

Final Evaluation: Elder Justice Advocates: Improving Outcomes for Elder Abuse Victims in New York State's Criminal Justice System

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GOAL 1: Establish a cadre of trained Elder Justice Advocates in the criminal justice system in New York State.

One of the main goals of the Elder Justice Advocate Project is to recruit, train and establish a cadre of victim advocates in the criminal justice and domestic violence service network who will educate, support and advocate for older adult victims/survivors using a trauma informed model of care.

In order to achieve this end Lifespan of Greater Rochester put together an Advisory Committee of specialists in elder abuse, criminal justice and Trauma Informed Care to design a one-day training program to train Elder Justice Advocates to work with and support older adults as they navigate the criminal justice system. This final evaluation will discuss the progress made towards the project's goals breaking down the different objectives of each goal.

1. Recruitment and training of a minimum of 50 Elder Justice Victim Advocates by Lifespan of Greater Rochester (Lifespan):

As of December 31, 2018, Lifespan has held five separate Elder Justice Victim Advocate trainings and have trained 55 Elder Justice Victim Advocates and 102 allied professionals in total. Of these, 71 agreed to participate in a pre and post-test evaluation so that Lifespan could assess the effectiveness of the training. Within this group, some of the participants agreed to put their name on the pre and posttest so that we could run a Paired Sample T-test, which allows us to determine if there is a statistically significant difference between the same group before and after the training. Below is a description of both the paired sample t-test and a one sample t-test which tests to see if there is a statistically significant difference between the pre and post-test means.

The paired samples t-test for (n=27) compared the means of observations before and after an intervention (the advocate training in this case) on the same participants to test the following null hypotheses:

1. There is no difference in mean pre- and post-scores for the overall Elder Justice Advocacy Training
2. There is no difference in mean pre- and post-scores on the specific questions about trauma informed care.

The second hypothesis was included because one of the goals of the training was to educate the Elder Justice Advocates to understand how to provide a trauma-responsive model of care.

For our pre and post-test scores, we wanted to see a decrease in the mean score from time one to time two indicating an increase in knowledge. The mean score for the pre-test was 12.44 and at post-test this decreased to 11.74. Although this may appear like a small decrease in the mean, the paired-samples t-test found a statistically significant difference in the mean scores before and after taking the Elder Justice Advocate training. As such we can say there is evidence ($t=3.7$ and $p=.001$) that the training improved the Advocates' overall scores. When interpreting the p-value, if it is below .05, we can conclude that the observed test statistic has a low probability of following the distribution implied by the null hypothesis and so, reject the null hypothesis.

There were three questions specific to trauma knowledge on the pre and post-tests. If we specifically isolate these questions related to knowledge of trauma informed care, we can see that once again, there is a statistically significant difference between what respondents knew about trauma informed care prior to the training and after the training ($t=2.6$ and $p=.017$).

Looking at these same variables but using a one sample t-test to understand if there is a difference between the two group scores using all the participants ($N=71$) we continue to see a statistically significant difference between the two mean scores for the pre and post variables ($p = .001$ with a Standard Deviation of 1.1). For the trauma scale using the one sample t-test the results were no longer significant ($p=.53$). This means that there was not a statistically significant difference between the participants pre-trauma score and post-trauma score. The lowest number one could get on the trauma scale was a three. The mean score prior to having received any trauma training was a 3.9, which is low. This could indicate that the participants already had some knowledge about how to provide trauma sensitive services prior to the Elder Justice Advocate training. This finding is interesting in light of the fact then when asked if they felt like "they knew enough about Trauma Informed Care (TIC) to provide a trauma informed response to an older adult victim who is engaged with law enforcement and /or prosecutions in the investigation/prosecution of their elder abuse case" the majority ($n=43$ or 60%) felt they did not have enough knowledge prior to the training. Whereas, after the training, using this same question 9% ($n=6$) felt that they still did not know enough about TIC responses to use with the older adults. This discrepancy is most likely due to the fact that the actual TIC response items on the pre and posttest are not a proper Likert scale and may not be measuring actual trauma knowledge, especially as there are only 3 questions. The upside is that the training participants did feel that they had learned enough TIC to provide a trauma sensitive response.

Elder Justice Advocate Training Follow up:

In accordance with evaluation plan, consultants at The College at Brockport sent electronic requests to all EJA trainees to participate in a focus group. The purpose of these focus groups was to gain insights into aspects of the training that have been helpful to their work with older adults to identify areas of improvement. Due to a very limited number of responses to this request (2 people expressed interest), the consultants created an online survey designed to measure outcomes originally designed for the focus groups. A request to participate in this survey was sent to 54 trainees identified as those who are actively engaged with the EJA initiative and who attended one of five previous training programs. Each trainee was sent an

invitation to participate via email followed by two subsequent reminders to complete the survey by mid-September 2018.

Results:

A total of 8 participants completed the survey for a 15% response rate. Participants' primary discipline/expertise included Law Enforcement Victim Advocates (50%, n=4), District Attorney's Office Victim Advocates (38%, n=3), and Domestic Violence Victim Advocates (12%, n=1).

When asked to describe their motivation for participating in the EJA program, respondents described the desire to learn how to better serve older adults in the community and to gain more specific expertise in victim advocacy/older adult crime victims. Fifty percent (n=4) reported the EJA training improved their knowledge/understanding of elder mistreatment, specifically content related to Trauma Informed Care, learning about new resources available to clients, and how Adult Protective Services can be of assistance. One respondent stated, "Training was a good refresher on trauma informed care and applying to older adult Victims/Survivors. Also good reminder to be aware of/and check assumptions about older adults/appearances. Also helpful to review types of abuse older adults experience." Another participant described the usefulness of a post-training webinar related to stalking behavior.

For those who stated the training did not improve their knowledge (50%, n=4), participants described how they were already using various techniques, but did learn some new resources. Some described the training as a refresher course on elder abuse. One person stated that due to time constraints they have not been able to participate in the online webinars.

When asked if the training has changed the way they provide services to older adults, 38% (n=3) described they learned about services available to victims and provide a deeper assessment and make more referrals when needed.

The EJA training incorporated principles of Trauma-Informed Care (TIC), which include providing clients service that allow them to feel safe, build trust, have choices, work in collaboration and feel empowered. When asked to reflect on the services trainees provide to the different older adults they've worked with, 88% (n=7) stated they adopted special techniques that followed one or more of these principles. Below are responses describing these techniques:

"TIC practices helped me be more sensitive/aware of how I am dealing with elderly Victims. For example: when calling a Victim, I now provide more assessment regarding their overall needs, rather than just focusing on the crime/court process and making sure they have resources."

"Realizing that past traumas in people lives can affect them over again as they age, as they may have not ever received care for that trauma."

"Trauma- informed care practices are very important in my line of work as I am an advocate in the District Attorney's office and a DV/SA agency meaning that many of my clients have experienced a traumatic experience which has resulted in my assisting them

and providing services. TIC has helped me to be better understanding, and able to provide support to clients.”

When asked to provide suggestions or improvements for future training, two respondents (n=2) proposed more specific training to include what to do if there is a certain type of abuse, how to respond, what is the process, and what to expect. It was also suggested that the initial training could have included practicing trauma-informed skills or include a refresher training to review and do this further.

Participants were asked to describe any ‘successes’ working with older adult clients since completing the EJA training. One advocate provided the following example: “Connected at least 1-2 clients with on-going services through Lifespan and Adult Protective Services (although 1 may not have opened, at least she was made aware of the service).”

Barriers to serving older adult crime victims were noted by 75% (n=6) of the respondents. Several of these detailed responses are included below and focus on the criminal justice system.

“Depending on the crime there may not be many available resources to that victim, such as larceny crimes. OVS has made some changes to assist but only if a person is considered a vulnerable elder which can be limiting to those who need the services. In general, the criminal justice system can be difficult for victims to navigate as the courts consider little input from victims.”

“It is nothing new. The laws make it difficult especially when the victims have dementia/Alzheimers.”

“That the criminal justice system is not always victim-friendly. While victims have more rights, it is sometimes still hard to explain to a victim that while the Attorneys appreciated their input that they can still go a different way with a case.”

“Challenges - I have not found many older crime victims who have wanted to pursue criminal process, but I am glad they can be presented with the option. Another barrier is in my role I am not able to follow Victims long-term, or have much in-person contact with them.”

“I feel that sometimes an elderly victim can be contacted or be in contact with more than one advocate from other programs, which can confuse some elderly people. I did have an elderly client who I never actually spoke with but informed the other advocate of the goings on and they relayed it back to her, to not cause confusion.”

As a follow up to this question, participants were asked to describe solutions to these barriers. Responses primarily focused on policy changes as described below:

“Legislative changes or policy changes.”

“Continue fighting to make the laws more victim supportive/friendly.”

“I don't really have any suggestions, other than I think that it may help to just have one advocate relaying information [to the older victim], and the others just keeping in contact.”

Discussion:

While the number of responses were limited, the information provided indicates that the EJA training was beneficial for many trainees, especially the content on Trauma Informed Care. This theme is also relevant as individuals described how they utilize various TIC principals in working with older adults, and some recommended more training in these specific skills. One of the most consistent responses from the survey related to the identification of barriers to serving older adult clients (75% stated they encountered barriers). Examples of these barriers highlight the need for policy changes to help meet the needs of older adult victims of crime.

GOAL 2: Implement program to integrate Elder Justice Advocates into upstate New York's elder abuse community response system.

This particular goal had several objectives. Firstly, developing a plan to publicize the availability of specialized Elder Justice Advocates among programs and government units that frequently work with older adult victims. The plan will include dissemination through the New York State Coalition on Elder Abuse; NYS Office for the Aging; NYS Office of Children and Family Services, Adult Services Bureau; NYS Office of Victim Services; NYS Division of Criminal and Justice Services, among other outlets. The EJA Project's Advisory Board consisted of representatives from NYS Office for the Aging; NYS Office of Children and Family Services, Adult Services Bureau; NYS Office for the Prevention of Domestic Violence; the Oneida County District Attorney's Office (at the time, the President of the District Attorneys Association of New York). Each of the official Board members disseminated information through their various networks. The NYS Office of Victim Services was unable to serve on the Board but sent out several News Bulletins regarding the Elder Justice Advocate Project. The Elder Justice Advocate Project was also featured in an article for OCFS's December newsletter. All Advocates were supplied with copies of an Elder Justice Advocate Program rack card, available in a downloadable PDF format as well as mailed in printed format to Advocates who requested it. The Elder Justice Advocate Program Court Card, developed for any professional, including the judiciary within the criminal justice system, has been or is being distributed to DCJS, the NYS Coalition on Elder Abuse, the New York State Judicial Committee on Elder Justice, and directly to the Advocates and EJA Program distribution list.

Another objective of this goal was to have no less than 200 referrals made to Elder Justice Advocates over the next year once they complete their training. As of December 1, 2018, there have been a total of 207 referrals. With regard to closed cases, 14 advocates from 11 different counties have closed 70 cases with older adults offering support through the criminal justice system. Approximately 137 cases are still open. The majority of cases were from Monroe (n=37 or 53%) and Onondaga (n=10 or 14%) counties.

Also as part of this goal, Elder Justice Advocates have helped individual elder abuse victims (N=70) by assisting them in addressing several barriers to working within the court system, most notably these barriers have been around emotional support (n=61 or 87%) and systemic support (n=41 or 59%). Emotional support includes providing a trauma sensitive response, being there to listen to the older adult and helping empower them to make the right choices for themselves. Systematic support means assisting clients through the court system by liaising with law enforcement, District Attorneys and other court personnel, and helping older adults to navigate this and other systems in order to get the results they desire.

The average age of clients was 70.3 years and ranged from 60 to 92. The majority of clients were in their 60s (n=40). The other clients were mostly dispersed evenly being in their 70s (n=16) or 80s (n=13) with the one outlier, being the person who was 92 years old. A majority were females who identified as being White. A majority of perpetrators were family members. With regard to types of abuse, emotional abuse was the most frequent primary form of abuse though nearly 40% of clients reported multiple forms of abuse with emotional and physical being reported together. There were 3 older adults who did not indicate what type of abuse they had suffered and 4 persons who indicated that they had a crime committed against them but did not specify the type of crime.

Characteristics of Older Adults receiving Support from Advocates & Abuse Types (N=70)

	%	<i>n</i>
Gender		
Female	76	53
Male	24	17
Race/Ethnicity		
White	77	54
African American	14	10
Asian	3	2
Native American	1.4	1
Hispanic	1.4	1
Other	1.4	1
Unknown	1.4	1
Relationship of perpetrator		
Adult Child or Grandchild	34	24
Spouse (current or former)	30	21
Other family	14	10
Acquaintance	8.5	6
Stranger	6	4
Unknown	6	4
Caregiver	1.4	1

Abuse type (primary)

Emotional	35	25
Financial	10	7
Physical	6	4
Sexual	1.4	1
Unknown	10	7

Abuse type (multiple)

Emotional & physical	24	17
Emotional & financial	8.5	6
Emotional & sexual	1.4	1
Emotional & neglect	1.4	1
Emotional, physical, & financial	1.4	1

The Elder Justice Advocates supplied several different services to older adults. For example, the majority of older adults received information and referrals (n=55 or 79%) as well as support to help them navigate the criminal justice process (n=50 or 71%). Other services included acting as their court advocate (n=43 or 61%), helping them file for and get an order of protection (n=48 or 69%), and initiate civil and or criminal convictions (n=31 or 44%). A smaller number needed help eliminating barriers to the process (n=29 or 41%). However, when we look at persons who needed emotional support from their Elder Victim Advocate this number was as high as 87% (n=61). Interestingly, while clients may not have indicated that they needed help with eliminating barriers, they still used their Elder Justice Advocate to help them navigate the criminal justice system (n=41 or 59%).

The client intake form also included items related to engagement with the criminal justice system. Advocates reported that law enforcement investigations were initiated in 7.2% (n=5) of cases; 8.6% (n=6) of cases were referred to district attorney offices. Forty-four percent (n=31) of cases reported an initiation of civil or criminal conviction and orders of protection petitions were initiated in 69% (n=48) of cases, with orders being obtained in 8.6 % (n=6) cases.

Of the closed cases, 12 older adults have been helped to file a claim for the Crime Victims Compensation (17%) and of these cases, 4 have been awarded compensation. Amount of funds stolen from clients was mostly unknown except for two cases, \$200 and \$3,000, respectively. With regard to the amount of compensation received by victims, the average for 4 cases was \$125.75.

Facilitating referrals to E-MDTs and encouraging trained advocates to serve on E-MDTs was also described within goal 2. When reviewing data from the 70 closed cases, a total of 4.3% (n=3) were referred to an E-MDT for review. This is likely due to the fact that only 10% of cases focused on financial exploitation—the primary focus of E-MDT reviews. However, since the start of the EJA training program, 8 of these newly-trained Advocates were added to a new or existing E-MDT, and 14 Advocates were added to the monthly Financial Exploitation Webinar series hosted by Lifespan’s E-MDT program. It is also important to note that a number of those who received EJA training (17) were already a part of an E-MDT prior to the start of the

training. Lastly, when reviewing the list of EJA trainees, 29 individuals are located in counties where E-MDTs are not yet fully established. As the infrastructure for E-MDTs expands across New York State, it is likely that more referrals will be made to these teams.

Client feedback

We invited older adult clients to provide feedback regarding their EJA experience in two different ways. Working through trained EJA's, the project director identified a total of 53 advocates whose respective agencies agreed to participate in this data collection component. Evaluators at the College at Brockport mailed each of these advocates a packet of materials with clear instructions on how they should invite older adult clients to share their experiences. In brief, a hard copy survey with postage paid envelopes was to be given to each client at the close of the case—a total of 10 client survey packets were sent to each advocate for a total of 530 packets. Open ended questions included:

1. How did your advocate assist you?
2. Did you feel supported by your advocate? Please describe.
3. Did you feel safe talking to your advocate? Please explain why you felt safe or unsafe.
4. Did your advocate provide you with options to assist you with your situation?
5. Were there any barriers or challenges that your advocate helped you overcome? (e.g., quiet meeting space, navigating the court system, understanding paperwork, transportation).
6. Please describe ideas for services that would be helpful to you?

These same questions were also developed into an online survey. Advocates were provided with this link to also share with clients should they prefer this format instead of the paper survey.

At the time of this report writing, two clients completed and returned the hard copy surveys. Both individuals described their advocates as being professional, provided information, and answered questions; they reported feeling safe. One client stated “She organized my documents in a logical order. Then she did the petition for an order of protection. The petition was accepted by the court and the order of protection was granted.” The client met with the advocate at a local library where he stated, ‘She made me feel very comfortable.’ When asked to describe ideas for other helpful services, the client stated, “More people like her, who do their job completely. God bless her.”

While the client feedback was limited, it indicates that the experience was positive and in accordance with the purpose of this initiative. Due to the confidential nature and privacy policies within partnering agencies, there was no way for evaluators to contact clients directly which would have been the preferred method of data collection. Thus, the evaluators relied on advocates to administer feedback materials directly to clients. Due to the nature of client interactions—which may be inconsistent, short- or long-term engagements as well as typically high caseloads, it is likely that many advocates were unable to assist with this important, yet additional task. Future efforts at evaluating client feedback should include agreements from agencies to share confidential contact information for clients for evaluation purposes if possible.

GOAL 3: Strategic plan will be developed to evaluate achievement of project goals, impact on elder abuse victimization, and the value Elder Justice Advocates bring to criminal justice system activities and to safety and security of older adult victims.

As described above throughout Goals 1 & 2, The College at Brockport, SUNY worked with project staff at Lifespan to develop a multi-faceted project evaluation plan which included a strategy for uniform collection of project data across project sites in upstate NY. This plan included the creation of a data collection tool to assess EJA trainee knowledge pre/post training; an online survey to collect feedback from trainees to better understand their experiences as EJAs 3 months following completion of training; and a hard copy and online survey to collect feedback from clients served by the Advocates.

During the first phase of the grant, the evaluators and project staff determined the Elder Abuse Risk Assessment Evaluation (EARAE) developed prior to this project was too detailed for newly trained Advocates to complete without a separate training protocol beyond the EJA training. To balance the rigor of the data required of this project with the time constraints of the Advocates, a condensed data collection/intake form was created using several domains from the comprehensive EARAE tool (e.g., abuse type, perpetrator status, outcomes, etc.).

The client intake form included a number of items related to interactions and outcomes related to the criminal justice system. These items include:

1. Law enforcement investigation initiation
2. Referral to District Attorneys
3. Prosecution initiated
4. Civil or criminal prosecution
5. Order of protection petitions initiated and obtained
6. Assets stolen and compensation received

A separate process to assess client satisfaction was also developed as described in Goal 2 narrative.

GOAL 4: Project sustainability and replicability: By the end of year one lead agency will develop a plan with partners to sustain the project into future years and to use the products created in the pilot phase to replicate the model in the New York City area and through other areas of the nation.

As described throughout this final report on Goals 1-3, the EJA project includes a number of successes including the creation and delivery of a trauma-informed training for professionals working in a variety of organizations who encounter older adult victims of various crimes. Follow up evaluations from the training and pre/post knowledge tests indicate that the training was useful. Trainees did note they would like more in-depth training on ways to implement and practice trauma informed approaches and this should be addressed in future trainings. It was also revealed that Advocates identified issues with the criminal justice system needing to be more focused on the needs of victims.

The creation of intake forms disseminated to Advocates helped establish a process for collecting outcomes that was useful for this project. The primary challenge was having Advocates complete and submit these forms in a timely manner in addition to their normal, agency-specific reporting procedures. Having some type of formal buy-in from participating agencies that complies with existing agency reporting requirements will help future projects collect a higher percentage of completed intake forms.

One of the most important components of the evaluation is collecting feedback from older adult clients that were served by Elder Justice Advocates. Due to agency-specific client confidentiality requirements, evaluators needed to rely on Advocates to distribute surveys directly to clients which the client would, in turn, complete and send to the evaluators. This process was challenging in a number of ways especially putting another request on the EJAs for this project. Future client data collection procedures need to be articulated with various agencies so that client confidentiality can be upheld while also allowing evaluators to contact and collect information directly from service recipients.