

ACL Guidance to the Aging Services Network:

Outreach and Service Provision to Holocaust Survivors

Introduction

This guidance provides State Units on Aging (SUA), Area Agencies on Aging (AAA) and local service providers with information about, and guidelines to consider, when performing outreach to and serving Holocaust survivors. It is issued in fulfillment of the [requirement in the 2016 reauthorization of the Older Americans Act \(OAA\)](#) which states that the Assistant Secretary for Aging shall “issue guidance to States, that shall be applicable to States, area agencies on aging, and providers of services for older individuals, with respect to serving Holocaust survivors, including guidance on promising practices for conducting outreach to that population.”

These guidelines were developed from input from subject matter experts in the field of Holocaust survivor care, home and community-based long-term services and supports for older individuals and professionals specializing in legal services for survivors. The U.S. Administration for Community Living/ Administration on Aging (ACL/AoA) consulted with experts and organizations serving Holocaust survivors, including The Jewish Federations of North America (JFNA) and their affiliates, Bet Tzedek Legal Services, national aging service organizations, experts from secular and faith-based providers and organizations specializing in services to Holocaust survivors, and community-based organizations in eleven states for their considerable input and feedback. A list of contributors to this guidance may be found on Page 27.

NOTE: this guidance and the information contained herein do not constitute any standard or regulation, and will not create any new legal obligations, nor impose any mandates or requirements. It will not create nor confer any rights for, or on, any person.

Throughout this guide, examples will be provided for how aging services providers can accommodate survivors’ reluctance to display weakness or ask for help, and deliver services in a manner that minimizes triggers and the risk of re-traumatization. Resources for technical assistance are available on Page 25.

Background – The Holocaust and Nazi Persecution

The Holocaust was the state-sponsored persecution and murder of the Jewish people by the Nazi regime and its collaborators between 1933 and 1945 ([U.S. Holocaust Memorial Museum](#) - USHMM). The systematic attempt to eradicate the Jewish people was referred to by some Nazis as the “Final Solution to the Jewish Question.” The brutality Jews experienced during the Holocaust was comprehensive, systematic, and multi-leveled. Jews were first dispossessed of their property and deprived of their livelihoods. Their homes, real estate, and businesses were seized, and their synagogues burned. Additionally, they were subject to beatings, humiliation, and public hangings ([Yad Vashem](#)).

As the Holocaust progressed, Jews were put on trains and sent to sealed ghettos where poverty, starvation, and lack of sanitary systems took the lives of many. Those who experienced difficulties because of age, illness, or other vulnerabilities were shot; others died from the lack of food, water, and ventilation on overcrowded trains and in ghettos (Yad Vashem). Later, many Jews were sent to concentration camps where they were subjected to torture, starvation, and exposure to the elements. In some cases, physicians conducted experiments on Jews that included, but were not limited to, exposure to hypothermia and mustard gas (USHMM).

To complete the “Final Solution,” Jews were murdered in fields in mass shootings and by mobile killing squads, and, ultimately, in gas chambers. (USHMM; Yad Vashem). In total, six million Jewish men, women, and children were killed – two-thirds of the Jewish population in Europe before World War II (USHMM).

Other Victims of Nazi Persecution

The Nazi regime was also responsible for the persecution and death of an additional five million non-Jewish victims, including homosexuals, Jehovah’s Witnesses, Slavic people, people with disabilities, Roma and Sinti (“Gypsies”), Communists, and Socialists (USHMM). It is believed that most non-Jewish victims of Nazi persecution remained in Europe or the former Soviet Union (FSU) following the end of the War. Furthermore, there is no research to suggest that there has ever been a sizable population of non-Jewish Holocaust survivors residing in the U.S.

Who are Holocaust Survivors?

Demographics

More than 200,000 Jews found refuge in the U.S. during the Holocaust. Another 137,000 Jewish refugees settled in the United States from 1945 to 1952, and more came from Europe and the countries of the FSU during the subsequent decades (USHMM). Time, age and the lingering effects of trauma have taken their toll and today it is estimated that between 100,000 to 130,000 Holocaust survivors remain in the U.S. The youngest are 71 years old, but most are much older. In New York City, home to the largest number of survivors, 53% are between the ages of 80 and 89, and over a quarter (27%) are between 90 and 99 (Kover, 2014).

While the size of the survivor population is decreasing, the number of survivors needing and seeking assistance is increasing. Several factors may be responsible for this trend. As survivors age and become more frail, many who did not need assistance previously now need help to get through their daily lives. The death of a spouse or caregiver can create the need to find alternate sources of care. Some communities have seen an influx of Holocaust survivors moving to an area where social services are more prevalent. Many people who did not previously identify as a Holocaust survivor are coming forward as programs to help them are publicized. In particular, survivors from the FSU live in tight-knit communities and spread awareness of services by word of mouth.

The [Conference on Jewish Material Claims Against Germany](#) (Claims Conference), the organization responsible for negotiating compensation and restitution and for administering funds to institutions that provide social welfare services to Nazi victims, estimates that 85% of survivors live in New York, California, Florida, Ohio, New Jersey, or Maryland. Most Nazi victims in these states live in metropolitan areas. Because of high rent prices and unreliable transportation options in these areas, choices for affordable housing and dependable and accessible transportation are limited.

The Claims Conference uses a specific definition of “Jewish Nazi Victim” that depends on an individual’s place of birth, date of birth, and wartime experience. Conversely, the ACL/AoA does not define “Holocaust survivor.” Therefore, for the purposes of this Information Memorandum, the broadest interpretation of the term “Holocaust survivor” is intended and includes any victim of Nazi persecution, including those who fled such persecution.

Survivors from the Former Soviet Union (FSU)

The experiences of U.S. survivors from the FSU differ greatly from those from Western Europe. While Jewish communities from both regions experienced significant persecution and loss during the Holocaust, suffering did not end for survivors in the FSU. Many of these survivors, who were children when the War began, returned to Soviet towns and cities where the trauma they experienced during the Holocaust was compounded by struggles to survive under a communist regime, ongoing persecution, and anti-Semitism.

The majority of Holocaust survivors from the FSU who emigrated to the U.S. came in the 1980s and 1990s and faced significant challenges assimilating. For example, language barriers are often significant, with many survivors from the FSU still unable to speak English. Moreover, survivors from the FSU are more likely to be low-income than other survivors; in fact, it is estimated that half of FSU survivors have annual incomes beneath the federal poverty threshold. While most Holocaust survivors are in critical need of services, those from the FSU may be less likely to seek out services, particularly mental health care, and are often distrustful of government benefits and programs, thus creating additional outreach and service delivery challenges for aging network services providers.

Poverty

Poverty is a significant concern for many Holocaust survivors. It is estimated that approximately 25% of survivors live at or below the poverty line, although survivors from the FSU, as well as those living in New York City and Los Angeles, face poverty rates closer to 50% (Sherman, 2014; Kover, 2014; Samuels, 2014). These low-income survivors struggle to meet their basic needs for housing, food, and health care, and often rely on Supplemental Security Income (SSI), energy assistance programs, home-delivered meals, and other programs in order to obtain the basic necessities of life (Samuels, 2014). In some cases, poverty can be a triggering¹ event for survivors as it can remind them of experiences of deprivation during the Holocaust.

Financial Compensation for Holocaust Survivors

Some Nazi victims receive financial compensation in the form of one-time payments or pensions from Germany or other European countries. Additionally, some Holocaust survivors receive social welfare support such as home care, food, or transportation from Jewish organizations with funding from the Claims Conference. Under [U.S. law](#), financial compensation and pensions resulting from the Holocaust are excluded from calculations relating to federally funded or federally assisted benefits such as Medicaid, Supplemental Security Income, Federally subsidized housing or the Supplemental Nutrition Assistance Program (SNAP).

Trauma's Impact on Service Needs

While the lived experiences of Holocaust survivors vary with each individual, what virtually all survivors have in common is significant, often prolonged exposure to traumatic events as children or young

¹ Triggers are stimuli that create a reminder of past traumatizing events. Triggers might be a particular sight, smell, sound, holiday, or event. Encountering such triggers may cause one to feel uneasy or afraid (see Handout Module 2 in the References section of this guidance). Common triggers for Holocaust survivors include: lack of privacy; small spaces or crowded conditions; routines and schedules; harsh, strong, or unpleasant smells; taking a shower or bath; flashlights or bright lights; saying goodbye or staff changes; loud voices or foreign languages; dogs and other animals; Jewish holidays or religious symbols; specific clothing items; and registering.

adults. For Holocaust survivors, the physical, emotional, and cognitive challenges, outlined in more detail below, can be traced directly to trauma experienced during the Holocaust. Many survivors have common narratives of trauma from the Holocaust and immediately after, including the following (Hoffman, 2015):

- Constant threat of death
- Exposure to extreme violence
- Prolonged physical, mental, sexual or medical abuse
- Extreme deprivation, thirst and hunger
- Dehumanizing treatment
- Exposure to unbearable weather
- Lethal hard labor
- Extermination of entire families and communities
- Guilt over surviving or inability to save others
- Immigration to new lands

Although the traumatic events occurred in the past, many of the associated traumas are now being experienced through the lens of each survivor's aging process. Danieli (1994) describes how "many survivors experience the normal phenomena of old age as a recapitulation of Holocaust experiences" (Barak, 2013. Page 3), and Bar-Cohen (2014) notes that Holocaust survivors and their families are now "coping with the much more exacerbated needs that have emerged as survivors age and their horrific histories come back to plague them once again" (Bar-Cohen, 2014). As this generation ages and peers pass away, each new loss can stir dormant grief and traumatic memories (Barak, 2013). Cumulatively, these experiences can magnify the challenges of aging for survivors, "creating a group that ages differently and has more acute needs than do other older Americans" (Samuels, 2014).

Survivors may be particularly vulnerable to changes associated with the normal aging process because former coping strategies, such as hard work and taking care of the next generation, are no longer an option. Illness, dementia, frailty, dependency, isolation, and loneliness may disrupt daily activities, and traumatic memories and unresolved losses might become more dominant. Moreover, signs of illness or weakness may be triggering events because, during the Holocaust, those who exhibited any sign of weakness were often executed.

Public health experts agree that overall health outcomes for older adults who age in place are often better than for those in unnecessary or premature institutional care. However, the negative impacts of leaving one's home and entering a nursing home or residential care community are further exacerbated for Holocaust survivors. For survivors, removal from one's home can have added meaning as the loss of autonomy, control, and independence can be reminiscent of similar losses experienced during the Holocaust. For example, admissions procedures, uniformed staff, medical personnel and procedures, showers, regimented schedules and routines, loud sounds and voices, restrictions to movement, the lack of privacy, and even waiting in line for food can all trigger memories associated with the Holocaust (Daroff, 2014; Samuels, 2014; Sherman, 2014). For these reasons, enabling and empowering survivors to live safely in their own homes and communities for as long as possible is a fundamental goal of Holocaust survivor programs and is in keeping with the mission and purpose of the aging services network.

The Person-Centered, Trauma-Informed Approach

When reaching out to and serving Holocaust survivors, it is critical that it be done in a manner that minimizes triggers and reduces the risk of re-traumatization. Using person-centered, trauma-informed (PCTI) approaches can help to achieve these goals and greatly improve the overall quality of care and quality of life for survivors. Person-centered approaches take into account the individual's experiences, needs, strengths, preferences, and goals. Such an approach is based on beliefs or assumptions that: 1) people are the experts in their own lives; 2) everyone can express the preferences and desires that describe the life they want to live; 3) everyone can live a full life in their own community; and 4) communities and families have an impact on the well-being of all its members. Supporting individuals in this manner often requires skilled planning, services and supports that are responsive to individual concerns. As part of a person-centered approach, supportive services for Holocaust survivors recognize the pervasive and highly individualized impacts of trauma and incorporate a trauma-informed approach.

The need for trauma-informed approaches in all service delivery systems is outlined in the principles set forth in the Substance Abuse and Mental Health Service Administration's (SAMSHA) publication entitled [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#) (HHS Publication No. (SMA) 14884). Here, trauma-informed systems/approaches are described as: "A program, organization, or system that is trauma-informed realizes the widespread impact of trauma...recognizes the signs and symptoms of trauma in clients, families, [and others]...and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization."

For survivors living in nursing homes or residential care communities, it is critically important that they receive services in a manner that does not trigger traumatic memories. For many trauma survivors, the transition to living in an institutional setting (and the associated loss of independence) can trigger profound re-traumatization. In addition, aspects of institutional settings can be significant triggers. While these triggers are highly individualized, some common triggers for Holocaust survivors include: experiencing a lack of privacy or confinement in a crowded or small space; being exposed to certain loud noises; or bright/flashing lights. It is also important to note that cognitive impairment, such as dementia, may worsen or further complicate a trauma survivor's response to triggers and may also introduce additional language barriers as individuals return to their first (non-English) languages.

Transfers from one care setting to another can be times of stress for any recipient of long-term services and support. "Relocation stress syndrome," also called "transfer trauma," can result in depression, agitation, withdrawn behavior, self-care deficits, falls, and weight loss. (Manion, 1995; Rudder, 2016) Culturally competent, trauma-informed approaches that help to minimize triggers and re-traumatization, including those that address the unique care needs of Holocaust survivors, are an important aspect of person-centered care for these individuals. Person-centered care would help advance the quality of care that a resident receives and, in turn, can substantially improve a resident's quality of life.

Geographic Considerations

While a majority of Holocaust survivors live in more urban locations, they may be also reside in suburban and rural areas, creating additional challenges for outreach and service delivery. Similarly, because Holocaust survivors are likely to live in a variety of geographic locations and settings around the country, access to services, the availability of culturally competent caregivers, family/community

support and opportunities to meet with other survivors are important factors when considering survivor needs and how services are designed and delivered.

When considering the needs of survivors and the related recommendations for services outlined below, aging services providers may need to take into consideration the geographic factors specific to their locale in designing and delivering services for Holocaust survivors. For example, when providing transportation to survivors over longer distances, such as to a doctor's appointment or the grocery store, additional consideration may need to be given to the possible impacts of extended time in transit or in larger vehicles with multiple passengers. Providers may need to consider individual trips and/or the use of smaller vehicles to minimize triggers and re-traumatization associated with crowded vehicles or extended times in transit. As will be discussed later, understanding the triggers and the importance of avoiding re-traumatization are critical elements of a PCTI approach for transportation services.

HOLOCAUST SURVIVOR NEEDS AND RECOMMENDATIONS FOR SERVICE PROVIDERS

The trauma experienced by Holocaust survivors can have lasting impacts on their long-term service and support needs as well as how such supports are designed and delivered. The following section is an overview of key service and support need areas, including how a survivor's experiences during the Holocaust can impact their perception and use of those services. The recommendations for service providers are based on input from experts in the field of Holocaust survivor care. They are intended to provide examples of service delivery considerations and approaches in the following areas: mental health, physical health, nutrition, transportation, caregiving (paid), caregiving (family), outreach and identification, and legal and ombudsman services

Mental Health

Holocaust survivors can experience a host of mental health issues, which may or may not present until later in life. Researchers have found that survivors tend to report less satisfaction with their lives and perceive their life events as more stressful compared to a matched group of adults (Barak, 2013). In Israel, researchers state that half of survivors feel depressed and dissatisfied with life and have a sense of emptiness, and 40% feel very lonely, despite the presence of supportive social networks (Brodsky et al., 2010). Survivors also have a higher incidence of post-traumatic stress disorder (PTSD) and dissociative symptoms than non-survivors (Barak, 2013; Samuels, 2014). Anxiety and sleep disorders such as night terrors have been directly attributed to their experiences during the Holocaust (Kover, 2014). Survivors can also experience separation issues, an obsession with death, excessive guilt, and may be at increased risk of attempting suicide in later life (Barak, 2005). Additionally, as survivors lose spouses, friends and loved ones, they can quickly become isolated and lonely (Kover, 2014). The absence of social supports can also contribute to the decline in a survivor's overall psychological well-being (Barak, 2013).

However, survivors are not likely to seek out mental health services, either because of distrust of medical professionals or because of fears related to stigma or institutionalization, all of which can make them hesitant to even accept help if offered (Kover, 2014). Service providers report that survivors from the FSU can be particularly reluctant to seek mental health services because of stigma and the lack of awareness of its potential benefits.

The risk of dementia may be even greater for Holocaust survivors than for the general population (Samuels, 2014). Dementia increases the need for medical care, adequate housing, advance planning, and protection from abuse and neglect (Samuels, 2014) and can keep survivors from accessing

Holocaust reparations if their loss of mental capacity prevents them from describing their persecution with enough specificity to sustain a claim (Samuels, 2014). Survivors with dementia may experience frequent nightmares and flashbacks to their experiences during the Holocaust (Samuels, 2014).

Recommendations for Service Providers

While the mental health needs of Holocaust survivors are complex, mental health professionals can therapeutically help survivors by understanding a number of established best practices. First, therapists and other mental health providers serving this population should receive training on the PCTI approach, as well as on the Holocaust, Judaism, aging issues, and common triggers for survivors. In general, Holocaust survivors tend to prefer individual therapy when possible, and prefer to receive it in their own home. Home-based therapy can help to reduce possible triggers that may make a survivor more anxious or fearful.

Mental health professionals should anticipate that it may take longer than usual to develop trust and openness with a survivor. Speaking the same language as the survivor (e.g., Russian, German, Polish, Yiddish, or other Eastern European languages) frequently enables mental health professionals to build rapport more quickly. Furthermore, as survivors are often hesitant to express weakness, including mental health issues like depression or anxiety, providers should continue to monitor the mental health status of survivors, even if the survivor does not report any mental health issues.

Some survivors, especially those from the FSU, may never feel comfortable with traditional mental health services and may, instead, benefit from socialization programs that have therapeutic components. Even for survivors participating in traditional mental health services, socialization services are critical to maintaining supportive relationships and minimizing the negative emotional and psychological health consequences associated with social isolation. These programs can include gatherings where survivors can meet in a safe environment and volunteer programs. If a survivor is unable to attend socialization programs, friendly visitors and companionship programs provided in the survivor's home can help reduce isolation.

Physical Health

In addition to mental health complications, prolonged periods of deprivation, starvation, confinement, and abuse experienced during the Holocaust have placed an enormous burden on the physical health of survivors. Chronic health issues including heart conditions, foot problems, osteoporosis, insomnia, headaches, gastrointestinal issues, hearing loss, and painful dental problems are common. Many struggle to perform activities of daily living (ADLs) such as bathing and eating (Kover, 2014; Samuels, 2014; Van Pelt, 2013). Among respondents to the 2011 Jewish Community Study of New York, 73% of survivors described their health as poor or fair (SelfHelp). By 2020, it is estimated that 52% of all survivors may need disability-related assistance due to normal declines of aging combined with health problems associated with their experiences during the Holocaust (Miller, Beck, and Torr, 2009).

As described previously, a number of German doctors conducted “painful and often deadly experiments” on thousands of concentration camp prisoners without their consent (USHMM). Because of involvement with or knowledge of these experiments, some survivors have a general distrust of most medical professionals. Furthermore, while all individuals can experience anxiety and fear when undergoing medical procedures, these situations can be particularly traumatizing to individuals who are also Holocaust survivors.

Recommendations for Healthcare Providers

The unique physical health needs of Holocaust survivors can be best addressed by healthcare providers who are trained in PCTI care, have some background on the Holocaust, an understanding of common triggers for this population, and who work hand-in-hand with case workers and other mental health professionals treating survivors. As with mental health providers, healthcare providers should understand that Holocaust survivors may take longer than an average patient to trust their medical providers and to openly discuss physical health issues. If possible, stress can be reduced by providing care in the home and identifying providers who speak the same language as the survivor. In some situations, specifically trained nursing staff and care managers can make home visits to the survivor and relay information to the survivor's health care providers in order to reduce the need for inpatient care when survivors find these visits particularly traumatizing.

When working with survivors, it is critical that medical professionals should establish a survivor's preferences and comfort level for medical treatment as early as possible. Once known, these preferences should be honored to the greatest extent possible, as this can provide the survivor with a sense of empowerment over the medical process. Additionally, it is important for providers to collect thorough medical histories of physical ailments from before, during, and after the war, while being cognizant that asking for this history can trigger traumatic memories.

For any medical procedure, medical professionals should fully explain the survivor's options, as well as the details of the procedure. They should also provide ample time for the survivor to ask questions and express concerns. As noted, providers should recognize that inpatient care can be alarming for some survivors, and hospitalization should be avoided unless a survivor cannot receive adequate care at home or on an outpatient basis. If a survivor must be admitted to the hospital, service providers should look for ways to reduce stress from potential triggers and consider offering temporary, supportive services such as a companionship.

Nutrition

Food holds a special significance for survivors who often faced hunger and starvation throughout the Holocaust. Whereas food security is important for all older adults, survivors have a complex emotional and psychological relationship with food. Behaviors like hoarding or hiding of food in pockets or purses are common and are more frequently observed in survivors than among other older adults. Survivors may also experience panic when they begin to feel low blood sugar or hunger pains. Some caregivers of Holocaust survivors have observed that survivors may ingest old or spoiled food as opposed to disposing of it properly as throwing away food can sometimes be a triggering event.

Food, and meals in general, play an important role within Judaism, both in terms of its preparation and its symbolism associated with Jewish holidays. Kashrut (i.e., kosher practice) is the body of Jewish law that addresses the foods more observant Jews may and may not eat and how those foods must be prepared. Kashrut applies year round. Furthermore, many survivors "keep kosher," which means that they need both prepared foods and groceries that are certified as such. Kosher foods can often be expensive or difficult to find for nutrition service providers and may pose additional considerations for preparation and serving. Additionally, Jewish holidays can be particularly emotional for Holocaust survivors, who often have painful memories surrounding holidays and few remaining family members with whom to celebrate. Subsequently, survivors may need, or have a perceived need for, more or specific foods during the Jewish holidays.

In some cases, the process of procuring food can serve as a trigger for survivors, reminding them of the painful experiences they underwent when deprived of food in ghettos, concentration camps, in hiding or the wilderness. As discussed throughout this guide, displays of weakness are often very difficult for survivors. Therefore, waiting in line to receive food, either in a cafeteria, congregate meal site or food pantry, and signing up and receiving services such as home delivered meals or SNAP benefits can sometimes be re-traumatizing for survivors.

Recommendations for Service Providers

Service providers should strive to use person-centered approaches to addressing the nutrition needs of survivors. Volunteers and others involved in food delivery should receive training on PCTI care, including common triggers, especially those related to food, the Jewish holidays, the Holocaust, and general Kashrut practices. Those working with individual survivors should establish whether each survivor keeps kosher and procure such meals as needed. As with all programs, menu considerations may need to be made if an individual experiences dental or gastrointestinal problems.

Furthermore, volunteers and others providing nutrition services should be made aware of the reasons behind common survivor practices such as hoarding and hiding food and make efforts to allow this behavior to continue in a safe way if possible. Survivors' trauma can be easily triggered if they need to stand in line for congregate meals or food pantries. Survivors can also become easily embarrassed by having to express a need for food. To ameliorate this, meal providers may wish to modify certain aspects of nutrition programs for survivors (e.g. providing an alternative schedule for survivors to come earlier than others for a food pantry) in order to minimize chances for re-traumatization and to maintain dignity. Staff working at a meal site, or who deliver meals, should never clear away a survivor's meal before they have expressly stated they are finished and should not throw away food in front of a survivor. In this regard, meal service providers should consider methods of food disposal not done in front of survivors.²

Staff and volunteers who deliver meals should receive sensitivity and confidentiality training, as many survivors may feel uncomfortable with others knowing they are in need of nutrition services. As such, food should never be left outside a survivor's door or where others may see it. Drivers and other staff should be cognizant of the fact that survivors may have feelings of abandonment associated with lateness and should try to keep a consistent schedule and to call if they will be late. While it is not always possible, drivers and volunteers delivering food can help reduce anxiety and isolation by staying with the survivor for a short amount of time after delivery if the survivor invites the provider into their home. Nutrition service providers should have frequent communication with case managers to report any behavioral or health changes.

Finally, because the availability of affordable kosher options in both congregate and home-delivered meals is often limited, providers may need to consider alternative ways of providing or enhancing nutrition services for Holocaust survivors, including assisting with access to food pantries, pre-paid grocery cards, or signing up for SNAP, Senior Farmers Markets, Commodity Supplemental Food Programs or other methods of financial assistance that may mitigate food budget constraints.

² The OAA allows participants to take leftovers from their plate home, but only if state and local food safety codes are followed. Following these food safety codes is not only required, but it is important because older adults are at a higher risk of food borne illnesses than other adults. Therefore proceeding with utmost caution and concern is important. Some sites provide special containers with instructions on reheating. Others limit leftovers to foods that are safe at room temperature (like rolls and fresh fruit). Some have developed additional rules to help ensure safety yet still allow their participants to bring home food from their plates, so as not to be wasteful. In May 2015, ACL issued [The Older Americans Act Nutrition Program: Did You Know?](#) to informally address common myths and questions about the OAA Nutrition Program. See Page 3 for information pertaining to leftovers.

Transportation

Like other older adults, Holocaust survivors rely on dependable, accessible, and safe transportation options to get to medical appointments, run errands, and enjoy socialization activities. However, for survivors, many modes of transportation present numerous triggers, which can cause survivors to relive traumatic memories of being transported to ghettos and concentration camps.

Many survivors can experience anxiety or panic attacks when using public transportation or private transportation options like large buses or vans. Drivers of these forms of transportation may also unknowingly contribute to re-traumatization, particularly if they are unaware of triggering word choices, such as asking survivors to line up, or if the driver does not speak the same language as the survivor.

Furthermore, while socialization programs are important for all older adults to avoid isolation and the various mental health complications that can result from it, socialization is especially crucial for the well-being of survivors. The symptoms of post-traumatic stress disorder are often exacerbated by isolation, underlining the importance of the availability of reliable transportation options that do not further contribute to a survivor's history of trauma.

Recommendations for Service Providers

For survivors who depend on transportation services, a PCTI approach can help limit the number of possible triggers. For survivors who may be particularly proud of their independence and may be hesitant to ask for transportation assistance, a specially trained social worker can assist the survivor by telling them about the transportation program and explaining that the service and the driver are safe and reliable. Drivers can be trained to be sensitive to the needs of survivors and to know how to react if a survivor speaks about the Holocaust (Sherman, 2014). This training should also include information about common triggers, both verbal and physical, for survivors and methods to avoid them.

While many survivors might prefer a private car service rather than larger institutional vehicles, some may prefer to travel in small groups. Therefore, establishing a survivor's transportation preferences early on can help prevent re-traumatization. As outlined in the Nutrition section above, lateness can provoke feelings of anxiety and abandonment, so transportation providers should attempt to maintain their schedule and contact survivors if they will be late. Survivors often respond best to a driver or volunteer who speaks the same language as they do and who can effectively communicate information throughout the trip.

Caregiving (Paid)

Resiliency and strength were fundamental to an individual's survival during the Holocaust, leaving many survivors highly independent. Therefore, the need for a caregiver, whether paid or unpaid, because of age, illness, or weakness can be demoralizing and triggering for many survivors, who are often uncomfortable receiving any type of assistance.

Paid caregivers provide invaluable services that allow many Holocaust survivors to age-in-place. They also serve survivors in nursing homes and residential care communities. However, because of the unique needs of survivors, it is paramount that these caregivers have adequate training to prevent the re-traumatization of survivors that can easily occur without education.

In addition to the characteristics outlined above, many survivors exhibit common characteristics that caregivers must understand. First, survivors may be distrustful of new caregivers, especially if the

caregiver does not speak the same language as the survivor. If trust is not established between the caregiver and the survivor, assistance with ADLs can lead to re-traumatization. Additionally, because of the enormous amount of loss they have experienced, survivors are particularly vulnerable to feelings of abandonment if caregivers are tardy, inconsistent, or have high rates of turnover.

Recommendations for Service Providers

Paid caregivers are likely to spend a significant amount of time with survivors and can play a vital role in survivors' physical and mental health. Therefore, training on PCTI care, the Holocaust, Judaism, and common triggers and behaviors of survivors is critical. Additionally, training on kosher practices can be helpful.

Careful screening and selection of caregivers who work with Holocaust survivors is essential. This screening and selection should consider language skills in order to increase the likelihood of building a trusting relationship with the survivor. Paid caregivers should be aware of survivors' sensitivities and should not take hurtful or distrustful actions personally. Finally, it is recommended that paid caregivers have at least a basic understanding of what the Holocaust was, how and why it occurred, and its impact on those who lived through it.

As with all providers serving survivors, paid caregivers should use a person-centered approach to build trust with a survivor. Establishing the survivor's preferences, especially as they pertain to ADL support and other forms of care that require physical touch of any kind, is critical. Additionally, paid caregivers should be cognizant of how tardiness, as well as turnover, may cause anxiety and fear for a survivor and make plans for how to communicate in advance when such issues may arise. Paid caregivers can help provide valuable information on survivors' wellness status to case managers.

All nursing home providers that are certified by Medicare and/or Medicaid will be required to provide PCTI under a new rule published by the Centers for Medicare and Medicaid Services in October, 2016, which states:

(m) Trauma-informed care. The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.

42 CFR 483.25(m)

Additionally, providers who are assisting consumers with a move to a new environment should be aware of the risks of transfer trauma. Recommendations for minimizing this risk include: giving consumers control over where they move, preparing them for the relocation, and assisting with adjustments after a move is made. (Rudder, 2016)

Caregiving (Family)

Though most survivors have small extended families due to the Holocaust, the relationship between survivors and these family members can be complex, particularly when family members serve as caregivers. Because of the extent of trauma experienced by survivors, it is possible that survivors may not share all or even any of their Holocaust experiences with their family members. Consequently, family caregivers may be learning of a survivor's experience during the Holocaust for the first time. Others may never learn all of the details of a survivor's experience. Family caregivers who are aware of

a survivor's experience during the Holocaust may experience secondary traumatic stress themselves and can be overprotective of the survivor and want to prevent any perceived or real discomfort. Others may feel that they are "not doing enough" no matter what they do. Family caregivers can sometimes avoid or refuse to have conversations related to advanced directives or end of life planning as such discussions can serve as a triggering event for the survivor.

Additionally, a family caregiver can become overwhelmed by the unique needs of the survivor for which they may not be adequately prepared or trained. Some families may also have limited options because of language barriers that would complicate the use of paid caregiving options as a means to obtaining additional support or relief from caregiving duties. Some survivors may be so distrustful of outside help that family caregivers may feel they have no other option but to provide full-time care themselves and not seek outside support or assistance.

Recommendations for Service Providers

Most family caregivers caring for older adults can benefit from family caregiver support services. However, because of the unique stresses placed on them, family caregivers of Holocaust survivors are much more likely to need family caregiver support services in order to promote comfort, skills, and confidence with caregiving and to prevent the declines in caregiver health that have been associated with the eventual institutionalization of older adult care recipients (Daroff, 2014; Frumer, 2014; Kover, 2014; Sherman, 2014; Talley, 2007). These services can include both individual and group mental health counseling, education and training, and respite care.

Furthermore, as part of an assessment process, case managers should identify a family caregiver's awareness of the survivor's experiences during the Holocaust and afterward. If caregivers are completely or partially unaware of a survivor's experience, aging services providers may wish to explore opportunities for obtaining and/or offering educational trainings or materials on the Holocaust and on common survivor behaviors and triggers. Caregivers should keep in mind that they may never learn the full extent of a survivor's experience and exercise sensitivity accordingly.

Outreach and Identification

Many survivors are suspicious of strangers and authority figures, which can mean that, while they may pursue services, they may not disclose their survivor status. Regardless of the proactive steps taken by providers to be mindful of the unique support needs and preferences of Holocaust survivors, many survivors may still avoid seeking out assistance, thus making the task of reaching them even more challenging. Therefore, aging services providers may need to develop strategic and creative outreach efforts to educate survivors and their families about the range of services available to them.

Recommendations for Service Providers

For aging network organizations seeking to outreach and serve Holocaust survivors in their areas, collaborative working relationships with local Jewish organizations such as Jewish Family Service Agencies, synagogues, [Chabad houses](#)³, Jewish Community Centers, Jewish Federations, and agencies funded by the Claims Conference are highly encouraged. Such cooperation could include creating referral mechanisms, joint development and co-branding of promotional materials, and hosting or cohosting events and trainings. When participating in events designed to outreach to Holocaust

³ Chabad Houses are community centers run by traditional Jews of the Chabad movement. Chabad Houses are located around the country and the world and provide programs, activities and services for the broader Jewish community and tourists.

survivors and their families, it is recommended that they arrive with sufficient amounts of promotional materials, since survivors frequently learn of services by word of mouth from other survivors in their community.

In addition to general outreach activities to Holocaust survivors, aging network providers may wish to undertake specific efforts to reach survivors from the former Soviet Union (FSU). Whenever possible, outreach and materials should be available in Russian and made accessible in places such as restaurants, grocery stores, doctors' offices and other venues frequented by survivors from the FSU. Information advertisements in Russian newspapers are another way to reach this population of survivors through trusted sources of information.

It may be difficult to discern if an older adult is a Holocaust survivor, particularly if they are unwilling to self-identify. First and foremost, aging services providers should remember to allow ample time for someone believed to be a survivor to ask questions and express concerns. In particular, intake and care management staff should regularly reassure the individual of the confidentiality of communications and personal information. Rather than asking a direct question, which might be triggering, a case worker may be able to ascertain whether an individual is a survivor by obtaining multiple pieces of information such as the individual's date of birth; country of origin; what year they immigrated to the U.S.; and where they were during World War II. Furthermore, intake and case management staff should recognize that Holocaust survivors may not identify as Jewish, potentially because of trust issues related to anti-Semitism or because of conversion to other religions during or after the Holocaust. Those conducting intake are not encouraged to ask a survivor if they are Jewish as the question itself can be a trigger.

Other Supportive Services

Holocaust survivors often require a host of other supportive services in addition to those outlined above, including case management, homemaker services, legal services, ombudsman services, personal care, and chore services. Case management is especially important to responding to the many needs of survivors and coordinating care with various providers.

Person-centered, trauma-informed (PC-TI) legal and ombudsman services, discussed in the next section, are also a unique need for Holocaust survivors as the application processes associated with reparations, benefits, and services due to their fear of government agencies and authority figures can be intimidating. The process of filling out paperwork may be equated with the Holocaust-era fear of "not having one's papers in order." Moreover, survivors may often resist revealing their assets and savings. Applications for programs that require detailed explanations of one's Holocaust history can be particularly traumatizing for some survivors.

Recommendations for Service Providers

To the extent possible, any supportive services for Holocaust survivors should be provided through a PC-TI approach. It is important that case management services be tailored to each survivor's specific needs. Furthermore, having to tell and re-tell the story of an original trauma to different staff members in different settings can, itself, be traumatic. Therefore, a trauma-informed agency should keep accurate records of all client histories and screenings so that the survivor is not required to unnecessarily re-tell their trauma stories (Butler et al., 2011). For Holocaust survivors who may not wish to revisit or disclose details about their past experiences, providers should explain how personal information will be used and how it relates to the services they will receive.

ELDER RIGHTS AND LEGAL SERVICES FOR HOLOCAUST SURVIVORS

The lingering effects of persecution-related trauma can interfere with Holocaust survivors' ability to seek help and access critical legal services and can limit the effectiveness of such assistance. Therefore, it is essential that providers of elder abuse, legal, and ombudsman services are able to recognize the effects of Holocaust trauma and to serve their clients who are survivors in a person-centered, trauma-informed manner. The information presented in this section is meant to serve as a guide for providers of legal and ombudsman services that come in contact with, and wish to more effectively serve, Holocaust survivors.

Elder Abuse and Financial Exploitation

Elder abuse is a serious and growing problem for the older adult population. Holocaust survivors may be particularly susceptible to elder abuse because of their elevated risk of cognitive impairment and their experience as victims of trauma (Barak, 2013).

Financial Exploitation: Because many survivors are mistrustful of financial institutions, reluctant to disclose information about their finances to others, and unwilling to burden their children with the task of managing their affairs, they are more likely to be victims of financial exploitation. Additionally, the prevalence of social isolation among Holocaust survivors – particularly due to a lack of familial or other close relationships – can expose them to exploitation at the hands of persons who might take advantage of their loneliness and absence of protective family members.

Self-Neglect: Some survivors are also at risk of self-neglect due to higher risk of dementia and depression which might lead to hoarding behaviors and social isolation.

Abuse by Caregivers: Survivors' complex relationships with their children often come into play in the prevention and remediation of elder abuse and exploitation situations. Survivors' grown children – most of whom are themselves in their 40s, 50s or 60s – are often involved in providing caregiving, transportation, and logistical and emotional support to their parents. The children of survivors often feel a strong sense of obligation to protect their parents from further suffering. (Rozenkranz, 2012) The feelings of obligation to protect a survivor parent can result in conflict between siblings or other family members and, on occasion, allegations of mistreatment or exploitation.

Interventions

Legal Services: Legal services relating to elder abuse, neglect, and exploitation can include the provision of legal information, legal counsel and advice, full and limited scope representation, and assistance with legal remedies such as recovery of lost assets, protective orders, defending against guardianships and conservatorships, creating and revoking powers of attorney, restoring public benefits, and addressing various forms of consumer fraud.

Adult Protective Services: Adult protective services (APS) is a social services program provided by state and local government nationwide serving older adults (and often also adults with disabilities) who are in need of assistance because of elder abuse of all kinds. In all states, APS is charged with receiving and responding to reports of maltreatment and working closely with clients and a wide variety of allied professionals to maximize clients' safety and independence.

When incidents of elder abuse, neglect, financial exploitation or self-neglect are suspected, APS can be called upon to help create a safety plan for the older adult. In some states, certain professionals may be required to report suspicions of elder abuse to APS. APS practices vary from state to state, but all APS programs should be rooted in ethical practices, including:

- *Person-centered services*
- *Trauma-informed approaches*
- *Supported decision-making*

When APS is contacted, they will typically send out a social worker to talk with the person who is the alleged victim of elder abuse. The social worker must respect the wishes of the older adult, including his/her wish to not accept services from APS.

Tips for Advocates

In cases where allegations of abuse of a Holocaust survivor are substantiated, advocates may find that the survivor is unwilling to make reports or engage authorities, especially where the perpetrator is the survivor's child. The survivor may be extremely protective of the child, and the child might have been overly dependent on their parent throughout their adult life. This results in the survivor being vulnerable to financial exploitation, neglect and/or emotional abuse as his or her health and mental state declines. Advocates should be sensitive to these issues and work with the survivor to prepare a plan for protecting him- or herself and provide extra support when action is taken.

When working with Adult Protective Services or other social services programs, it is important to share the information that the client is a Holocaust survivor (with the client's permission). In situations involving elder abuse, it can be expected that a client who has experienced trauma in his/her past is probably experiencing re-traumatization as a result of the abusive situation. This information would be extremely helpful to the APS worker to know in advance and increases the chances that the worker will be able to build a trusting relationship with the older adult.

LEGAL SERVICES

Manifestations of Trauma in the Legal Services Setting

Among Holocaust survivors living in the United States, there are wide discrepancies in geographic origin, native language, immigration history, religious observance, specific experiences of persecution and trauma before, during and after World War II. "The trauma experiences of clients have a direct relationship to how they relate to their attorneys and the courts, because trauma has a distinct effect on the brain, which in turn affects behavior in the short term and long-term," which can sometimes result in the significantly altered recall of traumatic events. (Katz and Haldar, 2016) Common indicators of trauma that affect the delivery of legal services can include:

- Avoidance of topics or situations that might trigger traumatic memories
- Anxiety, hyper-vigilance, paranoia
- Anger, irritability, defensiveness
- Depression, emotional detachment
- Emotional paralysis, difficulty making decisions

- Amnesia for key details of traumatic events
- Difficulty describing experiences in a linear manner or confusing dates, events, and details
- Loss of memory or capacity due to dementia
- Difficulty trusting others or maintaining relationships

Behaviors associated with these indicators can sometimes bring about a need for legal intervention. For example, hoarding behavior related to anxiety or avoidance may bring a survivor into conflict with a landlord or neighbors. At the same time, such indicators can also prevent survivors from fully accessing legal assistance as they may be unable to share important details with their advocates, and may decline certain interventions altogether, for fear of triggering traumatic memories and feelings. The rising incidence of dementia among aging survivors means legal services providers might encounter the challenges of serving clients with limited capacity more frequently.

The Trauma-Informed Legal Practice

Because the long-term effects of Holocaust trauma may impede their access to and the effectiveness of legal assistance, it is crucial that aging networks encourage and support the delivery of “person-centered, trauma-informed” legal services to survivors.

Often called “client-centered lawyering,” such an approach focuses on respecting a client’s decision-making authority within the lawyer-client relationship and on understanding the client’s perspective, values, and emotions. (Katz and Haldar, 2016) Among other things, “[t]ransparently engaging the client in developing solutions can be empowering to the client and lays the foundation for a meaningful attorney-client relationship.” (Katz and Haldar, 2016) Such empowerment can be tremendously valuable when working with Holocaust survivors and other victims of trauma, whose sense of agency was destroyed as a result of their experiences during and after the war.

Trauma-informed legal practices acknowledge the impact of past trauma on a client’s life. Trauma-informed practitioners are able to identify trauma, adjust their methods of counseling and representation to acknowledge the client’s trauma history, and take steps to avoid re-traumatizing the client. “Trauma-informed [legal] practice can be particularly salient for attorneys because traditional attorneys are trained to separate emotions from the law in order to competently analyze legal problems.” (Katz and Haldar, 2006)

Being informed about trauma allows advocates to understand and cultivate strategies for dealing with client behaviors that might otherwise be misunderstood. Trauma-informed practice “connects a person’s behavior to their trauma response rather than isolating their actions to the current circumstances and assuming a character flaw.”(Bloom, 2015)

For example, because traumatic memories are often stored in disconnected ways, Holocaust survivors often exhibit difficulty in describing their experiences in a linear fashion, and their stories often contain gaps or contradictions. In reparations claims and other matters where the client’s testimony plays a central role, the inability to recall details or tell a consistent story – both classic symptoms of trauma – can undermine the client’s credibility in the eyes of an adjudicator. (Cohen, 2001) A trauma-informed approach suggests that standard methods of assessing credibility are inappropriate when dealing with victims of massive trauma such as Holocaust survivors. (Quindeau, 2008)

Another example of client-centered, trauma-informed lawyering involves the client whose mistrust of institutions and authority figures extends to his or her legal advocate, because their traumatic experiences deprived them of a sense of control over their own life and disrupted their ability to form trusting relationships. (Scalmati, 2015) Rather than labeling the client who is reluctant to share information relevant to the representation as difficult or uncooperative, a trauma-informed advocate will recognize the behavior as a sign of trauma and work toward nurturing a relationship of trust.

It has been noted that “working with clients with trauma requires investing extra time in the attorney-client relationship . . . and being particularly patient and consistent with the client.” (Katz and Haldar, 2016) To build trust and satisfy the client’s needs, the advocate may be guided by the client’s need for respect and confidentiality. When meeting for the first time, legal advocates should introduce themselves and attempt to engage the client on a personal level. All legal proceedings and activities should be explained fully in advance, with ample time allotted for the client to ask questions and express concerns. Multiple meetings may be required to build trust and mitigate client fears. Reassuring survivors of the confidentiality of their communications and personal information can also help to establish a trusting relationship.

Challenges and Best Practices in Legal Services for Holocaust Survivors

As is the case with other populations of vulnerable older adults, access to affordable legal assistance is essential to ensuring Holocaust survivors’ safety, independence, and quality of life. Holocaust survivors may benefit from a broad range of legal services that will protect them from abuse, ensure access to crucial public benefits, augment their economic security, and provide long-term stabilization.

Advance Planning

Advance health care directives, powers of attorney for finances, long-term care planning, and basic estate planning are important tools to ensure that survivors have access to proper care and that their dignity is preserved throughout an illness or dementia. Moreover, since many survivors often outlive both their financial resources and their ability to care for themselves at home, proper legal interventions and advance planning can better position a survivor to receive community-based services and supports, and to avoid relocation to an institutional setting that can trigger traumatic feelings and memories.

Studies have revealed a lack of advance planning among survivors for long-term care, incapacity, and the end of life, including a failure to complete advance health care directives. (Barak, 2013) Consciously acknowledging the possibility of future illness, dependence, loss of control, and death can cause acute stress reactions in victims of extensive trauma; therefore, survivors often avoid, and may actively resist, advance planning efforts. (Scalmati, 2015 and Clancy, 2016) Survivors’ children may also delay or avoid advance planning discussions because they do not wish to upset their parents. (Rozenkranz, 2012)

The privacy of one’s financial information is often very important to Holocaust survivors, who may retain unresolved fears of economic insecurity based on their wartime experiences. These survivors may strongly resist disclosing information about their finances or executing powers of attorney that would allow a family member to help manage their affairs. Such reactions can complicate the process of preparing powers of attorney, wills, and other advance planning tools that are intended to protect survivors’ wishes, prevent abuse or exploitation, and ensure that their needs are met. For additional information and resources on the topic of advance planning, please visit the [Eldercare Locator](#).

Guardianship and Conservatorship

While choosing to share or relinquish decision-making authority with another person can be triggering for Holocaust survivors, the alternative can be worse. When a survivor fails to complete advance planning documents and subsequently loses the capacity to make health care and financial decisions, it might be necessary to consider other options, including [supported decision making](#) or, as a last resort, the appointment of a guardian or conservator. The guardianship or conservatorship process can be costly, time-consuming and invasive, requiring an investigation by the court and ongoing reporting requirements. While a court-appointed guardianship or conservatorship creates stress for any person subject to the legal process, the effects of guardianship or conservatorship on a survivor may be more extensive. The survivor may be re-traumatized by the sense that his or her independence and autonomy has been restricted by an outside authority, which may only serve to exacerbate hostility among family members who believe they know what is best for the survivor's care.

Furthermore, Holocaust survivors are more likely than many other older adults to lack family members who can act as a guardian or conservator. These survivors may be subject to a guardianship or conservatorship initiated by the government. It is therefore critical that legal advocates screen for and assist Holocaust survivors to complete advance planning documents or use other supported decision-making mechanisms so survivors can make their wishes known.

Reparations

Legal advocates who do not regularly work with Holocaust survivors are often surprised to learn that many have yet to receive reparations from Germany or other European countries to which they may be entitled. Not only is it still possible to claim reparations, but many survivors may qualify for more than one kind of Holocaust compensation.

Holocaust reparations can provide much-needed financial resources to needy survivors. Many formerly self-reliant survivors are aging into poverty, leading them to apply for Holocaust reparations that they did not want or need in the past. Moreover, some programs that offer supportive services to survivors – such as the services funded by the Claims Conference – require frail and needy survivors to prove they have received reparations in order to qualify. Consequently, the need for trauma-informed legal advice, education, and representation in Holocaust reparations claims is ongoing.

The process of applying for reparations can carry a significant risk of re-traumatization for Holocaust survivors who have developed complex avoidance and coping strategies over the years. Recalling and discussing wartime experiences frequently awakens traumatic memories and emotions. (Shklarov, 2012) Survivors often report a recurrence of vivid nightmares and flashbacks in which they re-experience the events of the Holocaust for weeks or months after reciting their persecution stories. As a result, survivors may choose to forgo payments and services to which they are entitled in order to avoid discussing their persecution. Others abandon their applications when they are asked to provide “proof” of their persecution – requests that they may wrongly perceive as an implied rejection of their claim. While legal advocates may be unable to entirely prevent re-traumatization in a case that relies on the survivor's testimony about his or her persecution they can and should coordinate with organizations providing other supportive services, such as counseling and case management, to mitigate the impact on the client to the extent possible.

Public/Government Benefits

As discussed earlier, many Holocaust Survivors live at or below the poverty level and may need to rely on public programs such as SSI, Medicaid, housing assistance, and SNAP benefits to meet their basic needs for food, shelter, and health care. Legal services are often needed to ensure survivors' access to these benefits through assessments, counseling and advice, and assistance with appeals.

Often, survivors' need-based government benefits are either reduced, terminated or denied when their Holocaust reparations are erroneously counted as income or resources in violation of federal law. The Victims of Nazi Persecution Act of 1994 creates a special right for survivors of the Holocaust. When survivors apply for federally-funded benefits or services for which eligibility is based on financial need, payments received based on their status as a victim of Nazi persecution are not to be counted in their financial eligibility determination.⁴ In the absence of legal advice and representation, many survivors will simply accept erroneous decisions to deny their application for benefits because they are unaware of their rights. Others will be at a disadvantage when attempting to navigate the appeals process on their own.

Legal advocates can also help maximize survivors' utilization of public benefits programs. For example, in states that offer community-based services such as in-home care to Medicaid-eligible individuals, attorneys can help survivors increase the amount of care that they receive. This can be particularly important for Holocaust survivors who may require greater sensitivity due to their unique medical and psychological needs.

For providers who assist clients with public benefits matters, it is important to know that interactions with government agencies can be especially traumatic for many Holocaust survivors. For example, visits to a Social Security or Medicaid office may involve standing in long lines, waiting for extended times in a crowded space, and uncomfortable interactions with office staff. These circumstances can evoke the traumatic memories of being forced by the Nazis to stand at attention for long periods, being forced into crowded barracks and boxcars, and interacting with their captors. These memories can easily lead to feelings of panic, anger, helplessness, and paranoia.

Such feelings and reactions are exacerbated further when a government agency terminates the benefits needed to access housing, food, and care, and a survivor must navigate a complex appeal process to restore those benefits. The availability of a properly trained and informed legal advocate to assist survivors with their appeals can help prevent re-traumatization in such situations.

Housing

Due to high rates of poverty, many survivors rely on housing assistance through programs like Section 8 and are vulnerable to the loss of their housing as market rates increase. The loss of housing can be devastating for survivors, particularly given their age and disabilities. Evictions can result in displacement from one's community, health services, social services, survivor support groups, and places of worship. It can also result in premature institutionalization. Legal assistance is critical for ensuring that survivors are able to remain in their homes and age in place.

Furthermore, survivors may exhibit self-neglecting behaviors such as hoarding of food because of their Holocaust experiences. In addition to the health issues that can arise from self-neglect, these behaviors

⁴ See Victims of Nazi Persecution Act of 1994, Pub. L. No. 103-286, 108 Stat. 1450 (1994).

may also put their housing at risk, with landlords threatening eviction due to health hazards or nuisance-type behavior. Legal intervention is necessary to protect their housing through reasonable accommodation requests and eviction defense. This is most effective when used in conjunction with social services and mental health services to mitigate the self-neglecting behaviors, while allowing the survivor to age in place and avoid institutionalization.

Ombudsman Services

Those Holocaust survivors who live in long-term care facilities (including nursing homes and assisted living) have access to long-term care ombudsman (LTC ombudsman) services. LTC ombudsman programs informally address complaints, with a goal of resolving them to the resident's satisfaction, and respond to their inquiries. Every state has a LTC ombudsman program (through ACL grants to states), which works to resolve problems of individual residents and to bring about changes to improve residents' care and quality of life. In some states, this service has been expanded to individuals receiving services in their own homes or in adult day centers or to other populations. Contact information can be found at the National Ombudsman Resource Center (www.ltcombudsman.org).

Some states have other types of ombudsman programs that may be helpful as well (e.g., health care ombudsman, dual demonstration ombudsman, managed care ombudsman). If the matter cannot be resolved informally and the consumer needs legal, regulatory, protective services, or other referrals, the ombudsman programs may assist with such referrals.

Person-Centered LTC Ombudsman Services

In working to resolve a complaint, the LTC ombudsman programs are required to provide person-centered support to residents. The program provides the resident with as much control as possible over their own information, the plan of action to resolve the complaint, and the determination of whether the complaint has been resolved to the resident's satisfaction (see 45 CFR 1324.19(b)).

CONCLUSION

Because of their lived experiences and the trauma they endured, Holocaust survivors can present a unique set of challenges for the aging services network. Due to social isolation and often limited English-speaking capabilities, many Holocaust survivors may be unaware of the benefits and services that are available to them. In localities with significant Holocaust survivor populations, culturally competent outreach can assist in educating survivors and their family members about available services and can help service providers to more effectively identify and serve them.

It is important that all sectors of the aging services network, including direct service providers, LTC ombudsman programs, and legal services providers who may come into contact with Holocaust survivors understand the particular needs they may experience and the importance of employing person-centered, trauma-informed service delivery approaches. Along with an awareness of the survivors' history of trauma, the aging services network should have access to information and training related to common triggers and related coping mechanisms. Such awareness and competency may enable the aging network to effectively recognize, interpret, and respond to clients' behaviors, thereby avoiding re-traumatizing them in connection with their service needs, complaints, inquiries or legal matters.

The aging network and long-term care facilities should also promote collaboration between LTC ombudsman programs, legal services providers and other agencies that work with Holocaust survivors, including Jewish social services agencies that provide referrals, case management, and supportive services to survivors. Agencies that have dedicated programs and services for survivors may be valuable sources of referrals and of information about best practices for providing person-centered, trauma-informed services to victims of Nazi persecution.

SUAs can play a key role in facilitating such collaboration by identifying organizations that have dedicated Holocaust survivor programs and disseminating the information to their aging networks. States and area agencies on aging can further that collaboration by including Holocaust survivors, their families and service providers on governing boards and advisory councils, in focus groups and public hearings and, where appropriate, in efforts to support the development of state and area plans on aging.

References

- Administration on Aging (AoA). A Profile of Older Americans: 2011. Available at: <http://www.aoa.gov>
- Bar-Cohen, A. (2014). Testimony before the U.S. Senate Special Committee on Aging, January 15, 2014.
- Barak, Y., *Aging of Child Holocaust Survivors*, 1(3) KAVOD – Honoring Aging Survivors: A Professional Journal for Care Providers and Families (2013), at <http://kavod.claimscon.org/2013/02/aging-child-survivors>
- [Barak Y, Aizenberg D, Szor H, Swartz M, Maor R, Knobler](#) Increased Risk of Attempted Suicide Among Aging Holocaust Survivors. *HY Am J Geriatr Psychiatry*. 2005 Aug; 13(8):701-4.
- Baycrest (2008). Caring for Holocaust Survivors. <http://www.baycrest.org/HolocaustSurvivors/>
- Bloom, Sandra L., *Why Should Philadelphia Become a Trauma-Informed City*, Briefing Paper Prepared for the Philadelphia Mayoral Forum, sponsored by the Scattergood Foundation (2015).
- Brodsky, J., Sharon, A., King, Y., Be'er, S., and Shnoor, Y. *Holocaust Survivors in Israel: Population Estimates, Demographic, Health and Social Characteristics, and Needs*. Myers-JDC-Brookdale Institute: Center for Research on Aging (2010) www.jdc.org.il/brookdale
- Butler, L.D., Critelli, F.M., and Rinfrette, E.S. (2011). Trauma Informed Care and Mental Health. *Directions in Psychiatry*, 31, 197-210.
- Centers for Medicare and Medicaid Services, Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities, 80 Fed. Reg. 136 (July 16, 2015)
- Clancy, R., *Family Matters: How to Gently Help Holocaust Survivors Face the Future*, JWEEKLY.COM (Jan. 28, 2016), available at <http://www.jweekly.com/article/full/76732/family-matters-how-to-gently-help-holocaust-survivors-face-the-future/>
- Cohen, J., *Errors of Recall and Credibility: Can Omissions and Discrepancies in Successive Statements Reasonably Be Said to Undermine Credibility of Testimony?*, 69 *Medico-Legal Journal* 25 (2001), available at <https://www.freedomfromtorture.org/sites/default/files/documents/JulietCohenRecallandCredibility.pdf>
- Conn, David K., *The Psychiatrist Perspective*, in Baycrest Centre for Geriatric Care, *Caring for Aging Holocaust Survivors: A Practice Manual*, 126 (Paula David & Sandi Pelly eds., 2003); Schneider, Conference on Jewish Material Claims Against Germany, at 7.
- Cook, Joan M. & Niederhehe, George, *Trauma in Older Adults*, in HANDBOOK OF PTSD: SCIENCE AND PRACTICE 259 (Matthew J. Friedman, et al. eds., 2010).
- Daroff, W.C. (2014). Serving Seniors Through the Older Americans Act. Statement for the Record, Education and Workforce Committee, Subcommittee on Higher Education and Workforce Training. Submitted February 24, 2014.

David, P. (2011). Aging Holocaust Survivors: An Evolution of Understanding. *Kavod*, Issue 1. (Last accessed 11/4/16)

Frumer, J. (2014). *Prepared for Jack Rubin*, testimony to the United States Senate Select Committee on Aging, January 10, 2014.

Frumer, J. (2015) Honoring Life: Cultural Competency Training for Working with Survivors of the Holocaust. Alpert Jewish Family and Children's Service.

Handout Module 2, Impact of Trauma: Defining Triggering, Retraumatization, & Revictimization. National Center on Domestic Violence, Trauma, and Mental Health. <https://ruralhealth.und.edu/dakota-conference/handouts/2015/session-4-triggering-retraumatization-and-revictimization.pdf>

Hoffman, Y. (2015). Understanding the Special Needs of Aging Holocaust Survivors CJE Senior Life.

Katz, S. & Haldar, D., *The Pedagogy of Trauma-Informed Lawyering*, 22 CLINICAL L. REV. 359, 366 (2016), available at http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2768218

Kover, E. (2014). Testimony before the U.S. Senate Special Committee on Aging, January 15, 2014.

Manion, P.S. & Rantz, M. J., *Relocation Stress Syndrome: A Comprehensive Plan for Long-Term Care Admissions*. 16 Geriatric Nursing, May/June 1995.

Miller, R., Beck, P., and Torr, B. (2009). *Jewish Survivors of the Holocaust Residing in the United States Estimates and Projections: 2012 – 2030*. http://www.claimscon.org/wp-content/uploads/2011/10/Jewish-Survivors-USA_v2-3_25_14.pdf

Paskey, S., *Telling Refugee Stories: Trauma, Credibility and the Adversarial Adjudication of Claims for Asylum*, 56 Santa Clara L. Rev. 457 (2016), available at <http://digitalcommons.law.scu.edu/lawreview/vol56/iss3/1>

Quindeau, I., *Credibility Testing of Forced Labourer Claims In German Pension Proceedings* (paper presented at annual meeting of the The Law and Society Association, Montreal, May 27, 2008); Jan Robert von Renesse, *Indemnification at Five to Twelve - German Pensions for Work in Ghettos (ZRBG): Origin, Application, Problems of Jurisdiction 21-22*, available at http://rsw.beck.de/rsw/upload/njw/v.renesse_zrbg.pdf

Rozenkranz, H., *Scars of the Past – Group Work with Holocaust Survivors and Descendants*, 5 KAVOD – Honoring Aging Survivors: A Professional Journal for Care Providers and Families (2015), at <http://kavod.claimscon.org/2015/03/scars-of-the-past-group-work-with-holocaust-survivors-and-descendants/>

Rudder, C., *Successful Transitions: Reducing the Negative Impact of Nursing Home Closures*. The National Consumer Voice for Quality Long-Term Care, 2016.

Samuels, S. (2014). Testimony before the U.S. Senate Special Committee on Aging, January 15, 2014.

Schneider, G., Conference on Jewish Material Claims Against Germany, A Review: Social Welfare for Jewish Nazi Victims 2 (Holocaust Era Assets Conference, Prague, June 2009), available at <http://www.holocausteraassets.eu/en/working-groups/special-session> (last visited 10/11/16) (citing Pearl Beck & Ron Miller, *Nazi Victims of the Holocaust: In-Home Service Needs, 2005: Review and Cost Estimate Projections*, Prepared for the Conference on Jewish Material Claims Against Germany (April 14, 2005))

Scalmati, A., *The Traumatized Patient*, in *The Psychiatric Interview in Clinical Practice* (Roger A. MacKinnon, et al. eds., 3d ed. 2015), *preview available at* <https://books.google.com/books?id=bSbkCgAAQBAJ>

Selfhelp Community Services, Inc., *Holocaust Survivors in New York: Today Through 2025* (2d ed. April 2013), *available at* <http://selfhelp.net/sites/default/files/Selfhelp-Holocaust-Survivors-in-New-York.pdf>

Sherman, L. (2014). Testimony before the U.S. Senate Special Committee on Aging, January 15, 2014.

Shklarov, S., *Soviet Jewish Child Survivors: Identity and Resilience After Long Silence*, 2 KAVOD – Honoring Aging Survivors: A Professional Journal for Care Providers and Families (2012), *at* <http://kavod.claimscon.org/2012/02/soviet-jewish-child-survivors/>

Talley, R.C., and Crews, J.E. (2007). Framing the Public Health of Caregiving. *American Journal of Public Health*: 97(2), 224-228.

The Jewish Federation of Los Angeles. Los Angeles Community Study of Vulnerable Jewish Seniors and Holocaust Survivors.(Dec. 2008).

[UJA-Federation of New York, The Jewish Community Study of New York 2011: Comprehensive Report 101](#) (June 2012). (Accessed 11/4/16)

United States Holocaust Memorial Museum (USHMM). Introduction to the Holocaust. July, 2016. <https://www.ushmm.org/wlc/en/article.php?ModuleId=10005143> (last visited, 10/11/16)

Van Pelt, J. (2013). Supporting Elder Holocaust Survivors. *Social Work Today*, 13(1), p. 8. <http://www.socialworktoday.com/archive/012113p8.shtml>

Yad Vashem: The World Holocaust Remembrance Center. The Holocaust. http://www.yadvashem.org/yv/en/holocaust/resource_center/index.asp (last visited 11/18/16)

Resources - Websites

[The JFNA Center for Advancing Holocaust Survivor Care](#)

Under a cooperative agreement from the Administration for Community Living, The Jewish Federations of North America's *Center for Advancing Holocaust Survivor Care* expands person-centered, trauma-informed (PCTI) supportive services for Holocaust Survivors through local sub-grants and a resource center to grow the capacity of the Aging Services Network to implement PCTI services for older adults. The *Center for Advancing Holocaust Survivor Care* is developing a technical assistance website which will connect the Aging Services Network with resources to aid them in the development of innovative PCTI interventions for any older adult who may have experience trauma. The website, which is still under development, will house a variety of materials including academic articles and publications, reports, as well as best practices and innovative service models. The Center may be contacted at HolocaustCenter@jewishfederations.org

[The National Center for Trauma-Informed Care](#)

Funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS), the National Center for Trauma-Informed Care (NCTIC) promotes trauma-informed practices in the delivery of services to people who have experienced violence and trauma and are seeking support for recovery and healing. This site includes program briefs, reports, and additional resources on trauma and trauma-informed care.

[Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)

This site includes a discussion of SAMHSA's six key principles of a trauma-informed approach, an overview of known trauma-specific interventions, and links to additional resources.

[Resource Guide to Trauma-Informed Human Services](#)

Developed by the Administration for Children and Families (ACF), the Substance Abuse and Mental Health Services Administrations (SAMHSA), the Administration for Community Living (ACL) and the Offices of the Assistant Secretary for Health and the Assistant Secretary for Planning and Evaluation (ASPE), this guide provides human services leaders at the local, State, Tribal, and Territorial levels with information and resources on recent advances in our understanding of trauma, toxic stress, and executive functioning. The guide helps professionals learn about trauma-informed care and helps those currently engaged in trauma-informed work to improve their practice. The guide provides an overview of key concepts related to trauma and connects users to resources from a range of HHS federal agencies and respected sources outside government.

[Buffalo Center for Social Research, University of Buffalo School of Social Work The Institute on Trauma and Trauma-Informed Care](#)

This site contains an overview of trauma and trauma-informed care, recordings about trauma and the trauma-informed approach, information about Trauma-Informed Certificate Programs, and information about how to access Center technical assistance and consultations on trauma-informed care.

[The United States Holocaust Memorial Museum](#)

The United States Holocaust Memorial Museum (USHMM) is the United States' official memorial to the Holocaust. The USHMM provides documentation, study, and interpretation of Holocaust history. It is

dedicated to helping leaders and citizens of the world confront hatred, prevent genocide, promote human dignity, and strengthen democracy. The USHMM's collections contain more than 12,750 artifacts, 49 million pages of archival documents, 80,000 historical photographs, 200,000 registered survivors, 1,000 hours of archival footage, 84,000 library items, and 9,000 oral history testimonies.

[The Conference on Jewish Material Claims Against Germany](#)

The Conference on Jewish Maternal Claims Against Germany (Claims Conference) is responsible for negotiating compensation and restitution and for administering funds to institutions that provide social welfare services to Nazi victims.

Resources – Articles and Publications

Jennings, A. (2008). *Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services*. Rockville, MD: National Center for Trauma-Informed Care:

<http://www.ct.gov/dmhas/lib/dmhas/trauma/TraumaModels.pdf>

This compendium includes approaches for creating trauma-informed service systems and trauma-specific models for different population groups.

Richardson, S.A. *Awareness of Trauma-Informed Care*. Social Work Today.

http://www.socialworktoday.com/archive/exc_012014.shtml

This article includes an overview of the components of trauma-informed care and examples of how to provide trauma-informed care in social work and health care settings.

University of Maine Center on Aging. Trauma-Informed Care with Older Adults.

<http://www.une.edu/sites/default/files/Mitchell-Kaye%20Trauma%20Informed%20Care%20-%20June%202014.pdf>

This PowerPoint presentation provides an overview of trauma and the components of a trauma-informed agency.

Acknowledgements:

The Administration for Community Living wishes to acknowledge and thank the following individuals and organizations for their time and expertise in providing the information presented in this Guide.

Jenni Frumer
Alpert Jewish Family & Children’s Service
West Palm Beach, FL

Amy Neuman
Jewish Family & Career Services of Atlanta
Atlanta, GA

Liz Woodward
Association of Jewish Family and Children’s
Services, Baltimore MD

Carly Bruski
Jewish Family and Children’s Services of Greater
Philadelphia, Philadelphia, PA

Lisa Hoffman, Esq., Nicholas Levenhagen &
Anna Darr
Bet Tzedek Legal Services
Los Angeles, CA

Alisa Z. Shorr
Jewish Family and Children’s Services of
Southern Arizona, Tucson, AZ

Miriam Weiner & Julie Chapnick
Claims Conference
New York, NY

Rita Clancy
Jewish Family & Community Services East Bay
Berkeley, CA

Dr. Susan Jackson
Guardians of the Sick
New York, NY

Brian Fallon
Jewish Family and Child Service
Portland, OR

Ann Marie Winter
Gulf Coast Jewish Family & Community Services
Clearwater, FL

Traci Dobronravova
Jewish Family and Children’s Services of San
Francisco, San Francisco, CA

Yonit Hoffman
Holocaust Community Services CJE Senior Life
Chicago, IL

Jessica Fleischer
Jewish Family Service
Teaneck, NJ

Mara Koven-Gelman
Holocaust Resource Center of Buffalo
Buffalo, NY

Gilda Katz & Sheri Sax
Jewish Family Service Association of Cleveland
Beachwood, OH

Rabbi Avrohom Hecht
Jewish Community Council of Canarsie
Brooklyn, NY

Maris Chavenson
Jewish Family Service of Central New Jersey
Elizabeth, NJ

Sandy Bird
Jewish Community Services of S. Florida
Miami, FL

Gail Gepsman Zeigler
Jewish Family Service of Cincinnati
Cincinnati, OH

Leah Mueller
Jewish Family Service of Houston
Houston, TX

Heather Angel, Nancy Volpert, Vivian Sauer
Jewish Family Service of Los Angeles
Los Angeles, CA

Yuliya Gaydayenko
Jewish Family Service of Metro Detroit
West Bloomfield, MI

Reuben Rotman & Susan Schechter
Jewish Family Service of MetroWest NJ
Florham Park, NJ

Elizabeth Kadesh
Jewish Family Service of Orange County, Inc.
Middletown, NY

Hedy J. Dalin
Jewish Family Service of San Diego
San Diego, CA

Sari Incedon
Jewish Family Service of the Jewish Federation
of Reading, Reading, PA

Joan Margolis
Jewish Family Services of Hartford
West Hartford, CT

Eric Troy
Jewish Family Services of Broward County
Plantation, FL

Anna Voronyanskaya & Keila Naparstek
Jewish Family Services of Columbus
Columbus, OH

Mindy Berkowitz
Jewish Family Services of Silicon Valley
Los Gatos, CA

Cindy Brown
Jewish Federation of Arkansas
Little Rock, AR

Marsha Greenfield & Peter Notarstefano
Leading Age
Washington, DC

Crystal Espie
Meals on Wheels America
Washington, DC

Nicole Doniger
Metropolitan Council on Jewish Poverty
New York, NY

Mike Wittke
National Alliance for Caregiving
Washington, DC

Autumn Campbell
National Association of Area Agencies on Aging
Washington, DC

Bob Blancato
National Association of Nutrition and Aging
Services Programs
Washington, DC

Marci Phillips & Samantha Zenlea
National Council on Aging
Washington, DC

Lee Sherman
National Human Services Assembly
Washington, DC

Danielle Hartman & Howard Horowitz
Ruth & Norman Rales Jewish Family Services
Boca Raton, FL

Aaron Tax
Services and Advocacy for GLBT Elders
Washington, DC

Gail Belfer
Samost Jewish Family and Children's Service
Cherry Hill, NJ

Sandy Myers & Hanan Simhon
Selfhelp Community Services, Inc.
New York, NY

DRAFT – NOT FOR DISSEMINATION

Marsha Pearl
The Blue Card
New York, NY

Liz Leibowitz, Barbara Bedney, & Stephan Kline
Jewish Federations of North America
Washington, DC

Shelley Rood & Leah Bergen
Jewish Federation of North America, Center for
Advancing Holocaust Survivor Care
Washington, DC

David Katz & Rabbi David Niederman
The United Jewish Organizations of
Williamsburg and North Brooklyn
Brooklyn, NY

Laura Epstein
UJA-Federation of New York
New York, NY