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Partnering to Address Faith and Safety:

A Guide for Faith Leaders and Domestic and Sexual Violence
Service Providers to Assist Older Victims of Abuse

Safe Havens Interfaith Partnership Against Domestic Violence
and The National Clearinghouse On Abuse In Later Life

Dear Colleagues:

Between 2011 and 2030, about 10,000 baby boomers will turn 65 every day.ⁱ Reports of older adults who are abused, neglected, and exploited are on the rise. Many of these older adults are active members of faith communities. We are committed to enhancing the safety and quality of life of older victimsⁱⁱ of abuse by promoting partnerships among domestic and sexual violence service providers and faith communities.

We'd like to begin by introducing ourselves. Prior to this project, Anne Marie Hunter served as the pastor of a small church in New England. At the time, she didn't know anything about abuse in later life. When an older congregant was injured by her adult grandson because she wouldn't give him money to buy drugs, Anne Marie didn't know where to turn for help.

Alyson Morse Katzman had worked with Anne Marie at Safe Havens for more than 10 years to promote safety for domestic abuse victims who are faithful. The more she learned about elder abuse in Jewish and other faith communities, the more concerned she became about the lack of communication between service providers and faith leaders.

Meanwhile, Bonnie Brandl was providing national training and consultation on the nexus between domestic violence, sexual assault, and elder abuse. She promoted partnerships among the justice system, social services, and victim service agencies. However, older survivors pointed out repeatedly that the faith community was a missing piece of the puzzle.

And so, a partnership was born. Beginning in 2008, our agencies, Safe Havens Interfaith Partnership Against Domestic Violence and the National Clearinghouse on Abuse in Later Life, have worked together to provide technical assistance to Office on Violence Against Women (OVW) grantees.

We are deeply concerned about the 1 in 10 older women and men who are subjected to abuse. This abuse is often unseen, and may have been going on for years. Often, the victims are among the most vulnerable members of our communities. Far too often, the abuse goes unreported.

Research shows that when older adults reach out for help, they are most likely to reach out to their faith communities.ⁱⁱⁱ This may be particularly true in rural; immigrant and refugee; and racial, religious, and cultural minority communities, where faith is often vibrant and faith-based institutions are respected and trusted. These faith communities can be invaluable bridges to safety and resources if faith leaders and domestic and sexual violence service providers work together.

And so we have developed this document: Partnering to Address Faith and Safety: A Guide for Faith Leaders and Domestic and Sexual Violence Service Providers to Assist Older Victims of Abuse. We hope this Partnership Guide will catalyze an ongoing conversation in your community about how domestic and sexual violence service providers^{iv} and faith leaders can build partnerships that support older victims and survivors. This guide includes the wisdom of domestic and sexual violence service providers, faith leaders, survivors, and experts from across the country.

In this Partnership Guide, we've provided ideas, best practices, and strategies. We've suggested places where you can learn more. We hope you will read on to:

- 🌀 learn more about older victims of abuse and the importance of faith in their lives,
- 🌀 learn more about local faith communities and domestic and sexual violence service providers,
- 🌀 understand more about how faith community/service provider partnerships can keep older victims safer,
- 🌀 reflect on some of the barriers to partnership,
- 🌀 develop ways to address some of these barriers,
- 🌀 identify effective strategies to nurture partnerships,
- 🌀 draw inspiration from examples of creative partnerships across the U.S., and
- 🌀 learn more about the broader network of community-based agencies and services that play a role in responding to older victims.

Across the country, these conversations have been growing. The need is critical, the work is rewarding, and we ALL have a role to play in helping older adults find the support they need to live free of abuse. Hope is on the rise. A movement is building. This guide is your invitation to join the movement.

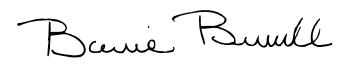
Sincerely,



Anne Marie Hunter
Safe Havens



Alyson Morese Katzman
Safe Havens



Bonnie Brandl
National Clearinghouse
on Abuse in Later Life

P.S. This Partnership Guide works hand in hand with a toolkit we developed called [Where Faith and Safety Meet: Faith Communities Respond to Elder Abuse](#). The toolkit includes resources for both domestic and sexual violence service providers and faith leaders. You can see and download it for free at www.interfaithpartners.org or www.ncall.us. Or, call the Safe Havens office at 617-951-3980 and we'll send you a printed copy.

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INTRODUCTION

“Mary” is a 72-year-old Roman Catholic woman who has been subjected to abuse by her husband for many years. As they have both aged, the abuse has become more pronounced. Mary attended an older battered women’s support group held at a local aging services agency for many years. The support group helped Mary think about her safety and her options. Due to her deeply held beliefs, Mary did not want a divorce. However, she decided that she would like to live separately from her husband. She made an appointment with her parish priest, told him about her experiences, and asked his advice. He said, “Abuse is not part of a Christian marriage. If you need to live separately in order to be safe, you should.” Mary found an apartment in a neighboring town. She made an appointment with the priest in that town, told him about the abuse, and received the same advice. She also consulted with her childhood priest and again heard the same advice. Mary said that if any of these three faith leaders had told her to stay in the abusive relationship, she would have stayed. Instead, her priest worked with the aging network staff to support Mary’s transition to her own apartment. She is now living happily and enjoying “her cat, her own space, and her freedom.”^v

Every year, millions of Americans 60 and older just like Mary report abuse, willful neglect, or exploitation at the hands of family members, caregivers, neighbors, “friends,” or someone they would normally trust.^{vi} Many other cases go unreported.^{vii}

Many older Americans are active in faith communities, and are likely to turn there for help.^{viii}

Every year, millions of Americans 60 and older just like Mary report abuse, willful neglect, or exploitation at the hands of family members, caregivers, neighbors, “friends,” or someone they would normally trust.^{vi} Many other cases go unreported.^{vii}

Like Mary, many older Americans are active in faith communities, and are likely to turn there for help.^{viii} Mary found safety because faith community leaders and the leader of the older battered women’s support group were able to work together, honor each other’s areas of expertise, and provide options and services. This strengthened Mary’s safety net and addressed the physical, emotional, and spiritual affects of abuse.

Older adults embody a wide spectrum of physical and mental abilities, levels of financial independence, and spiritual practices and needs. In addition, abuse of an older adult can be perpetrated by many people (spouses, partners, adult children and grandchildren, caregivers, etc.). For these and other reasons, abuse of an older adult is always a complex situation. Multiple agencies or individuals may be involved in the response. This guide focuses on partnerships between faith

communities and domestic and sexual violence service providers. We are not able to pitch the tent as wide as it could be – to include Adult Protective Services, law enforcement, aging network services, and other critical community resources. However, Appendix B outlines all these community players and the services they offer. Some of the issues and strategies discussed in this guide may also be relevant to creating partnerships with these key stakeholders.

PROJECT HISTORY

Beginning in October 2008, an innovative collaboration between Safe Havens Interfaith Partnership Against Domestic Violence (Safe Havens) and the National Clearinghouse on Abuse in Later Life (NCALL) was funded by the Department of Justice's Office on Violence Against Women.

In many ways, this collaboration mirrors the partnerships that we hope this Partnership Guide nurtures in your local community. By listening respectfully to each other, exploring each other's language and concerns, and learning more about older victims of abuse and their needs, we have begun to think of ourselves as a team. We have written this Partnership Guide together. Together, we have looked at and learned more about the intersection of elder abuse and faith on local and national levels and explored ways to strengthen partnerships among faith community leaders and domestic and sexual violence service providers.

During Phase One (2008 - 2010), we conducted individual interviews and facilitated discussions with older survivors, domestic and sexual violence service providers, and faith community members. Using what we learned, we created a toolkit called [Where Faith and Safety Meet: Faith Communities Respond to Elder Abuse](#). The toolkit contains information to help domestic and sexual violence service providers initiate and maintain relationships with faith leaders. In addition, there is a bookmark, brochure, and booklet about elder abuse for faith leaders. You can download the toolkit resources for free at www.interfaithpartners.org or www.ncall.us. Or, you can call Safe Havens at 617-951-3980 and ask for a printed copy.

During Phase Two (2011 - 2013) of the Elder Abuse and Faith project, we organized a two-day Summit that brought together five faith leaders and five domestic and sexual violence service providers from around the U.S. to review what's currently going on and discuss how partnerships between faith leaders and domestic and sexual violence service providers might be further nurtured and strengthened. A summary of the Summit can be found in Appendix A. We drew from the Summit discussions to write this Partnership Guide.

One theme that arose from the Elder Abuse and Faith Summit was embodied in the question: "what would the world be like if we were a 'we'?" In other words, would older adults be safer if faith community leaders and domestic and sexual violence service providers thought of themselves as a team, as partners, as trusted colleagues? The resounding response from Summit attendees was, "yes!"

This Partnership Guide is intended to draw back the veil on this notion of "if we were a 'we,'" to ask what some of the barriers and challenges are and how domestic and sexual violence service providers and faith leaders could begin to build trusting partnerships.

Of course, "partnership" can mean different things to different people. Does a partnership begin when you work together to help a survivor? When you provide training for each other about the work you do? When you write a proposal together? When you sit down with a coffee and muffin? Clearly, partnership is a continuum. Ultimately, though, we hope that domestic and sexual violence service providers and faith leaders will build enough trust and understanding that they will be able to pick up the phone and call each other when they need help. For example, if a client has faith concerns that a service provider is not able to respond to, that service provider could call a trusted and trained faith leader. If a congregant has concerns about abuse, the faith leader can refer to a trusted domestic or sexual violence advocate.

No matter what the partnership looks like, older survivors of abuse can benefit from the expertise that both domestic and sexual violence service providers and faith leaders bring to the table. In short, older adults deserve the very best that we both have to offer.

LEARNING MORE ABOUT ABUSE IN LATER LIFE

Abuse in later life occurs when an older adult is willfully neglected, abandoned, or abused. The abuse may be physical, sexual, emotional, verbal, spiritual, or financial. People who abuse older adults include family members, intimate partners, caretakers (paid or volunteer), friends, neighbors, bankers, lawyers, or others with whom the older adult has a trusting relationship. The perpetrator uses isolation, coercion, threats, manipulation, and other tactics to gain some personal benefit, such as money, a place to stay, free labor, access to prescription medications, or sexual domination.

The majority of abusers are family members, and most abuse happens in the home, which includes private dwellings and facilities, such as assisted living or nursing homes.^{ix} The victims are primarily women, but men are also abused. Older adults with dementia are particularly vulnerable.^x Abuse in later life affects people of all faiths.

Elder abuse is a wider category than abuse in later life. In some states, state definitions of elder abuse include self-neglect and financial scams perpetrated by strangers. Although these are important, the primary focus of our work and this Partnership Guide is on abuse perpetrated against older adults within ongoing relationships involving an expectation of trust.

Elder abuse and abuse in later life are defined differently by each state. Some states define “elder” as 60 years and up, while others say 65 years. Sometimes domestic and sexual violence service providers include people aged 50 and above because they are concerned that victims over 50 rarely reach out for help. Although the definition or the language may change slightly from state to state, the victim’s experience remains the same: shame, pain, spiritual and physical anguish, shortened life span,^{xi} and poor quality of life.

There are additional resources about elder abuse and abuse in later life online. Please see the National Clearinghouse on Abuse in Later Life (www.ncall.us), the National Center on Elder Abuse (www.ncea.org), or the National Adult Protective Services Association (www.napsa.org) for more information.

LOOKING AT ABUSE IN LATER LIFE THROUGH THE LENS OF FAITH

Abuse in later life is always tragic and can be a crime. For victims and survivors who are religious, spiritual, or affiliated with a faith community, faith can be both a barrier to safety and a resource.

Faith as a barrier to safety – Some survivors may remain living with an abuser or decide not to report sexual assault due to particular teachings of their faith. The silence within faith communities about abuse in later life may shame and isolate victims. Expectations within faith communities can curtail a victim’s choices. Faith leaders’ responses to abuse in later life may be uneven and sometimes dangerous. Faith leaders may look for “quick fixes” for those who perpetrate abuse, rush the victim to forgiveness, or encourage couple’s counseling. This leaves victims who are faithful in a difficult and dangerous bind. Victims may feel that they have to choose between faith and safety.

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Faith as a resource – At the same time, we know from speaking with victims and survivors that faith can be a tremendous resource. A victim’s faith community may be an island of respite, a place of support, and a source of strength. In the midst of the isolation, faith may help victims stay connected to their country and language of origin, family, traditions, culture, and values. In the midst of losses, faith may be one resource a victim can hold on to. In the midst of the confusion, faith may help a victim regain her balance and focus. In the midst of desolation, faith may give a victim hope. Some victims may return to a faith community or explore becoming involved as part of their healing process.

Because faith may be central to a victim’s understanding of the situation and decisions about what to do, a victim’s needs may not be fully met if faith is not addressed. The goal of any partnership between domestic and sexual violence service providers and faith leaders is to minimize the ways in which faith is a barrier to safety and maximize the ways in which faith is a resource.

WHY OLDER VICTIMS OF ABUSE NEED FAITH COMMUNITIES AND LEADERS

“Rhonda” is 82 years old and living in a nursing home, where a member of the overnight cleaning staff repeatedly sexually assaulted her. Rhonda benefited immensely from the sexual assault service providers who supported her through the investigation and court process. However, she struggled emotionally and spiritually until her pastor reassured her that she was not to blame, that she was not “unclean,” and that the assault was not something that God had willed for her. Through counseling, prayer, and ritual, Rhonda’s pastor was able to move her from brokenness toward healing and peace.

In Rhonda’s story, and in the stories of many other older survivors of abuse, the faith community is the first place they turn for help. For many older adults, the response of their faith communities and leaders is the most important element in their understanding of their situation and their responses to it. Beginning even before those critical first moments of disclosure, the response of the faith community can be key to an older victim’s safety, healing, and long-term wellbeing.

“Mubeenah” is an older woman who thought that her adult grandson’s physically and verbally abusive behavior toward her must be somehow her fault. Then a class on Islamic family relationships at her mosque helped her to see how her grandson’s threats were intended to put her down and make her comply with what he wanted. Mubeenah learned that in the U.S. there are laws against this. Mubeenah opened up to a friend from her women’s study circle, which met weekly to study the Qur’an. Her friend was sympathetic, and Mubeenah realized she didn’t have to live like this. With the support of her family and friends, she could do something about it.

Faith communities are perfectly and uniquely located to detect and respond to abuse in later life. Faith community leaders and members often visit older members in homes and facilities where abuse may occur. They are trusted confidantes who have supported older adults through other crises. They know congregants across time and sometimes across generations, and will notice when someone unexpectedly stops coming to services or participating in the community. This news story from Alabama illustrates the point.

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“An 86-year-old Alabama woman was locked in a tool shed for two weeks while her adult grandchildren turned her home into a meth lab. The woman was rescued only after a Sunday School classmate grew concerned that she hadn’t attended church.”^{xii}

You can learn more about the intersection of abuse and faith through videos such as FaithTrust Institute’s [Broken Vows](#) (for an interfaith community), [To Save a Life](#) (for the Jewish community), or [Garments for One Another](#) (for the Muslim community). These videos are available from www.faithtrustinstitute.org. For more on domestic violence in the African American community see [Speaking of Faith](#), available from the Institute on Domestic Violence in the African American Community (www.dvoinstitute.org). All of these videos focus predominantly on younger survivors.

WHY OLDER VICTIMS OF ABUSE NEED DOMESTIC AND SEXUAL VIOLENCE SERVICE PROVIDERS

Although faith communities may be the first place older victims turn for help, faith communities cannot respond effectively on their own. Older victims can benefit immensely from support groups, advocacy, hospital accompaniment, court support, shelter, hotlines, and other services that are available through domestic and sexual violence service providers. In addition, older victims are often greatly aided by the analysis of power and control within a relationship that is the hallmark of domestic violence services. Older victims may also benefit from learning from sexual violence advocates that the sexual assault was not their fault. For these reasons, the services that are offered through domestic and sexual violence service providers are critically important.

Older victims can benefit immensely from support groups, advocacy, hospital accompaniment, court support, shelter, hotlines, and other services that are available through domestic and sexual violence service providers.

“Leah” felt that she was being financially exploited by her lawyer but she had no idea what to do. Because her lawyer was also a leader at her synagogue, she feared that she wouldn’t be believed, or that people would think the problem was all in her head. After many months had gone by with no improvement, she spoke to Rabbi Shapiro about the situation. Fortunately, Rabbi Shapiro had learned about the various forms of elder abuse from the local domestic violence services agency. He responded with compassion and concern, and suggested that a support group for older women might be a good option for Leah. She attended for several months and gradually became clearer about how her lawyer had been manipulating and controlling her. For Leah, the compassion of her faith leader and the courage of the other women from the support group opened the door to a more secure life.

You can learn more about the intersection of aging and abuse through videos such as [In Their Own Words: Domestic Abuse in Later Life](#) (2010), [He Wouldn’t Turn Me Loose](#) (2012), and [A Mother Never Gives Up Hope: Older Mothers and Abusive Adult Sons](#) (2009). Ordering information is available from the National Clearinghouse on Abuse in Later Life at www.ncall.us.

FOR DOMESTIC AND SEXUAL VIOLENCE SERVICE PROVIDERS: LEARNING MORE ABOUT FAITH COMMUNITIES AND FAITH-BASED ORGANIZATIONS

Faith communities can play a vital role in detecting possible abuse, referring victims for assistance and services, and providing information, support, and spiritual guidance for older victims and non-abusing family and friends. In addition, faith community leaders can proactively talk to their congregants about prevention and can address the ageism that fuels abuse of older adults.

What would you like to know about faith communities in your neighborhood?

At Safe Havens, we like to use the plural “faith communities” or “faith-based organizations” to reflect the diversity of beliefs and organizational structures that are present in your local community. From independent storefront congregations to hierarchical organizations linked locally and globally; from a few like-minded believers to interfaith gatherings; from local congregations to missionaries in far-flung areas of the world, faith communities and faith-based organizations are nothing if not diverse.

This diversity can be daunting to anyone contemplating or actively engaged in faith community outreach and collaboration. For basic information about religious institutions and faith-based organizations, we use a book called [How to Be a Perfect Stranger: The Essential Religious Etiquette Handbook](#), which is edited by Stuart M. Matlins and Arthur J. Magida. Also helpful is Jean Anton’s book, [Walking Together: Working with Women from Diverse Religious and Spiritual Traditions, A Guide for Domestic Violence Advocates](#). In addition, many faiths and denominations maintain websites that will tell you more about who they are and what they do.

Your background research can help answer some of the basic questions. When does the community meet? What do they call their leaders? What are their basic beliefs that may affect an older adult who is a victim of abuse? For more tips on what to do before you begin outreach, please see the resources in our [Elder Abuse and Faith Toolkit](#). Look especially at the “Before You Start” and “The First Visit” checklists, as well as the “Guide for Service Providers on Reaching Out to Faith-Based Organizations Regarding Elder Abuse.” All these resources are available at www.interfaithpartners.org or www.ncall.us or by phone at 617-951-3980.

What do faith communities do?

What faith communities do is as diverse as who they are. They may gather for worship, prayer, healing, education, spiritual growth, social justice and change, mission, outreach, community organizing, evangelism, for all these reasons, or for many others. In addition, faith communities are often a network of people who care for and support one another. As part of this caring and support, faith leaders and volunteers from the congregation visit members of the congregation in their homes or in hospitals, nursing homes, or long-term care facilities. This means that leaders and members of the congregation have unique access to individuals and families.

In addition, faith-based organizations often have buildings, which may house Scouts, AA and Al Anon meetings, exercise classes, computer literacy classes, community re-entry programs, nursery school or adult day care, a free medical or dental clinic, homeless shelter, food pantry, and so on. Any materials about your programs and services that are made available within a faith community’s building have the potential to reach many segments of your community.

Many older Americans participate in faith communities. In addition, faith-based organizations are everywhere and thus can be a valuable resource, particularly in underserved communities, such as rural; low-income; refugee and immigrant; or ethnic, racial, or religious minority communities.

What is the faith community’s role in helping older victims of abuse?

Faith leaders and members of the congregation are often deeply respected and trusted. Trust is significant for those who have been victims of abuse because the abuse itself, especially if it is perpetrated by a family member, teaches the victim not to trust.^{xiii} Older victims of abuse may tell a trusted person in their faith community about the abuse and ask for help. This makes all faith community members and leaders important first responders and gatekeepers. If leaders and members of faith communities are recommending your agency and referring survivors to your services, this will enhance your credibility in the community, increase access to your services, and

All faith community members and leaders are important first responders and gatekeepers.

strengthen the effectiveness of your services. This is especially important in underserved communities where institutions that serve the wider community may not be trusted.

Safe Havens and NCALL recommend that faith-based first responders:

- ① listen with compassion and without blame or judgment,
- ① respond to faith-based questions and reassure the victim that his/her faith does not condone abuse,
- ① empower victims by providing options and respecting their decisions,
- ① offer ongoing spiritual, emotional, and material support,
- ① refer the victim to domestic and/or sexual violence service providers, aging network services, and other community-based services, and
- ① when required, and ideally in partnership with a domestic or sexual violence service provider or advocate, report abuse of older adults to Adult Protective Services or to law enforcement. Follow up after reporting to make sure that the abuse has been addressed.

Faith community leaders and members will respond to victims more safely and effectively if they have done the following three things BEFORE anyone turns to them for help in a crisis:

1. learned more about abuse in later life,
2. carefully considered their scriptures and traditions and how these can be resources for victims and survivors, and
3. built partnerships with their local domestic and sexual violence service providers.

Faith communities also have a role to play in prevention and long-term social change. Please refer to the Elder Abuse and Faith Toolkit (available for free at www.interfaithpartners.org or www.ncall.us) for more information.

FOR FAITH COMMUNITY LEADERS: LEARNING MORE ABOUT DOMESTIC AND SEXUAL VIOLENCE SERVICE PROVIDERS

The services provided by domestic and sexual violence service providers can be critical in helping older victims. Sometimes, these services are not well known within the community.

What would you like to know about domestic and sexual violence service providers in your neighborhood?

Domestic and sexual violence service providers can be as diverse as faith communities. Some provide services for only sexual assault or only domestic violence victims, while other agencies address both these different but related issues. Domestic and sexual violence service providers may be part of a larger agency, part of a state or local government, or independent nonprofits. Some are housed in faith-based organizations. All service providers provide programming within a particular geographic area, but often serve people from outside that area who are not safe in their own communities. Some domestic violence service providers include services for those who abuse, while others serve only victims.

Domestic and sexual violence programs generally state that they serve victims of all ages. Although most programs in the United States do not have tailored services for older victims, in some communities advocates have developed protocols and programs that address these needs. This

Check with your local domestic or sexual violence program to learn whether or not they offer tailored services for older victims.

may mean that they have reviewed building accessibility or developed programs that focus more on access to Social Security and Medicare and less on job training, child care, and Medicaid. It may mean that they have been deliberate about using pictures of older adults in their handouts and brochures. And it may mean that they already have special services for older adults, such as an older battered women's support group. Check with your local domestic or sexual violence program to learn whether or not they offer tailored services for older victims.

In addition, some aging network services have a staff person who is knowledgeable about domestic and sexual violence and provides services (such as an older battered women's support group) that support older victims. However, this is the exception rather than the rule.

What do domestic and sexual violence service providers do?

Again, there is great diversity, but many domestic and sexual violence service providers offer a 24/7 hotline, housing (short-term or "emergency" and/or long-term or "transitional"), support groups, individual and group counseling, court advocacy, hospital accompaniment, community outreach and education, prevention programs, advocacy with law enforcement, housing, or other systems, safety planning, lethality assessment, case management, and analysis of the power and control dynamic that drives domestic and sexual violence.

Almost all service providers have websites that summarize their services, which geographic areas they serve, and where they are already collaborating within the community. Find out which services they offer and how they can be contacted. Call to order cards, posters, brochures, or other information.

Usually, services for victims are available free of charge. Although a victim may not need housing, he or she may benefit from counseling and a support group, which are also generally free.

Abusers establish power and control over their victims. Often, victims of abuse are not allowed to do simple things we all take for granted, like leave the house, drive the car, work outside the home, see family and friends, or write checks. Victims of sexual assault report feeling completely out of control of their own lives, and even their own bodies, after the assault. Domestic and sexual violence service providers empower victims by giving them information and options and allowing them to make their own decisions about how they want to move forward. This allows victims to re-assert control over their own lives. Because of this empowerment model, domestic and sexual violence service providers are trained not to tell victims what to do. A service provider is trained NOT to say, "you have to get a divorce," or "you have to prosecute this case," or "you have to leave your home."

What is the domestic and sexual violence service provider's role in helping older victims of abuse?

The primary role of the domestic and sexual violence service provider is to enhance victim safety, although "safety" is defined many different ways by many different victims.

Domestic and sexual violence service providers offer a safe location; information; opportunities for growth and healing; access to law enforcement, courts, and other systems that may help;

Domestic and sexual violence service providers empower victims by giving them information and options and allowing them to make their own decisions about how they want to move forward.

accompaniment to hospitals for sexual assault forensic exams or other necessary medical care; and counseling. Through safety planning and lethality assessment, service providers can help victims and survivors focus on their own safety and plan how they can best stay safe, no matter what their circumstances and which decisions they make. Through counseling, service providers can help victims heal and move forward.

Please note that not all domestic and sexual violence service providers are prepared to meet the needs of older victims. Some may focus exclusively on intimate partner violence and see older victims of abuse at the hands of a caregiver, adult son or grandson, or nursing home staff member as outside their area of service.

WHAT ARE SOME OF THE CHALLENGES THAT DOMESTIC AND SEXUAL VIOLENCE SERVICE PROVIDERS AND FAITH COMMUNITIES ENCOUNTER WHEN THEY WORK TOGETHER?

While the benefits of partnership are significant, it is important to recognize and address potential challenges. Not every faith community and domestic and sexual violence service provider will find it easy to work together in the best interest of older victims. Many have described uneven and complicated relationships.

In April 2012, NCALL and Safe Havens hosted a two-day national Summit on abuse in later life and faith entitled: “Seeing with New Eyes.” The Summit brought together five faith leaders and five service providers (including Adult Protective Services) to discuss how community partnerships that include faith leaders might keep older victims of abuse safer.

We talked about insights and challenges, including the following.

- ④ When victims and survivors are wrestling with faith-based questions around forgiveness, healing, divorce, sexuality, gender roles, marriage, and so forth, domestic and sexual violence service providers often become uncomfortable. Some service providers have struggled with their own faith, and aren’t prepared to talk to someone else about faith. Some believe that if the agency receives government funding, they are prohibited from talking about faith. Some struggle with fellow staff members who proselytize, so they don’t even want to broach the subject. Others see faith as a barrier to safety and have a hard time understanding that faith can offer resources to victims as well. Sometimes, this unease that domestic and sexual violence service providers feel around faith translates into an unspoken message to victims that they should “check their faith at the door” and not talk about it.
- ④ When both the abused older adult and the abuser are in the congregation, faith leaders struggle. Their mandate is to care for both parties, and supporting the victim while holding the perpetrator accountable feels like “taking sides.” To avoid this, some faith leaders try not to get involved, although many recognize that inaction is ultimately acquiescence to the abuse. If they partner with a domestic or sexual violence service provider, faith leaders may feel that they are better able to offer services to and meet the needs of both parties.
- ④ Faith leaders and domestic and sexual violence service providers have different areas of expertise.
 - ⊗ Faith leaders are generalists, and can benefit from a service provider’s in-depth expertise on: 1) abuse, 2) confidentiality, 3) batterers’ intervention services, 4) safety planning, and 5) other community services. (See Appendix B for more on additional community services that may be able to help.)

- ⌘ Domestic and sexual violence service providers are specialists in domestic and/or sexual violence, and can benefit from a faith leader's broad knowledge of: 1) the history of the family, 2) cultural competency and the culture of the community, 3) recent changes in behavior or circumstances, and 4) how to support victims and survivors who are faithful.
- ⌚ There are gaps in the "safety net" that could help older victims. Faith leaders are usually not prepared to meet the needs of older victims of abuse. Domestic and sexual violence service providers are usually not prepared to meet the needs or respond to the faith-based concerns of older victims. However, older victims are experiencing abuse right now, and they need help. Faith leaders and service providers can work individually and together to "fill in the gaps" so that older victims can find the help they need.
- ⌚ Faith leaders and domestic and sexual violence service providers are on different time lines.
 - ⌘ Faith leaders know the family through time and across generations. They are seeking a long-term solution that is sustainable over time. They see all the complications of the situation, and can be influenced by those complications. They may be more concerned with long-term "salvation" than with short-term safety.
 - ⌘ Domestic and sexual violence service providers have many cases and limited time. They may be involved with a family or a particular victim for only a short time. They are trained to focus on the immediate safety needs of the victim. They may be seeking a solution that can be implemented quickly because they want to enhance victim safety.
- ⌚ The complexity and diversity of both faith communities and domestic and sexual violence service providers is daunting. Service providers and faith communities need additional information about each other.
- ⌚ Abuse in later life is a relatively new field; both domestic and sexual violence service providers and faith leaders encounter barriers as they learn to respond.
 - ⌘ Faith leaders may encounter multiple barriers to addressing abuse in later life, including: lack of training, resources, and time; denial that elder abuse occurs; or lack of familiarity with a team approach.^{xiv}
 - ⌘ Service providers may encounter multiple barriers to addressing abuse in later life, including: lack of training and funding; lack of familiarity with APS, Aging Network, and other allies; focus on younger victims and survivors; lack of understanding about how existing services may not meet the needs of older victims.
- ⌚ Many domestic and sexual violence service providers are women while many faith leaders are men. This may create a "disconnect" between faith communities and service providers. In addition, domestic and sexual violence service providers focus on victim empowerment, while some religious leaders uphold traditions of male dominance within families and/or within the faith community.
- ⌚ There may be "turf issues" between faith communities and domestic and sexual violence service providers.

Abuse in later life is a relatively new field; both domestic and sexual violence service providers and faith leaders encounter barriers as they learn to respond.

- ✿ Faith leaders may feel jealous, defensive, or embarrassed about the fact that they did not see the abuse, or unhappy about the fact that there is abuse present in their congregation. Faith leaders may see the intervention of a domestic and sexual violence service provider as a challenge to their professional skills.
- ✿ Service providers may feel defensive about not asking about an older victim's faith or addressing faith-related needs while providing services. They may see interventions offered by well-meaning faith leaders as ineffective, unsafe, or a challenge to their professional skills.
- 🌀 There may be "trust issues" as well.
 - ✿ Faith leaders don't always trust secular domestic and sexual violence service providers, which they may perceive as "breaking up families" or representing the federal or state government. Some faith leaders may disagree with service providers on critical issues that affect intimate relationships, such as sexual orientation, gender roles, and women's equality. Faith leaders have seen individuals in their various roles and relationships over time. They may be concerned that domestic and sexual violence service providers do not understand the family, its history, or connection to faith. Faith leaders are also concerned that service providers may undermine the faith of victims who seek services.
 - ✿ Domestic and sexual violence service providers don't always trust faith communities. They may have encountered well-intentioned faith leaders who responded in a haphazard or unsafe way to older victims. They may have experienced faith leaders who "keep families together at all costs," even if this jeopardizes the safety of the victim and other family members. Some service providers have seen faith as a barrier to a victim's ability to prosecute a sexual assault case or to take the necessary steps to seek safety for herself and her family. Domestic and sexual violence service providers may believe that faith communities silence or do not hear the voices of older victims.

FACING CHALLENGES AND MOVING FORWARD

You may have seen some or all of these challenges at work in your own community. Because each community is different, cookie cutter strategies are not effective. There is no one recipe that leads to universal success. However, we have identified some principles that seem to help communities move forward.

- 🌀 Faith leaders and domestic and sexual violence service providers who attended the Summit agreed that it is important to work with each other "where we are at" rather than waiting for full agreement on every issue. Rather, faith leaders and service providers, despite their differences, must take a "leap of faith," dive in, and commit to working with and learning from one another while learning together about abuse in later life and the needs of older victims. In areas where there is disagreement, we have sometimes found it effective to focus not on the disagreement itself, but on the impact on the victim. For example, no matter what someone believes about sexual orientation, if the victim is afraid to ask for help for fear of being "outed," we can agree that this compounds his or her isolation and deepens the trauma. Sometimes, focusing on the impact on the victim helps to open a door for discussion.

Faith leaders and service providers, despite their differences, must take a "leap of faith," dive in, and commit to working with and learning from one another while learning together about abuse in later life and the needs of older victims.

- ② Partnership is a two-way street: both faith leaders and service providers have valuable information and skills to bring to the table. Partnership requires that we acknowledge each others' expertise, welcome each other as colleagues, and work toward a common goal.
- ② Building partnerships is time- and labor-intensive. Funders, service providers, and faith leaders must commit for the long haul. Victims and survivors will reap the benefits when they have access to information about abuse in later life, when they have better access to services, and when their decisions are supported by both service providers and faith leaders. In addition, both faith leaders and service providers ultimately save time if they are able to rely on and refer to one another.
- ② The need for action is urgent. The number of older Americans is increasing.^{xv} The number of older Americans affected by abuse will also increase. Research shows that abuse decreases a victim's life expectancy.^{xvi} Every faith community across the country has older members who are affected by abuse in some way. Every domestic and sexual violence service provider across the country will face the challenges of responding to the needs of older victims. The time is now to begin conversations between faith communities and service providers that will lead to more effective partnerships. Working together is more effective than tackling abuse in later life alone.

Finding Common Ground

The values that we hold dear and bring to the table include respect, dignity, wellbeing, safety, hope, peace, justice, and compassion. In addition, we all want to keep individual victims safe and stop abuse of older adults.

In addition to identifying challenges, project participants also identified "common ground," the values that we hold dear and bring to the table. These include respect, dignity, wellbeing, safety, hope, peace, justice, and compassion. In addition, we all want to keep individual victims safe and stop abuse of older adults. You'll see the common values in the watermark on our materials.

Strong alliances between faith communities and domestic and sexual violence service providers should not be limited to working with a specific case. The partnership must be ongoing. Ideally, the faith community and service providers will have common goals, such as improving the quality of life of older victims in the community as well as addressing social justice issues, such as ageism, that are detrimental to older survivors.

Healthy partnerships begin with mutual respect. We must listen, build trust, and take time to develop a shared vision of communities where older adults are safe and free. Often we learn through these conversations that we have more shared goals than disagreements. It is crucial to ask questions and create a conversation that honors everyone's knowledge, experience, and expertise.

As you articulate a common vision, consider the following checklist.^{xvii}

- ② What perceptions do domestic and sexual violence service providers and faith community leaders have of each other?
- ② Where did these perceptions have their origin?
- ② Might some of these perceptions be inaccurate or founded on myths rather than facts?
- ② What results/outcomes do we BOTH want for our community?
- ② What can we agree upon?

Establishing Trust

Trust is the foundation of any partnership, but building trust takes time and patience. Start from the assumption that developing mutual, trusting partnerships will be an ongoing, long-term effort, and not a one-time event. The movement toward trust often begins with a one-on-one meeting or a site visit.^{xviii}

In addition, consider these elements of trusting partnerships, which are adapted from Michael McCampbell's The Collaboration Toolkit for Community Organization.^{xix}

- ② Listen respectfully. When a domestic or sexual violence service provider or faith leader shares his or her perspective, don't judge what he or she is saying. Instead, keep an open mind. Try to understand. Don't try to persuade him or her to agree with you.
- ② Follow up. After an initial meeting, follow up with a letter, email, or phone call. Plan a next step together. Communicate regularly, and in person if possible. Always answer your partners' questions, and don't be afraid to ask your own.
- ② Establish ground rules and norms that support partnership and good communication skills. Ground rules and norms help to ensure that etiquette is observed and that all partners are encouraged to ask questions, offer opinions, and listen to the ideas and opinions of others. Ground rules and norms should be developed together and periodically revisited. The question to be asked is, "What agreements can we make that will help us work together in an effective and efficient manner?" Possible answers include:
 - ⌘ We will keep our conversations confidential.
 - ⌘ We will participate, not dominate.
 - ⌘ We will be curious and ask questions to understand.
 - ⌘ We will speak for ourselves and from our own experience.
 - ⌘ We will respect and learn from differences.
 - ⌘ "No one gets to be wrong . . . Everyone is right, but only partially."^{xx}
- ② Ground rules also help to establish a space in which people of all faiths are welcome. What do you need to know about each other to work most effectively together? Answers could include:
 - ⌘ "I follow certain dietary laws,"
 - ⌘ "I greet people with something other than a handshake or hug,"
 - ⌘ "I prioritize safety and confidentiality," or
 - ⌘ "I can't meet on certain days of the week or Holy Days."
- ② To accommodate people of diverse faiths, consider the following options.
 - ⌘ Offer kosher, vegetarian, halal, or other food as necessary, or no food during times when particular communities are fasting.
 - ⌘ When speaking of your own experience, use words that fit (Qur'an, church, rabbi, etc.). But when speaking of the wider faith community, use more general terms that include everyone (scripture, sanctuary, faith leader, etc.)
 - ⌘ Avoid Holy Days, holidays, and other days of celebration or observance when scheduling meetings and events.

- ② Face and discuss challenges. Faith communities and domestic and sexual violence service providers will not agree on a number of topics. Try to understand your partner’s position and why it is important to them. Agree to disagree, stay victim focused, and emphasize the common goal: working together to keep victims safer.

Building a Partnership

Both within the domestic and sexual violence service provider agency and within a local faith community, think in terms of teams of people who can support the partnership. For example, anyone within a congregation, from the choir to the administrative assistant, could be called upon to respond to a survivor. Cast the net for volunteers to support this partnership as widely as possible (choir, religious education, women’s and men’s groups). Make sure as many people as possible learn the warning signs and how to respond. The support of those in leadership is also important to making sure that resources and energy are committed to the partnership. This provides depth and breadth for the effort and brings in multiple perspectives.

Make sure as many people as possible learn the warning signs and how to respond.

At the same time, the team from the domestic and sexual violence service provider should include community outreach, support group leaders, advocates, development staff, and court liaisons, among others. All of these could contribute to the effort to build long-term partnerships with faith communities that keep older victims of abuse safer.

Within both faith communities and domestic and sexual violence service providers, think about people who are “bridges.” For example, does the congregation include people who work for a service provider agency? Does the service provider agency include people who attend a local faith community? These may be people who can help you build effective partnerships.

In addition, there are some things faith leaders can do that may help “bridge the gap.” For example, many domestic and sexual violence service providers offer trainings for community members. If they train only agency volunteers, you might offer to make a small donation to support the trainings, or ask if they will train you in exchange for support that your congregation might provide to the agency.

There are also opportunities that don’t involve training, such as helping with a fun run, community gala, or other fundraising event. Or, you can call the domestic and sexual violence service provider and ask what they are particularly in need of (toiletries? duffel bags? clothes? toys for the children?) and organize a drive to collect and deliver these items. Likewise, faith communities often hold events that members of the community can attend.

These questions, which are adapted from Michael McCampbell’s [The Collaboration Toolkit for Community Organization](#),^{xxi} may help you identify additional partners.

1. Who cares if abuse in later life is addressed in our community?
2. Who is affected?
3. Who can help?
4. Who can bring knowledge or skills to the table?

ENVISIONING A NEW FUTURE

All projects require goals and a plan for how you will achieve those goals. When faith communities and domestic and sexual violence service providers initially begin to work together, the focus is often on a particular, one-time event. As a result, the thinking and planning is sometimes short-sighted.

As you begin to develop partnerships in your local community, think about both short-term and longer-term goals. One-time events (Elder Abuse Awareness Day is June 15) can be great for raising awareness and generating energy, but it is also important to build trusting relationships with one another that bear fruit in shared work and mutual referrals over time.

We cannot tell you what your community partnership's goals should be, but we can tell you that building and planning for the long term will pay bigger dividends and change more lives than engaging in short-term thinking.

DRAWING INSPIRATION FROM EXISTING PARTNERSHIPS

Partnerships between faith communities and domestic and sexual violence service providers that address abuse in later life are relatively new. There is no set model for what these partnerships might look like. Although there are too many to discuss individually, a review of several partnerships from various parts of the country may inspire us all to think broadly and creatively about what partnerships in our own local communities might look like. Despite the diversity represented by these partnerships, they hold this in common: they are all safety-focused and victim-centered.

Conversations for Caring

In Lynn, Massachusetts, Greater Lynn Senior Services (GLSS) and North Shore Elder Services and Senior Care identified the need to support the vital work with older adults that faith communities and faith leaders were already doing. A faith leader was hired as the Project Director, and phone, email, and mail outreach to local faith leaders began. An initial meeting brought together faith leaders to answer two essential questions: 1) what are you seeing in your everyday ministry with older adults, and 2) what do you wish you knew more about? During this initial conversation, faith leaders named many issues that they had encountered and wanted to know more about, including hoarding, dementia, nutrition, financial exploitation, and elder abuse.

With these topics in hand, the Project Coordinator began to convene monthly meetings in which local experts were invited to provide background information and lead a conversational forum to address each of the subjects of interest. The email list grew steadily. Following each forum, the Project Coordinator summarizes the 10 most salient points in a handout called "10 Caring Points." These brief,

1-page resource sheets, along with the name and contact information of the expert presenter, are sent out to the entire email list so that all faith leaders in the network, whether present or not, benefit from the discussion.

The Conversations for Caring Project has become a network through which information, expertise, and referrals flow readily to faith leaders and to people in the community who need them.

Over the years, these Conversations for Caring have established GLSS as a prime resource for local faith leaders, who call the Project Coordinator when they encounter an issue in the field that requires additional support or expertise. The Conversations for Caring Project Coordinator provides referrals to faith leaders who pass these resources on to their affected congregants. Whether it is financial exploitation, abuse, mental health issues, or conflict with caregivers, the Conversation for Caring Project has become a network through which information, expertise, and referrals flow readily to faith leaders and to people in the community who need them.

Take Back Your Life/Senior Navigator

When faced with the question of how to get information and resources about abuse in later life out to people across Virginia, planners at Senior Navigator and the Virginia Center on Aging decided to take a creative, high-tech approach.

The Virginia Senior Navigator website already existed as a one-stop source of information about community programs and services designed to empower seniors and their caregivers. The website was available not only from home computers, but from computers that were placed in grassroots community centers across the state. Because faith communities were identified as a “trusted community resource,” 41% of the 83 Senior Navigator sites were located in churches, mosques, or synagogues. The area served by Senior Navigator is one in which many people identify as active in a faith community.

The volunteers who staff the Senior Navigator community sites are trained by the Senior Navigator program to help those using the website find and connect to needed resources on line. The volunteers are trained on the topics covered by the website as well as on the technology.

It was relatively easy to make information about abuse in later life and about abuse and faith available through the Senior Navigator website and the 83 local Senior Navigator centers. A tab titled “Take Back Your Life” allows seniors to learn more about abuse in later life, find resources, and connect to resources on faith and abuse. Resources are available for bystanders, friends, and victims themselves.

The Senior Navigator website has become a critical resource to older adults and those who care about them across Virginia.

The Senior Navigator project has benefited from a dedicated community specialist who was responsible for outreach to the 83 community centers. It was a challenge to get the host faith communities to embrace the new abuse in later life resources. The faith communities were more interested in transportation and housing issues than abuse of older adults. To move past this potential impasse, personal, one-on-one outreach was key. It took time to build trust. Being consistently present in the community and at the Senior Navigator sites was critical. Some sites embraced the new material after many outreach visits. Others came on board after a high-profile case convinced everyone that abuse in later life is a critically important issue.

Outreach focused on education, social justice, and morality. It took some time to change the perception that “this doesn’t happen in our community” and to focus on the importance of healthy, positive relationships for older adults. In the end, the Senior Navigator website has become a critical resource to older adults and those who care about them across Virginia.

Working through Denominational Structures

Other creative approaches to bringing faith communities and service providers together to respond to abuse in later life have been based in the organizational structures of faith communities themselves. For example, Pam Teaster, Randy Thomas, and Art Mason, who are all committed Episcopalians and nationally known experts on abuse in later life, have worked together to activate an Older Adult Ministry within the denominational structure of the Episcopal Church.

The work began with the drafting of Resolution 2012-A152, entitled “Recognition and Action on Elder Abuse, Neglect and Exploitation,” which was passed at the General Convention of the Episcopal Church in 2012. The resolution authorizes a task force on older adult ministries, calls for the creation and dissemination of training materials regarding how to recognize and respond to abuse, renews the denomination’s commitment to address violence in society, and urges continuing education.

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The denomination's website currently provides resources regarding abuse in later life, including a Lenten study guide, and additional resources are being developed. In addition, Art Mason is planning to begin outreach in his local community in Rochester, NY. Art will be addressing abuse in later life from the perspective of the faith community and is hoping to engage members of the church who self-identify as service providers.

The national United Methodist Church has developed a similar approach to that of the Episcopal Church. A resolution in 2000 provided for the establishment of a Center on Aging and Adult Ministries within the General Board of Discipleship of the United Methodist Church. The initial goals were to support the needs of older adults, both in the church and in the wider society, establish a full-time director of adult ministries, and create a comprehensive plan for older adult ministries. The Rev. Dr. Richard Gentzler has been the Director of the Center since 2000. Dr. Gentzler is a teacher, writer, and leader in the field of aging and older-adult ministries and received the 2003 National Interfaith Coalition on Aging (NICA) "Spirituality and Aging" Award, presented at the annual meeting of the National Council on Aging (NCOA).

The Center's website includes information and resources about elder abuse, as well as a fact sheet on the role of church leaders in responding to elder abuse.

CONCLUDING THOUGHTS

"Theresa" experienced abuse as a child and domestic and sexual violence throughout her 50 years of marriage. After her husband died, her pastor visited Theresa to discuss the funeral arrangements. Although she had never spoken about it to anyone, Theresa told her pastor the truth about her marriage. She described verbal abuse, emotional manipulation, and physical attacks that had begun early and escalated throughout the relationship, ending only a few years earlier when Theresa's husband was placed in a nursing home due to dementia. The pastor's sympathetic and supportive response was the first step on Theresa's journey toward healing. A support group for older battered women also helped Theresa understand and heal from her experiences. Theresa lived for another 8 years, and she described these as "the happiest years of her life."

Like many older victims of abuse, Theresa was deeply involved in her faith community. She saw her pastor at Bible Study, during worship services, and in many different activities throughout the week. The pastor had visited and prayed with her while she was in the hospital for knee surgery. The pastor was present after her husband's death, which was a life-changing event for Theresa. Also, the pastor had talked about domestic violence before. All these factors supported Theresa's decision to talk to her pastor about her husband's abuse. Fortunately, the pastor knew where to refer Theresa to a support group for older battered women.

Older victims and survivors like Theresa deserve the very best that service providers and faith leaders have to offer. They need the understanding and support of their faith communities as well as the many services that advocates can provide. They need opportunities to be both safe and faithful. Victims are more likely to access services, implement safety plans, and heal after victimization if both advocates and faith leaders support their efforts. Perpetrators are more likely to be held accountable if both faith leaders and service providers can talk about accountability. And abuse in later life is more likely to end if we can come together, face the issues together, and work as partners to build a more just and peaceful world.

Abuse in later life is more likely to end if we can come together, face the issues together, and work as partners to build a more just and peaceful world.

APPENDIX A: SUMMIT SUMMARY

During Phase Two (2011 – 2013) of the Elder Abuse and Faith project, Safe Havens and NCALL organized a two-day Summit that brought together faith leaders and domestic and sexual violence service providers from around the U.S. to review what’s currently going on and to discuss how partnerships between faith leaders and domestic and sexual violence service providers might be nurtured and strengthened. Summit participants represented Peaceful Families Project, New York City Elder Abuse Center, FaithTrust Institute, Central Virginia Task Force on Domestic Violence in Later Life/Virginia Center on Aging, North Carolina Council for Women, Therapy & Renewal Associates, DOVES Program/Area Agency on Aging, Jewish Social Service Agency Hospice, and Center of Excellence on Elder Abuse and Neglect. We developed a one-page summary of the Summit, which is below. We drew from the Summit discussions to write this Partnership Guide.

Seeing with New Eyes: Elder Abuse and Faith

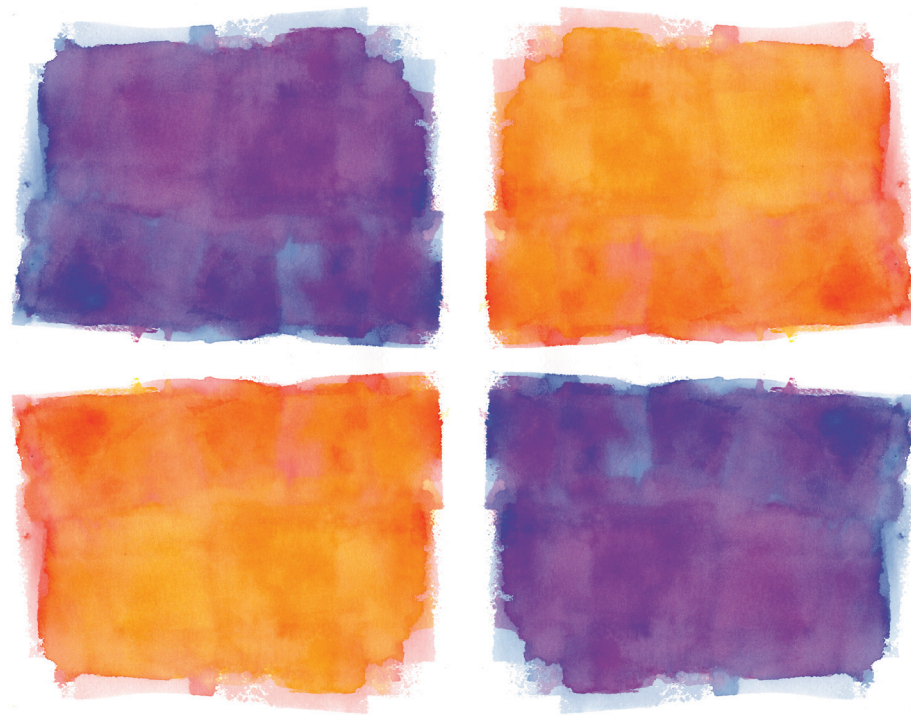
The U.S. population is aging, with the 38.9 million people (12.8%) over 65 years old in 2008 expected to expand to 72.1 million (19%) by 2030.^{xxii} Approximately 10% of older Americans experience elder abuse a year,^{xxiii} resulting in broken bodies and spirits, impoverishment, homelessness, and lower life expectancy. Faith affiliation is strong in the U.S., and many older victims will turn to their faith communities for help.^{xxiv} By building collaborative partnerships, faith leaders and service providers can strengthen the support that victims receive and work together to help victims find hope and safety.

On April 24 and 25, 2012, Safe Havens Interfaith Partnership Against Domestic Violence and the National Clearinghouse on Abuse in Later Life (NCALL) facilitated an Elder Abuse and Faith Summit funded by the U. S. Department of Justice, Office on Violence Against Women. Five service providers and five faith leaders met in Chicago, IL to assess current collaborations, identify gaps and needs, review the handful of existing partnerships, and develop recommendations, which include the following.

1. National leadership is needed to increase awareness and visibility, to encourage service provider/faith community collaborations, and to engender a national movement to respond to elder abuse. Existing and future national projects include:
 - ① The Office on Violence Against Women has funded the development of an Elder Abuse and Faith Toolkit and Collaboration Guide. Additional needs include curricula, training videos, and resources.
 - ① Several national faiths and denominations have developed policies and resources that respond to elder abuse. Their leadership should be nurtured and encouraged.
 - ① A national advisory group or task force could determine priorities, provide policy support, assess progress, and identify additional recommendations.
 - ① Presentations at national conferences (e.g., National Adult Protective Services Association and the National Coalition Against Domestic Violence) could heighten national awareness and encourage service provider/faith community partnerships.

2. Local partnerships are needed to support older victims of abuse, who will benefit from better access to and effectiveness of services. Existing and future local projects include:
 - ② Cross-training and resources that support faith community/service provider collaborations (examples include Senior Navigator in VA and Conversations for Caring in MA).
 - ② Faith communities that “adopt” a domestic violence/elder abuse program as an initiative or focus for partnership and support.
 - ② Local, multi-disciplinary advisory groups and task forces that move a community toward wider collaboration and build an effective local movement to address elder abuse.

For more information about the Seeing with New Eyes: Elder Abuse and Faith Summit, contact Safe Havens at www.interfaithpartners.org or the National Clearinghouse on Abuse in Later Life at www.ncall.us.



APPENDIX B: THE WIDER COMMUNITY NETWORK OF SERVICES RESPONDING TO OLDER VICTIMS OF ABUSE

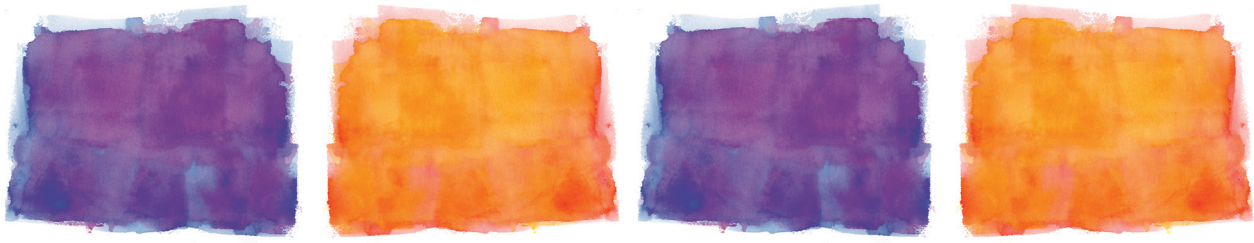
Caring family, friends, faith community members, and neighbors may be the first to report abuse of an older adult to authorities. In some cases, older adults report the abuse themselves. In other situations, health care providers or aging network staff identify potential cases of abuse and call law enforcement or adult protective services.

Abuse of an older adult is always a complex situation. Multiple agencies or individuals may be involved in the response. This Partnership Guide focuses primarily on partnerships between faith communities and domestic and sexual violence service providers. This chart introduces some of the additional agencies that may be involved in an elder abuse case.

Responding Agency	Remedies and Services	Contact Information
<p style="text-align: center;">LAW ENFORCEMENT</p>	<ul style="list-style-type: none"> ⦿ Contact Emergency Medical Technicians in life-threatening situations. ⦿ Determine if a crime has been committed. ⦿ Arrest offenders. ⦿ Provide information and referrals for victims about services. ⦿ Provide some legal remedies, such as restraining orders. 	<p>Call 911 or your local Police Department</p>
<p style="text-align: center;">ADULT PROTECTIVE SERVICES (APS) OR LEAD ELDER ABUSE AGENCIES</p> <p style="text-align: center;">(MOST ARE GOVERNMENTAL AGENCIES)</p>	<ul style="list-style-type: none"> ⦿ Investigate allegations of abuse, neglect, and exploitation against older and/or vulnerable adults (as defined by state statute). States determine which cases to investigate and which services to offer. Also, the age at which an adult is considered eligible for services varies by state. ⦿ Provide referrals and services for older victims and vulnerable adults who are victims. 	<p>www.napsa-now.org, www.n4a.org</p>
<p style="text-align: center;">DOMESTIC VIOLENCE PROGRAMS</p> <p style="text-align: center;">(MOST ARE NONPROFITS)</p>	<p>Services vary but most programs offer confidential and free services such as:</p> <ul style="list-style-type: none"> ⦿ 24-hour hotline, ⦿ Legal advocacy (including emergency restraining orders), ⦿ Emergency housing, ⦿ Safety planning, ⦿ Individual counseling, ⦿ Support groups, ⦿ Information and referrals. 	<p>National Domestic Violence Hotline: 800-799-7233 (SAFE) 800-787-3224 (TTY) www.thehotline.org</p> <p>State coalitions can also provide information about local services.</p>
<p style="text-align: center;">SEXUAL ABUSE AND ASSAULT SERVICES</p> <p style="text-align: center;">(MOST ARE NONPROFITS)</p>	<p>Services vary but most programs offer confidential and free services such as:</p> <ul style="list-style-type: none"> ⦿ 24-hour hotline, ⦿ Legal and other systems advocacy and accompaniment to appointments, ⦿ Individual counseling, ⦿ Support groups, ⦿ Information and referrals. 	<p>National Sexual Assault Hotline: 800-656-4673 (HOPE) www.rainn.org</p> <p>State coalitions can also provide information about local services.</p>



Responding Agency	Remedies and Services	Contact Information
<p>SYSTEMS-BASED ADVOCACY PROGRAMS</p> <p>(GENERALLY HOUSED IN THE CRIMINAL JUSTICE SYSTEM)</p>	<p>Services vary but most programs help victims and witnesses of all types of crime by providing:</p> <ul style="list-style-type: none"> ⦿ Crisis intervention, ⦿ Information and referrals, ⦿ Counseling, ⦿ Orientation to the criminal justice system, ⦿ Court escort, ⦿ Assistance applying to the Victims of Crime program and/or Victim Compensation Programs. 	<p>Contact your local law enforcement agency or your District Attorney's office.</p> <p>Local domestic and sexual violence service providers may also be able to provide court advocacy and legal services or refer you to advocacy programs near you.</p>
<p>AGING NETWORK SERVICES</p> <p>(PROGRAMS SUCH AS AREA AGENCIES ON AGING, SENIOR CENTERS, AND COUNCILS ON AGING)</p>	<p>In-home and community services, support programs, and assistance to older adults such as:</p> <ul style="list-style-type: none"> ⦿ Nutrition services, ⦿ Transportation, ⦿ Caregiver support, ⦿ Employment and volunteer services, ⦿ Adult day care services, ⦿ In-home care coordination such as nursing services, home care and chore services, home delivered meals, personal care, and Medicaid services. 	<p>Your state's Division on Aging should also be able to refer you to services.</p>
<p>OMBUDSMEN</p>	<p>Investigate and, when possible, resolve complaints made by or on behalf of older adults who are residents of long-term care facilities.</p>	<p>www.aoa.gov/aoa_programs/elder_rights/Ombudsman/index.aspx</p>
<p>ELDER LAW AND/OR CIVIL ATTORNEYS</p>	<p>An elder law and/or civil attorney can help with:</p> <ul style="list-style-type: none"> ⦿ Wills, ⦿ Restraining orders, ⦿ Establishing a new power of attorney or guardianship, ⦿ Living wills and health care initiatives. 	<p>For lawyer referrals in your area, contact the American Bar Association at 800-285-2221 or go to www.americanbar.org/groups/lawyer_referral.html.</p>



ENDNOTES

ⁱ United States Department of Health and Human Services, Administration on Aging, “Statistics on the Aging Population,” www.aoa.gov/prof/Statistics/statistics.asp.

ⁱⁱ At the outset of the battered women’s movement, we used the word “victim” to describe those who had been abused by an intimate partner. At the time, when abuse was typically unacknowledged or minimized and glibly dismissed, it was important that we named domestic violence as a crime with an identifiable perpetrator and a victim who was in no way responsible for the abuse. As time went on, those who had been victims, and had courageously worked to find safety and to rebuild their lives after victimization, outgrew the “victim” label. They had survived, and even thrived, and they no longer wanted to be known as a victim. So, we began to use the word “survivors.” However, within many faith communities, the term “survivor” typically refers to Holocaust survivors. This can create confusion when people of faith and domestic violence service providers begin to talk about abuse. While acknowledging this difficulty, we have used both “victim” and “survivor” throughout this document, to describe those who have been subjected to domestic and/or sexual violence or abuse as an older adult. We believe that these terms, which have been so widely used in the battered women’s movement, are important to the conversation as we move forward together.

We acknowledge as well that victims and survivors are so much more than either of these labels. They/we are well-rounded, engaged people who are co-workers, mothers, fathers, partners, sisters and brothers, members of faith communities, neighbors, and friends. At the same time, those who perpetrate abuse are often more than “abusers” or “perpetrators.” By rights we should be saying, “those who have been subjected to abuse,” and “those who use abuse to control others.” However, these phrases, though more reflective of reality, are also grammatically unwieldy. We hope that when you read “victim” or “survivor” here, you will know that this represents whole, engaged, and engaging people who have been victimized by abuse, in various stages of recovery and healing, just as “abuser” represents all those who have used abuse to control others.

ⁱⁱⁱ Podnieks, Elizabeth, EdD, RN and Sue Wilson, PhD, “Elder Abuse Awareness in Faith Communities: Findings from a Canadian Pilot Study,” *Journal of Elder Abuse and Neglect*, Vol. 15, No. 3/4, 2003.

^{iv} Throughout this document, we will use “domestic and sexual violence service providers” to refer to the target audience for this document. Please keep in mind that there are some aging network programs that have a program for older victims of domestic violence and/or sexual abuse with a dedicated staff person who is knowledgeable about the dynamics and available resources.

^v Many thanks to Katie Galenius and Greater Lynn Senior Services in Lynn, Massachusetts for sharing this survivor’s experiences with us.

^{vi} Acierno, Ron, Melba Hernandez-Tejada, Wendy Muzzy, and Kenneth Steve, “National Elder Mistreatment Study,” U.S. Department of Justice, 2009, pp. 4 ff.

^{vii} National data are not available, but a New York statewide study found “a dramatic gap between the rate of elder abuse events reported by older New Yorkers and the number of cases referred to and served in the formal elder abuse service system.” For more, see: Lifespan of Greater Rochester, Weill Cornell Medical Center of Cornell University, and New York City Department for the Aging; Under the Radar: New York State Elder Abuse Prevalence Study, Self-Reported Prevalence and Documented Case Surveys, Final Report, May 2011.

^{viii} Podnieks, Elizabeth, EdD, RN and Sue Wilson, PhD, “Elder Abuse Awareness in Faith Communities: Findings from a Canadian Pilot Study,” *Journal of Elder Abuse and Neglect*, Vol. 15, No. 3/4, 2003.

^{ix} Acierno, Ron, Melba Hernandez-Tejada, Wendy Muzzy, and Kenneth Steve, “National Elder Mistreatment Study,” U.S. Department of Justice, 2009, pp. 4 ff.

^x In a study by the University of California, Irvine, Program in Geriatrics, 47% of the people with dementia who participated in the study had been mistreated. For more information, see the Journal of the American Geriatrics Society (2010 Mar; 58(3):493-500).

^{xi} XinQi, D., Simon, M., Mendes De Leon, C., Fulmer, T., Beck, T., Herbert, L., & Evans, D., (2009). Elder Self-neglect and Abuse and Mortality Risk in a Community-Dwelling Population. JAMA: Journal of the American Medical Association, 302(5), 517-526.

^{xii} Mary Sell, TimesDaily.com, February 26, 2012.

^{xiii} Many thanks to Ms. Breckman for this insight. Ms. Breckman is Director of Social Work Programs and Education and Assistant Professor of Gerontological Social Work in Medicine at Weill Cornell Medical College Division of Geriatrics and Gerontology. Ms. Breckman also serves as Deputy Director of the New York City Elder Abuse Center.

^{xiv} Strategies for addressing these barriers are addressed in Elder Abuse and Faith: A Guide for Service Providers on Reaching Out to Faith-Based Organizations Regarding Elder Abuse. This resource is available to download free from both the Safe Havens and NCALL websites at www.interfaithpartners.org and www.ncall.us.

^{xv} United States Department of Health and Human Services, Administration on Aging, "Statistics on the Aging Population," www.aoa.gov/prof/Statistics/statistics.asp.

^{xvi} Lachs, Mark S., C.S. Williams, S. O'Brien, K.A. Pillemer, and M.E. Charlson. "The mortality of elder mistreatment." JAMA. 1998;280:428.

^{xvii} McCampbell, Michael S., The Collaboration Toolkit for Community Organizations: Effective Strategies to Partner with Law Enforcement, Community Oriented Policing Services, US Department of Justice, September 2010, p. 29.

^{xviii} If you are a domestic or sexual violence service provider, please see our resources, "Before You Start" and "The First Visit" for more information. If you are a faith leader, please see the booklet "Information for Faith Communities and Faith Leaders about Elder Abuse and How to Help" as well as the "Where Faith and Safety Meet" brochure in our toolkit. You can download these resources for free at www.interfaithpartners.org or www.ncall.us. Or, you can call Safe Havens at 617-951-3980 to ask for a printed copy.

^{xix} McCampbell, Michael S., The Collaboration Toolkit for Community Organizations: Effective Strategies to Partner with Law Enforcement, Community Oriented Policing Services, US Department of Justice, September 2010, pp. 34 – 35.

^{xx} "Authentic Dialogue Principles," by BluOpal Consulting. For more information, contact: Michele Roden at michele.roden@bluopal.com.

^{xxi} McCampbell, Michael S., The Collaboration Toolkit for Community Organizations: Effective Strategies to Partner with Law Enforcement, Community Oriented Policing Services, US Department of Justice, September 2010, p. 39.

^{xxii} United States Department of Health and Human Services, Administration on Aging, "Aging Statistics," www.aoa.gov/AoARoot/Aging-Statistics/index.aspx.

^{xxiii} Richard Beaulaurier, Laura Seff, Frederick Newman, "Barriers to Help-Seeking for Older Women Who Experience Intimate Partner Violence: A Descriptive Model," Journal of Woman & Aging, Vol. 20(3/4) 2008.

^{xxiv} Acierno, R., et al. (2010). "Prevalence and Correlates of Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States: The National Elder Mistreatment Study." American Journal of Public Health, 100, 292-297.

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