



HOLOCAUST SURVIVORS' CARE

Needs and Recommendations for Service Providers

Holocaust survivors endured events and experiences that can impact their needs for and access to long-term services and supports. Service provider networks for older adults must be mindful of a survivor's traumatic experiences. Understanding trauma-inducing situations and triggers can help ensure respectful methods of service delivery.

Survivors may:

- ❑ Have a higher incidence of post-traumatic stress disorders and exhibit trauma-induced behaviors (e.g., anxiety, sleep disorders, obsession with death, excessive guilt, increased risk of suicide, higher risk of dementia).*
- ❑ Be wary of strangers and authority figures to the point they may not disclose that they are a survivor.
- ❑ Take longer to trust and discuss issues with medical and service providers.
- ❑ Exhibit self-neglect behaviors (e.g., hoarding, social isolation).
- ❑ Not share with their family members and caregivers the full extent of their experiences.

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

Tips for Service Providers:

Keep these universal methods in mind when designing services and supports to meet survivors' needs:

- ❑ Communicate in the survivor's native language, with an interpreter if necessary.
- ❑ Learn the survivor's needs, preferences and comfort level.
- ❑ Obtain a personal history that covers the time before, during and after the war.
- ❑ Fully explain all medical options and procedures. Allow plenty of time for questions.
- ❑ Avoid admitting survivors for hospitalization as much as possible.*
- ❑ Enlist trained social workers, licensed mental health professionals or care coordinators to assist the survivor by patiently and completely explaining and answering questions.
- ❑ Screen in-home caregivers to gain insight or information about the survivor.
- ❑ Take the person-centered, trauma-informed approach training.

Approaches by Service Area

Certain service providers should adopt specialized approaches when assisting survivors:

Supportive Services

Answering direct questions and completing intake and application forms may trigger re-traumatization or fear of “not having one’s papers in order.” Service providers may be able to learn about the survivor by other means.

Case management is essential when responding to the multiple needs of survivors and coordinating care.

Mental Health Services

Survivors tend to prefer individual therapy in their own home.

Physical Health Services

Survivors may have heart conditions, foot problems, osteoporosis, insomnia, headaches, gastrointestinal issues, hearing loss and dental problems.

Nutrition Services

Waiting in line for food can re-traumatize survivors. Meals should only be removed after a survivor expressly states they were finished; food should never be thrown away in front of a survivor.

Transportation Services

Being late or standing in line can be possible trauma triggers; drivers should be informed and sensitive to survivors’ needs.



For more information, call 800-252-9240 or email Holocaust-Survivor@hhsc.state.tx.us.

This information sheet was adapted from the “ACL Guidance to the Aging Services Network on Serving Holocaust Survivors,” provided by the Administration for Community Living. To learn more, visit acl.gov.

Caregiving (paid or family) Services

Having multiple or inconsistent caregivers can trigger loss or abandonment trauma. Caregivers should establish the survivor’s preferences, particularly if any assistance requires physical contact.



Housing Services

Poverty is a significant concern for many survivors. Services should include legal, social and mental health professionals to assist survivors to remain safely in their home.

Legal Services

Legal advocates should fully explain legal activities and actions with ample time provided for questions. Advocates should be knowledgeable about reparations and the Victims of Nazi Persecution Act of 1994.

Long-Term Care Services

Long-term care facilities can present survivors with many of the triggers discussed above resulting in trauma-induced behaviors, such as mistrust, isolation and self-neglect.