SOUNDING THE SHOFAR:

A Wake-up Call to the Epidemic of Elder Abuse

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This article examines the epidemic of elder abuse in the United States from a general as well as a Jewish context. It focuses on different community responses, primarily looking at the nation's first comprehensive shelter for victims of elder abuse. The article also provides practical information for creating community-based programs, whether for victim assistance or for elder abuse professionals.

In a recent essay, Letty Cottin Pogrebin (2005) notes somberly that "in the American Jewish world, the sad truth is, though victims of domestic violence are far more numerous than victims of anti-Semitic violence, abused women and children get only a fraction of the attention and resources of the community. Ironically, a victim has a greater chance of being supported and defended by the community if she is beaten up by an anti-Semitic stranger or raped in the elevator of her own building, than if her husband smacks her around in her own kitchen."

To Pogrebin's frightening commentary, add the additional layer of victims of elder abuse – the segment of our population aged 60 and older, who remain isolated as victims of domestic violence that has gone on for decades without intervention; or are physically, emotionally, and/or financially mistreated by their adult, dependent children; or are neglected by family members who live nearby or hundreds of miles away and are not addressing their needs adequately. In a society where people are living and working longer, with higher housing and medical costs, elder abuse is a growing epidemic occurring universally and within the Jewish community that needs to be taken seriously, now.

This article addresses some of the broader issues regarding elder abuse and how the Hebrew Home for the Aged at Riverdale, a nonprofit geriatric care center, responded to this epidemic with a pioneering initiative: the nation's first long-term-care-based elder abuse prevention and intervention program for the elderly living in the community, including a comprehensive shelter for victims of abuse.

WHAT IS ELDER ABUSE?

Although there is no agreement on the term "elder abuse," most experts accept that it includes physical, emotional, financial, and sexual mistreatment, as well as neglect. Neglect can be active, through the willful failure to provide care, or passive, owing to caregiver ignorance, lack of skills, or the caregiver's own failing health. Self-neglect, a dangerous corollary to elder abuse, is also considered when dealing with isolated adults, but is not the focus of this article.

Generally, domestic abuse is defined as a pattern of coercive behavior used to establish power and control over an intimate partner, usually creating a climate of fear for the victim. In fact, "the metaphor of domestic violence as chronic disease is a useful one for clinicians," according to a seminal review article by elder abuse experts, Mark S. Lachs and Karl Pillemer (1995).

Elder abuse can be viewed in some ways as a broader concept than domestic abuse because it does not necessarily involve an intimate partner. Therefore, the universe of perpetrators is essentially much larger, and can include spouses and other intimate part-

ners, adult children, caregivers, and sometimes even strangers, for example in financial fraud. In an important article discussing the overlapping issues of elder abuse and domestic violence, Lisae Jordan (2002) notes some crucial distinctions between domestic and elder abuse. As compared to younger women victims of domestic violence, older battered women also often face additional abusive behaviors that exploit their vulnerabilities and dependencies:

> Abusers may threaten to institutionalize the victim or deny access to grandchildren. Isolation may be easier to accomplish with an older person by taking mail, denying access to the phone, etc. Victims who rely on others for help with finances may be abused through misuse of powers of attorney, giving away assets, or taking over property. Neglect is a type of abuse more dangerous when victims are dependent on an abuser. Abusers may fail to change bedding, deny food and water, or interfere with medical care. Specific disabilities and medical needs can also be exploited (Jordan, 2002, p. 149).

In addition, older battered women can and do encounter ageism from law enforcement, the court system, and others who do not take them seriously or simply do not understand their situation.

Elder abuse is minimally studied and markedly underreported. Reasons for underreporting include physicians' uncertainty as to the validity of the diagnosis, professionals' lack of awareness of reporting procedures and lack of training in recognizing abuse, and the victims' fear, shame, and disinclination to be part of the legal system. Best described as "the tip of the iceberg view," it is estimated that for every one case of elder abuse, neglect, exploitation, or self-neglect reported to authorities, about five more go unreported (National Center on Elder Abuse, 1998). Indeed, elder abuse may even be viewed as having epidemic proportions. "According to the best available estimates, between one and two million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depended for care or protection," according to a 2003 study (National Research Council, 2003).

Even in the absence of a large-scale, nationwide tracking system, lack of uniformity in state statistics because of no national mandatory reporting, and varying definitions of elder abuse, other studies bear out the high prevalence and incidence of elder abuse:

- Estimates of the frequency of elder abuse range from 2 to 10 percent (Lachs & Pillemer (2004).
- One in 14 incidents, excluding self-neglect, come to the attention of authorities (Pillemer & Finkelhor, 1988).
- The overall reporting of financial exploitation is only 1 in 25 cases, suggesting at least five million financial abuse victims each year (Wasik, 2000).

Despite recent headline-grabbing horror stories, the federal government only began to identify and categorize elder abuse with the adoption of the 1987 amendments to the Older Americans Act. The establishment of an Elder Abuse Task Force in 1990 by the Department of Health and Human Services and the creation of the National Institute on Elder Abuse in 1991 legislatively identified elder abuse as a critical dilemma requiring an immediate policy response (Daniels et al., 1999).

With some governmental attention and with recognition of the compelling demographics there emerged an elder abuse literature of empirical and anecdotal studies. Increasing awareness of this national epidemic spawned theories and research addressing risk factor and abuse profiles (National Academy of Science, 2003). In addition, with great creative ingenuity (and grossly inadequate funding) small community–based social work, legal, and medical programs began to address this social crisis (Teaster, 2003). Publication of this article on elder abuse in the Jewish community is a testament to the growing intellectual and programmatic discourse in these fields.

Despite all these important contributions, elder abuse is, today, where child abuse and domestic violence were 25 years ago. The reasons are varied. Child abuse and domestic violence are part of the vernacular; elder abuse is not clearly defined. There is still no agreement on when a person is considered elderly. Funding for elder abuse is now available, but limited. There is mandatory reporting of child abuse, which creates an infrastructure for intervention. In domestic violence cases, police are routinely trained on arrest procedures and protocols if an Order of Protection is in place; elder abuse is just starting to be part of police training curricula. In addition, "how [agencies] define exploitation can differ from state to state . . . . And the state data management systems for getting this information can be pretty rudimentary" (Voelker, 2002).

The successes, thus far, of reducing the incidents of child and spousal abuse since 1975 can be ascribed to a dramatic increase in public awareness and education, as well as training of multidisciplined professions (Wolf, 1996). Awareness, education, understanding, acceptance and intervention will likewise reduce the incidence of elder abuse in the Jewish community.

JEWISH COMMUNITY RESPONSE TO ELDER ABUSE

Historical evidence, including writings from Maimonides involving legal decisions on cases concerning domestic relations, shows that domestic violence has been an issue within the Jewish community for centuries (Graetz, 1998). Although there is no statistically valid research for the Jewish community alone, completed surveys and anecdotal information generally indicate that the percentage of domestic abuse within the Jewish community is equivalent to the larger community: The abuse is blind to affiliation and denomination, socioeconomic level and educational background. Nor has the Jewish community's response to elder abuse been any greater than that of the non-Jewish community.

Among the primary causes for the relatively limited Jewish response include significant underreporting of elder abuse, which creates a misperception of its wider prevalence; perceived confidentiality by clergy, which limits appropriate intervention; the cultural decision to keep quiet about the abuse for fear of staining the "Jewish reputation" or polarizing the community; faulty religious interpretations that decriminalize abusive behavior; and a lack of awareness and education of clergy to even recognize abuse.

Though the response by the Jewish community to elder abuse has not overshadowed non-Jewish initiatives, the Jewish community is beginning to develop powerful models of intervention (Jewish Women International, 2002). Such organizations as the House of Ruth, Jewish Family Service agencies, Jewish vocational service agencies, and others provide critical direct services and other important programs for domestic violence victims and their families.

Jewish communities and congregations are also recognizing issues of aging as an important component of community response and social responsibility. For example, the creation of new rituals for older people and senior educational programming are becoming common in most Jewish aging programs and Jewish Community Centers. Jewish organizations involved in elder abuse are becoming more responsive to the emergent needs of Jews and non-Jews as well (none of the 12 Weinberg Center clients have been Jewish).

For example, the Jewish Association for Services for the Aged (JASA) in New York has developed a particularly interesting model to work with victims of elder abuse in the community. It is built on a multidisciplinary framework that includes social, legal, and casework services. In this way, a victim has one dedicated team of workers who act together. JASA is in a particularly good position to provide these services because of its many sites and large network of community resources.

Despite these efforts, before the opening of the Weinberg Center, an identified victim of elder abuse was still left with the dilemma of having no safe haven.

THE HEBREW HOME'S PIONEERING INITIATIVE

The Weinberg Center is the nation's first shelter designed specifically to meet the complex needs of victims of elder abuse. This comprehensive program offers sanctuary and a multitude of services that will serve as a replicable model for other communities. It received start-up money in the form of a matching grant challenge from the Harry & Jeanette Weinberg Foundation in Baltimore. Additional funds for the Weinberg Center came from the Samuels Foundation, the David Berg Foundation, and government grants, among others.

The Hebrew Home's establishment of the Weinberg Center is a culmination of its long history of addressing the needs of neglected elders. The Hebrew Home was established in 1917 in Harlem as a shelter for homeless and neglected Jewish elderly. In 1950, the Hebrew Home relocated to a 20-acre campus in the Riverdale section of the Bronx. Today, the Hebrew Home provides a full continuum of residential health care, home care, and housing options on a nonprofit, nonsectarian basis, in a kosher and strongly Jewish cultural environment. Together with its ElderServe community services division and senior apartment communities, the Hebrew Home serves over 3,000 older people throughout Manhattan, the Bronx, and Westchester County.

Since 1996, in recognition of the need for multidisciplinary professional and governmental attention to elder abuse, the Hebrew Home has partnered with law enforcement (Westchester, New York, and Bronx County District Attorneys' Offices), health care professionals, and other key service providers in the community to develop initiatives, conferences, and partnerships designed to educate, increase awareness, and provide much-needed training materials about the signs and symptoms of various forms of elder abuse. In addition, the Hebrew Home has pioneered programs far beyond professional service training. For example, in 2000 the Hebrew Home and a member of the New York State Legislature together implemented the "Watchful Eye" program in which peepholes were installed in hundreds of inner-city apartments to prevent so-called push-in crimes against the elderly. While installing these peepholes, Hebrew Home professionals performed home assessments and taught homebound elderly safety precautions. Based on that experience, a large-print safety checklist for homebound elderly was developed and distributed throughout the Home's service area.

In 2004, aware of the evident gap in services for victims of elder abuse, the Hebrew Home, through an initial partnership with the Pace Women's Justice Center, developed a program to provide direct intervention and shelter in cases of abuse and neglect. The Pace Women's Justice Center is a nonprofit organization located in White Plains, NY, that is dedicated to eradicating domestic violence and furthering the legal rights of children, women, and the elderly. Hebrew Home's success in building strong collaborative relationships with other specialized nonprofit agencies, such as the Pace Center, and with governmental colleagues provided the foundation on which to build a comprehensive elder abuse program. The result of this collaboration is a new paradigm for comprehensive elder abuse shelters.

The Weinberg Center, building on the Hebrew Home's existing geriatric services, encompasses a panoply of services and care for victims of elder abuse that include (1) a residential shelter for victims with an on-staff attorney to provide direct legal services and a designated social worker and nurse experienced with victims of abuse; (2) elder abuse detection, prevention, and intervention strategies for the community; (3) training and outreach programs for law enforcement and other community-based professionals and individuals; and (4) a research compo-

nent to profile victims and assess the efficacy of the Weinberg programs.

The shelter itself is virtual in nature so that clients are placed within the Hebrew Home campus based on their medical and/or other needs. "Shelter" also includes homecare services that may be most appropriate for a client who chooses to remain at home once the abuser is removed through the efforts of the District Attorney or the Weinberg Center's attorney.

The training program includes reaching traditional practitioners as well as nontraditional community members who are often the only contacts for isolated older adults. For example, the Weinberg Center arranged with 32 BJE, the doormen and superintendent's union in New York City, for Weinberg Center staff to train doormen and superintendents to recognize elder abuse and obtain resources. Future training is slated for meals on wheels workers, bank tellers, and others in a unique position to observe elder abuse in the community.

In its first six months of operation, the Weinberg Center received 53 referrals. Twenty-four clients (45%) met the admission criteria and were recommended for admission. Of those 24, 11 (46%) were admitted to the shelter. A total of 741 shelter days have been provided to victims. Of the 11 admissions, the length of the stay ranged from 5 to 96 days, which suggests that clients felt safe and comfortable at the Weinberg Center. Although one of the primary goals of the Weinberg Center is to get victims back to a safe home, two clients decided to become permanent residents of the Hebrew Home.

In terms of referrals, 77 percent were referred by community-based institutions/organizations, including hospitals, Departments of Aging, Adult Protective Services, and District Attorneys' Offices. Other referrals came from informal sources in the community. Service-oriented organizations that deal with the elderly, domestic violence, legal services, and housing referred 52.5 percent of the cases.

Although there is no discrete billing category for elder abuse under Medicaid, the advantage of housing the shelter in a long-term care facility allows Medicaid eligibility to be secured on behalf of victims who are otherwise qualified. Of the 741 shelter days, the Weinberg Center team has been successful in obtaining Medicaid reimbursement to cover 107 days, with 463 Medicaid days pending. In addition, a foundation grant was secured to provide some scholarship support for victims.

Access to the Weinberg Center

Fundamental to the success of the Weinberg Center is its ability to make information and services for victims of elder abuse easily accessible. The Hebrew Home has secured a recognizable toll-free number (1-800-56-SENIOR), which has been disseminated to all Weinberg Center partners[1] and others in the field. Once the community agency determines that intervention from the Weinberg Center is needed, it will contact or refer the caller to the Weinberg Center. The access number is staffed 24/7 to enable an immediate response to all inquiries. This is the initial contact point for crisis intervention and provides the caller prompt access to the Weinberg Center or other appropriate referrals. It enables the Weinberg Center to conduct screening to determine if elder abuse services are indicated or if less emergent intervention can be offered. The telephone mechanism also provides a centralized opportunity to collect data, which will be analyzed and evaluated by the research division.

[1]Weinberg Center collaborating partners include The David Berg Foundation; The Fan Fox & Leslie R. Samuels Foundation; New York County, Bronx, and Westchester County District Attorneys' Offices; New York City Department for the Aging; Westchester County Department of Senior Programs and Services; Joan & Sanford I. Weill Medical College, Cornell University, Division of Geriatrics and Gerontology, New York–Presbyterian Hospital; New York University, Division of Nursing, Steinhardt School of Education; Adult Protective Services, New York and Westchester County.

Once contact has been made with the Weinberg Center, either by or on behalf of a victim of abuse or neglect, and a determination is made by the team that emergency shelter is needed, triage is performed in the Hebrew Home's ElderServe medical day program. Operating 24/7, the ElderServe medical day program is staffed by registered nurses, a social worker, and an array of specially trained health care professionals. Comfortable, secure, and attractive overnight suites for men and women were constructed for this purpose. A multidisciplinary assessment of the victim is performed to determine proper placement, or if appropriate, for their return home with support from ElderServe's other community-based programs.

A True Weinberg Story

TM, a 61-year-old Hispanic widow, was living in the Bronx in her own one-bedroom apartment prior to coming to the Weinberg Center. She was a victim of child abuse by her father and was physically, verbally, and sexually abused by two husbands. Last year, her unemployed, drug-addicted adult son moved in with her and began to abuse her physically, emotionally, and financially. He was drawing graffiti on her walls, having "friends" over regularly to buy, sell, and use drugs, and was sleeping in her bed. She felt that his behavior was her fault because she was not a good mother. She had virtually no community contact. Her son was on parole for felony assault for a recent crime he committed against his wife and young daughter, who also live in the same building. A final court order of protection was in effect that required him to stay away from them. Other family members were terrified of him. TM had multiple fractures of the arms and wrists, but denied her son caused the suspicious injuries. Domestic violence officers at the local precinct were aware of the situation, but had no legal basis to act.

TM went to a local hospital and told a doctor that she was too afraid to go home. Had this happened earlier in 2004, TM's options would have been to go into a homeless shelter, have her name put on a long waiting list for other public housing, or to try to get into a traditional domestic violence shelter, if there was a suitable space for her and if they would accept her with her many medical infirmities. Most likely, she would have returned to the violence and remained isolated and afraid.

The Weinberg Center provided a safe alternative for her. After a doctor called 1-800-56 SENIOR, the access point for the Weinberg Center, the Weinberg Center team determined that TM was an appropriate referral.

So, instead of returning to the violence, TM was transported to the Weinberg Center where she was given a room with a full bath in the shelter. She was greeted by staff who had been briefed on her situation. Over the course of the next six weeks, TM received medical care, social work support, and direct legal advice regarding orders of protection and housing strategies, and she was invited to participate in the numerous programs held daily at the Hebrew Home. All Weinberg Center clients are considered residents of the Hebrew Home and are encouraged to be part of the Hebrew Home community.

Officers from the local police precinct visited TM to discuss plans and to ensure her safety upon discharge from the Weinberg Center. A daughter, who previously was too frightened to visit her, came to see her mother daily after the Weinberg Center team determined the daughter was safe and helpful. The daughter provided needed additional emotional support for her mother and encouraged her to become a long-term resident of the home, an available option.

Several weeks after her arrival, feeling stronger, in control, and at peace, TM, as a competent adult, decided to return home, believing she could help her son. As part of a discharge and safety plan, the Weinberg Center team provided (1) counseling that enabled her to recognize her situation and to assess some of her important issues, (2) legal advice in the event that she might need to

initiate court protection, and (2) medical care, which greatly improved her daily life. TM went home more empowered not only to self-protect but with a new level of confidence and self-esteem. There is now hope for her to re-engage in the community and not just survive in fear, day-by-day.

Weinberg Center Goals, Outcomes, and Challenges

The goals of the Weinberg Center include increasing public and professional awareness of elder abuse through education and training, locating isolated and vulnerable victims who can be encouraged to accept service, and developing a safe, full-service shelter, whether for the emergent needs of victims, or, when appropriate, for long-term housing and care. The Weinberg Center outcomes have been very positive. Most of the clients have returned home to a safe environment. We have secured permanent orders of protection when needed or vacate orders so that the abuser is no longer in the house. There has been no recidivism; in fact, we have maintained active relationships with previous clients who assert that their lives have improved since their Weinberg Center stay.

There are challenges, however. Public awareness, public education, and training of law enforcement and the judiciary go hand in hand with the success of our program. Without being sensitized to the unique needs of this population, for example, judges do not understand that the court system is a real burden to older people who may not be able to wait outside the courthouse for hours until their cases are called or cannot hear or see well inside the dimly lit courtroom. Judges may not understand the need to prohibit visitation to the Weinberg Center/Hebrew Home campus by the family member who is abusive, as is customary in domestic violence cases.

Finally, obtaining reimbursement and payment for the shelter stay, the legal services, translators, car services to and from court, and clothing for victims poses real challenges. Legislation needs to be adopted whereby Medicaid would cover shelter care; certainly, then, there would be more shelter available. Lack of ability to pay, however, is neither a bar to nor a criteria for admission to the Weinberg Center.

IMAGINE WHAT OUR COMMUNITY CAN DO

The community at large, clergy, and professionals can take many actions to stem the epidemic of elder abuse, all of which are firmly rooted in the fundamental Jewish commandments to honor our fathers and mothers, to forsake not the aged, and to offer and accept help:

- Recognize elder abuse as an epidemic and accept that it is happening in our towns and in our families.
- Remember that our Jewish tradition clearly recognizes older people as respected and venerated vehicles of wisdom; we must readjust our negative views on aging into something that we positively embrace.
- Ask direct questions of older adults who are alone or rely on others for their well-being, as we have come to know that it is often the case that the more frail and dependent that adults are on their caregivers, the more likely they are to be mistreated.
- Insist that our clergy and other affiliated organizational leaders (1) be trained to recognize the signs of elder abuse, (2) be knowledgeable about available resources, and (3) deliver sermons and other outreach programs that reflect this greater understanding of the elder abuse epidemic so that people are not afraid to talk about the issues.
- Replicate the Weinberg Center model or some variation. (We look forward to others improving on our model!) Nonprofit, faith-based homes must view their participation in providing shelter for victims as part of their commitment to social responsibility.

- Demand that our legislators and other elected officials amend and create laws designed to protect the elderly from abuse.
- Include new rituals that help guide us and others through the experiences of aging, such as when moving out of one's home or commitment ceremonies for older adults who choose not to marry.

The Weinberg Center, in its first year of operation, has already demonstrated great potential to directly effect positive change in the lives of our society's most vulnerable citizens. It is the start of an important paradigm whose time has come.

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