: 10.1001/jama. 2009.1109. Dong X, Simon MA. Elder abuse as a risk factor for hospitalization in older persons. *JAMA Intern Med*. 2013; 173(10):911-917. doi:10.1001/jamainternmed.2013.238. Lachs MS, Williams CS, O'Brien S, Pillemer KA, Charlson ME. The mortality of elder mistreatment. *JAMA*. 1998;280(5):42B-432. doi:10.1001/jama.280.5.428

## BACKGROUND

Community-based elder abuse is a public health crisis of vast proportions. The U.S. Department of Justice's *Elder Justice Roadmap* indicates that one out of every 10 people over 60 who lives at home is the victim of abuse, neglect, or exploitation.<sup>1</sup> Elder abuse has significant implications for the physical and financial health and well-being of older adults.

Elder abuse also comes with huge financial costs.<sup>2</sup> The impact of abuse and the trauma it causes goes beyond individuals, affecting families as well as the government and community institutions that support the high-cost medical interventions and social service programs that victims often require.

Despite the dramatic impact elder abuse has on families and society, health care systems have done little to systematically identify and address elder abuse. According to the 2011 report *Under the Radar: New York State Elder Abuse Prevalence Study*, for every case of elder abuse reported to law enforcement or social service agencies, 23 more go unreported.<sup>3</sup> Even when cases are known to service providers, older adults often require intensive, well-coordinated services to support them in addressing the all-encompassing impact of abuse on their lives.

A critical roadblock to effective advancement in this arena is the lack of safe and appropriate emergency housing options for people who experience elder abuse. Typical emergency housing options such as homeless or domestic violence shelters are often ill-suited to older adults. People experiencing elder abuse may have medical needs or cognitive impairments that cannot be accommodated in shelters, and shelters' culture and range of services generally cater to a far younger demographic. As a result, these individuals are often forced to return home to unsafe environments. Where housing options for older adults experiencing abuse do exist, they are typically uncoordinated across systems, leaving these adults at risk of receiving insufficient support, repeat abuse, and adverse physical, emotional, and financial outcomes.

## THE WEINBERG MODEL

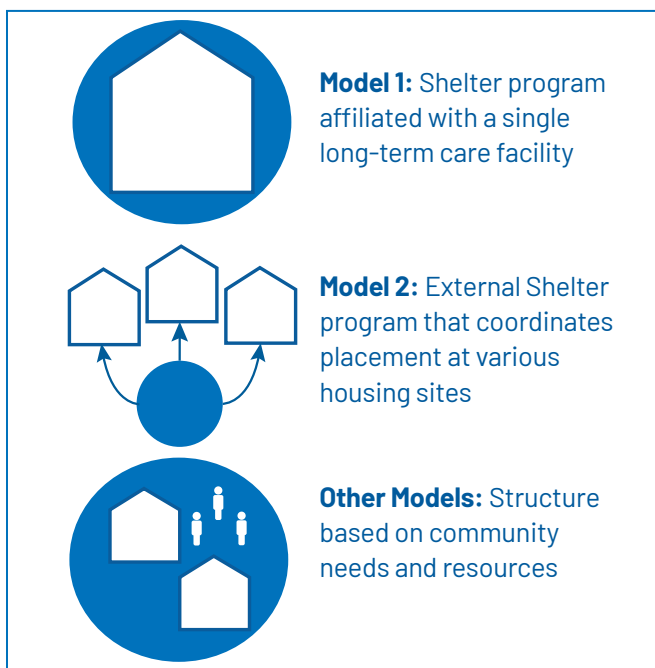
**Overview.** The Harry and Jeanette Weinberg Center for Elder Justice at the Hebrew Home at Riverdale, the nation's first elder abuse shelter located within a continuum-of-care medical community, opened its doors in 2005. As so many short-term housing options are inaccessible to medically fragile older adults, the Weinberg model was conceived as combining excellent medical and clinical care with cutting-edge, trauma-informed elder abuse services. The shelter is virtual, in the sense that clients are placed throughout the continuum-of-care facility based on their individual medical needs. Clients who need rehabilitation can receive those services; clients who have cognitive impairment are on floors with specially trained professionals, uniquely designed physical space, and appropriate therapeutic activities; and clients with nursing needs are grouped with other residents requiring a similar level of care. At the same time, the Weinberg Center's team of lawyers and social workers work with the client to craft and execute an individualized, strategic plan to address the abuse they have experienced and allow them to return safely to either their original home or wherever their next home may be. In this model, the older adult's medical needs as well as the impact of the abuse on their health and functional ability are addressed contemporaneously with their legal and social service needs.

From its inception, fostering replication of this model has been a critical piece of the Weinberg Center's mission. To that end, the Weinberg Center established the SPRiNG (Shelter Partners: Regional, National, Global) Alliance, a professional shelter network, to lend structure to its replication program.<sup>4</sup> Currently, 14 shelter replications are in operation throughout North America, and others are in various stages of development, with 20 different communities represented within the SPRiNG Alliance.

Each SPRiNG Alliance member program embodies the core values and ideas of the model while simultaneously creating a unique program based on the needs, resources, and stakeholders in its particular community (See Figure 1). Some of the programs, like the Weinberg

Center, are contained within a single long-term care facility (Model 1). Some, like the Pikes Peak Elder Justice Center in Colorado Springs, Colorado, operate on a collaborative model (Model 2). In this model, multiple facilities within a geographic area share the responsibility of sheltering elder abuse victims with a community-based organization, such as an aging agency, a legal services organization, or adult protective services, coordinating shelter admission and services. This configuration is particularly conducive to the realities of rural areas. Still others, such as the Statewide Emergency Elder Abuse Shelter in Utah, have created unique hybrid models that suit their community's needs (Model 3).

**Figure 1. SPRiNG Alliance Member Models**



**Initial Evaluation of the Weinberg Center.** To shed light on the potential benefits of its innovative model, the RAND Corporation undertook an initial evaluation of the Weinberg Center.<sup>5</sup> The evaluation drew on an analysis of data collected by the Weinberg Center on clients upon entry and discharge, interviews with Weinberg Center staff, and a literature review. This combination of data was used for a preliminary exploration of the impact of residence in the Weinberg Center on client outcomes and the program's potential cost savings for stakeholders under different scenarios.

To identify changes in medical indicators of interest (i.e., depression, cognition, pain, and mobility) over the course of a stay at the Weinberg Center, the research team examined the medical trajectories of clients over the course of their four Medicare medical assessments undertaken at the Weinberg Center.

The evaluation found that the Weinberg Center provided a suite of coordinated services to its clients during their stays, many of which would not have been provided in a traditional, non-medical-facility shelter setting. Examining the clients' trajectories in the center, the research team found that numerous clients presented with physical and mental health issues. These included limited mobility (99%), pain (25%), cognitive impairment (48%), and depression (88%). Over the course of their Medicare medical assessments (spanning nine months after intake), the client group largely recorded stable health and functioning during their time in the center. Further, when clients' health status did not remain stable, improvements were more common than deteriorations. These observations stand in contrast to what we know about typical trajectories for older adults, which usually show a decline in these outcomes.

These results are preliminary, as the initial evaluation was limited in scope and confined to descriptive analyses of outcomes among the Weinberg Center client population. The research team is developing a rigorous and comprehensive evaluation framework and data collection strategy that will enable both a more precise determination of the benefits that accrued to Weinberg Center clients and attribution of these benefits to the center's intervention.

## **ELDER ABUSE SHELTER WITHIN A HEALTH CARE SYSTEM: POLICY IMPLICATIONS**

**Implications for Resource Optimization.** Housing an elder abuse shelter within a continuum-of-care health care system allows the shelter program to leverage the extensive preexisting resources of that system to create a service providing a high level of care at a low variable cost. Health care facilities already operate with many features critical to the success of an elder abuse shelter. They are open seven days a week and nearly always have a bed available, they maintain a skilled nursing and

therapeutic staff that has undergone mandated training, and they can provide services for both men and women. Whereas creating a free-standing elder abuse shelter would involve significant capital expenses, the Weinberg model involves low start-up costs, and resources can be focused almost entirely on direct service provision.

**Implications for Aging in Place.** Bringing clients into an elder abuse shelter program housed within a residential medical facility may, over the long term, result in enabling more vulnerable older adults to remain safely in their own homes. Though this conclusion may seem counterintuitive, consider the alternatives for older and medically fragile adults experiencing abuse in their homes. Given the prevalence of this kind of community-based elder abuse, most long-term care communities are already sheltering people experiencing elder abuse, who come in for short-term rehabilitation or respite stays, though the facilities may not be aware of the abuse or may be addressing emergent elder abuse issues on an ad hoc basis.<sup>6</sup>

Recent data collected by the Hebrew Home back up this commonsense conclusion. In addition to providing skilled nursing and assisted living levels of care, the Hebrew Home operates a sub-acute residential rehabilitation center on its main campus. Using the Weinberg Center Risk and Abuse Prevention Screen (WC-RAPS), an evidence-based validated screening tool developed by the Weinberg Center that focuses on circumstances and events within the past year, along with current and future risks, the Hebrew Home staff screened 536 rehab patients from May 2017 to May 2018. Nearly 12% (63 patients) had positive indicators of abuse, roughly mirroring the rate of elder abuse in the community at large—typically cited as affecting 10% of older adults.<sup>7,8</sup>

When no safe discharge option is available because abuse is ongoing or suspected, the path of least resistance is for the older adult to become a long-term resident of the care community. A shelter program embedded in this setting can potentially alter this cycle, allowing more older adults to return safely to their homes. Shelter model programs involve the development of a holistic service plan directly addressing the circumstances that led to the abuse. Such plans also include referrals and strategies aimed at ameliorating the loneliness so often experienced by people aging in place

without sufficient communal supports, which makes them more vulnerable to repeated cycles of abuse and exploitation, with increasing costs and adverse health consequences.<sup>9</sup>

Creating an elder abuse shelter within a residential medical facility does not bring in a population who otherwise would not be patients there. Rather, it acknowledges the realities underlying the health symptoms these older adults are experiencing and addresses those circumstances at their root, with the goal of truly enabling clients to age in place safely in the community.

This programmatic structure may also create additional housing options for older adults who have experienced abuse. One such example is Hudson House, an independent, low-income senior building operated by RiverSpring Living, the Hebrew Home's parent company, under HUD Section 202. RiverSpring Living successfully lobbied for a waiver allowing preferential admission for victims of elder abuse who had been clients of the Weinberg Center, provided those clients met age and income requirements. Integrating an elder abuse shelter program into a continuum-of-care community may provide opportunities for vertical integration of long-term housing options specifically catering to people who experience elder abuse.

**Implications for Quality of Care.** With the creation of a shelter program, the entire facility gains an in-house team of elder abuse experts, who can create protocols, train staff, and consult on cases, ensuring that elder abuse issues are addressed systematically and with the highest quality care throughout the institution. Opportunities to stop abuse, ideally early on, and to support healing are created for all the residents and clients in the medical facility, not just the clients directly admitted to the shelter program.

More generally and over time, trauma-informed care provided to shelter clients can influence a facility's culture, fostering environments where residents' experiences and desires are more likely to be seen, heard, and honored. Additionally, partnerships that the shelter program forges with community domestic violence, aging, law enforcement, and social service agencies specializing in elder abuse will make the care community part of a rich resource network of partners and collaborators that can

help ensure safe discharges for short-term residents facing elder abuse in the community. The realization that every long-term care community already is serving elder abuse victims is a powerful illustration of how essential an elder abuse shelter is to addressing social determinants of health effectively and providing optimal care for every resident, patient, and client.

## **FUTURE DIRECTIONS**

With the aging of the U.S. population,<sup>10</sup> the incidence of elder abuse is likely to continue to increase concomitantly. The potential benefits of the Weinberg Center shelter model and the associated policy implications underscore the need to generate robust evidence that could support the model's further development and replication. An initial evaluation of the Weinberg model suggests its potential to improve a range of physical and mental health outcomes for the client group. Although we do not discuss costs in detail here, the evaluation also noted potential cost savings for a variety of stakeholders. To more clearly quantify and confidently attribute benefits and savings to the intervention for key payers, for stakeholders, and for older adults experiencing abuse and their families, additional data collection and research is needed, chiefly in two areas. First, a greater systematic examination of what would have happened in the absence of the Weinberg Center intervention is needed, ideally incorporating an appropriate comparison group in the research design. Second, since many of the presumed benefits may take place over a longer period, follow-up data on the model's clients as well as the comparison group are of great importance.

To address these issues, the National Institute of Justice has provided the RAND Corporation with support to undertake an evaluability assessment of the Weinberg Center and to develop a robust evaluation plan. The work is underway and is expected to conclude in 2022. A more complete picture of the costs and benefits of the shelter model will be critical for determining whether and how to scale this model across the United States to support older adults experiencing abuse so they can live happy, healthy lives in a setting they desire without fear of mistreatment or abuse.

## NOTES

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## ABOUT THE AUTHORS

**Malya Levin, JD**, is the senior staff attorney at The Weinberg Center. In this role, she represents victims of acute elder abuse from throughout New York City and Westchester County in a wide variety of legal fora. Ms. Levin has spoken extensively about various aspects of elder abuse to professional and community audiences, and has also published prolifically on the subject, with a primary focus on the role of legal tools and policies in elder abuse cases. Ms. Levin is the coordinator of Westchester County's Elder Abuse Multidisciplinary Team. She is on the Executive Committee of the New York State Bar Association Elder Law Section, and a member of its Elder Abuse Committee. She was named one of The New York Jewish Week's "36 Under 36" for 2018. She graduated cum laude from Brooklyn Law School in 2012 and is a certified Reiki energy healer.

**Joy Solomon, JD**, is vice president of elder justice and spiritual engagement at RiverSpring Living and the director and managing attorney of The Harry and Jeanette Weinberg Center for Elder Justice at the Hebrew Home at Riverdale. She co-founded The Weinberg Center in 2004, and has since provided expert strategic planning, consultation and ongoing support in the replication of the shelter model in numerous sites nationwide. Ms. Solomon spearheaded the formation of the SPRiNG Alliance, a national network of elder abuse shelters. In 2017, she was awarded the National Crime Victims Service Award by the United States Department of Justice. Ms. Solomon was previously director of elder abuse services at the Pace Women's Justice Center and an assistant district attorney in Manhattan. She is also a certified mindfulness teacher and ISHTA yoga instructor.

**Esther M. Friedman, PhD**, is a research associate professor at the Institute for Social Research at the University of Michigan at Ann Arbor, where she also serves as associate director of the Panel Study of Income Dynamics. Dr. Friedman's research examines how families and communities facilitate the health and wellbeing of older adults. Much of her recent work focuses specifically on family caregiving and long-term care. She recently co-led the evaluation of the Weinberg Center for Elder Justice's Shelter Model for Elder Abuse and Mistreatment, and is currently working on a follow-up assessment with a team at the RAND Corporation. Prior to joining the University of Michigan, she was a senior social scientist at the RAND Corporation. Dr. Friedman holds a Ph.D. in sociology from UCLA.

**Jirka Taylor, MA., MPhil**, is a senior policy analyst at the RAND Corporation working on health, social, and criminal justice policy and his research portfolio encompasses a number of projects designed to help inform policy and practice in these fields. Mr. Taylor is currently involved, among other studies, in several studies on responses to the overdose crisis, an evaluation of NYPD's Neighborhood Policing philosophy, and a study on police-led self-referral deflection programs for people who use drugs in the United States. He has also coauthored a series of studies on topics related to people's experience and interaction with the criminal justice system, including a review of the effectiveness of mentoring interventions in prisons, an international study on procedural rights and detention conditions, and an international comparative study on criminal records.



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645 Madison Avenue  
New York, NY 10022  
[www.milbank.org](http://www.milbank.org)