

Rural Domestic and Sexual Abuse Program Advocates: Making a Difference in The Lives of Older Survivors of Abuse

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Updated 2023.

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Introduction

Betty, age 68, lived in a rural community in North Carolina. She was physically, emotionally, and psychologically abused. After 13 years, Betty reached out to the local domestic abuse service program for help. Despite her limited resources, an income of only \$83 a month and very few household items of her own, she decided to end her marriage. The program provided resources and support as Betty started a life without her abusive husband. When recounting her recovery, Betty recognized the importance of the support she received from the advocates and participants in the abuse in later life support group. She recalled how, partly because of this support, had learned to like herself and to appreciate her own company. Betty now lives in a home she can call her own and feels like she has her life back.

Rural domestic and sexual abuse service programs can play a crucial role in providing older survivors, like Betty, the advocacy and services they need to be safe and to heal from the trauma of abuse. Elder abuse is a hidden yet growing problem that impacts millions of older individuals of all races, cultures, sexual orientations, social classes, geographic areas, faith communities, mental capacities, and physical abilities. Research estimates that approximately one in ten older adults living in the community in the United States experience elder abuse each year, often resulting in devastating outcomes for victims, their loved ones, and society as a whole (Acierno et al., 2010; Beach et al., 2010). Yet research suggests that cases of elder abuse are significantly underreported (Lifespan of Greater Rochester et al., 2011). Furthermore, a significant number of elder abuse cases that are actually reported or identified slip through the cracks due to a lack of coordination among service providers (Brandl et al., 2007; Connolly, 2010; Lifespan of Greater Rochester, 2011). According to a recent AARP study, there are more than 117 million Americans age 50 and older- 35 percent of the total population- and the age bracket is projected to grow to 132 million people over the next 10 years or so. It will hit 157 million by 2050 (AARP Study: Americans 50 and Older are Growing Economic Powerhouse, 2019). The increase in the number of the "oldest old" will be even more dramatic. The 85 and older population is projected to more than double from 6.6 million in 2019 to 14.4 million in 2040, a 118% increase (Administration on Aging, U.S. Department of Health and Human Services, 2020).

Populations in rural areas are also changing. Twenty million Americans ages 50 and older live in rural areas, and rural areas are experiencing faster growth of their older adult population than urban areas (AARP, 2021). Many baby boomers moved to rural areas during the 1990's and are now beginning to retire in rural communities. As urban areas and their populations have increased, the rural population continues to decline each year: from 30% in 1960 to 19.2% in 2010, then 17.3% in 2020. (U.S. Rural Population 1960-2023 | MacroTrends). The 2020 Census revealed between 2010 and 2020, the rural population was reduced by 289,000, or .6 percent. While the decline was minimal, it marked the first decadelong rural population loss in history. (University of New Hampshire, 2022).

For the purposes of this toolkit, a rural community is defined as an area with a small population and low population density. It is also a place where social, economic, and organizational institutions are less differentiated. For example, one agency may house or deliver a multitude of services versus having a separate institution for each one. Rural communities tend to have more traditional values and fewer resources to address the needs of older adults. Regions and states vary widely in how rural they are, as do economic and social trends in different rural places. Thus, the experiences of older adults in rural communities also vary. Existing studies have consistently shown that, compared to older adults living in more urban areas, those in rural areas generally have higher poverty rates, fewer employment opportunities, less adequate or older housing, less access to a wide

range of community-based services, and fewer long-term care options, and rely more heavily on themselves and informal networks for transportation. Older adults living in rural areas are also less likely to have a broadband subscription (Rural America at a Glance, Housing Assistance Council, 2016). With that being said, older adults living in rural communities are able to avail themselves of the many benefits these areas have to offer. Co-located services, common in many rural areas, may make access to and between these services seamless. Staff at these agencies may have the flexibility to assist the older adult with services that may lie outside their usual purview. The sense of a community connection with neighbors and first responders and the proximity of providers can aid in a feeling of safety and support, as they are in a position to notice if something is amiss in the life or routine of an older resident.

About this Resource

This toolkit was first created in 2013 with the purpose of providing rural domestic and sexual abuse service programs with resources and tools to effectively respond to abuse in later life, an issue that lies at the nexus between domestic violence, sexual assault, and elder abuse. In 2022-2023, NCALL updated this resource with guidance from two focus groups of individuals working in rural communities. Focus group participants included project coordinators from projects funded by the U.S. Department of Justice, Office on Violence Against Women Training and Services to End Abuse in Later Life program, as well as advocates and practitioners working in the field of elder justice.

The toolkit begins with an overview of abuse in later life and the unique challenges it poses for older survivors and service providers. The next section offers ideas and suggested strategies for serving older survivors in rural areas, including ideas for tailoring services in domestic and sexual violence programs to better meet the needs of marginalized populations in rural communities. The toolkit concludes with a discussion on outreach in rural communities and the importance of working together to respond to abuse in later life.



An Overview of Abuse in Later Life

Elder abuse is a complex and deeply personal issue, posing several unique challenges that must be handled by knowledgeable service providers through a collaborative approach. Additional challenges may arise when abuse occurs in rural areas. Thus, it is increasingly imperative for service providers in rural areas to gain a better understanding of this devastating issue to be better able to assist older survivors.

Elder abuse is a broad term that applies to physical, sexual, or psychological abuse, as well as neglect, abandonment and financial exploitation of an older individual that occurs in any setting, either in a relationship where there is an expectation of trust and/or when an older person is targeted based on age or disability (U.S. DOJ, 2014). In many jurisdictions, elder abuse may also include self-neglect. Abuse of vulnerable, dependent, or at-risk adults generally refers to harm of persons 18 or older unable to protect themselves or report the abuse.

Abuse in later life includes the willful abuse, neglect, abandonment, or financial exploitation of an older adult who is age 50+. Abuse in later life is the segment of elder abuse that focuses specifically on those cases where the abuse is perpetrated by someone in an ongoing relationship (e.g., spouse, partner, family member, or caregiver) with the older survivor. The National Clearinghouse on Abuse in Later Life also considers sexual abuse and stalking by anyone (including

strangers) to be abuse in later life. Older individuals who fit the statutory definition in their jurisdiction of vulnerable adults and are in a relationship with the person causing harm may also be experiencing abuse in later life.

Dynamics of Abuse in Later Life

The dynamics of abuse in later life are often like those experienced by younger survivors of domestic and sexual violence. Abusive behaviors might include threats, intimidation, isolation, and other forms of abuse to gain and retain control of their victims. It is common for abusers to have strong entitlement beliefs and justify abusive behavior to get what they want. While less common, abuse may occur for reasons other than power and control, such as situations where the person harming them has a physical or mental condition that results in aggressive behavior. These cases must be evaluated carefully to ensure the abuser is not blaming a medical condition when the root of the issue remains power and control. Perpetrators will often strive to exert their power and control over victims so they can coerce or manipulate some benefit for themselves, such as money, a place to stay, access to prescription medication or sexual gratification (Bancroft, 2002; Stark, 2007). These abusers are often greedy and feel entitled to do whatever necessary to get what they want. Many of these older adults who have been harmed can benefit from remedies offered by domestic or sexual violence programs, such as safety planning, emergency housing, or legal advocacy.

Additional factors may be present, further complicating abuse in later life cases. If the person harming them is an adult child, they often protect their child rather than focusing on their own personal safety. Older adults who have been harmed may feel shame, guilt, and embarrassment because they are being abused by their own child. Some survivors have physical or cognitive limitations that can be targeted to manipulate them, such as breaking or withholding assistive devices,

denying health care or comfort measures, and threats to place them in a nursing home.

Elsie

"The worst part was knowing my son, who I raised from a baby could treat me like that. I was scared of him. He about beat several people to death, but nobody would show up in court to testify. I guess I had to do it, somebody had to put a stop to it before he did kill somebody. I don't like knowing he's in jail."

Forms of Abuse in Later Life

Abuse in later life includes physical, psychological, and sexual abuse, neglect, and financial exploitation. Harassment and stalking may also be included. Often forms of abuse co-occur in cases involving abuse in later life.

While many state statutes include self-neglect as a form of elder abuse, cases of self-neglect do not fall within the definition of abuse in later life. The phrase abuse in later life was created to acknowledge that older survivors generally know and are in a relationship with their abuser. Since there are no offenders when self-neglect occurs, these cases are outside the scope of abuse in later life. Domestic violence and sexual assault victim advocates and criminal justice professionals are less likely to be involved in cases of self-neglect, which typically involve responses by adult protective services, social services agency workers, and health care providers.

Factors in Abuse in Later Life

Older adults may be abused by intimate partners, adult children, grandchildren, or other family members, caregivers, or persons in positions of authority. Society expects that these relationships are based on trust and care. In most cases of abuse in later life, the person causing harm is the survivor's family member or intimate partner (Acierno et al., 2010). Intimate partner violence may have been present for the entire duration of the relationship or it may emerge later in life as the couple ages. Abuse can occur in all types of intimate relationships regardless of gender identities or sexual orientation.

Individuals who are female, male, transgender, cisgender, and gender nonconforming may be victims of abuse in later life. However, studies have consistently shown that a substantial proportion of elder abuse cases involve female victims with spouses as the person causing the harm (Acierno, 2013).

When defining elder abuse, most states, tribes, and organizations use a minimum age threshold that ranges from 50 to 70. The term abuse in later life applies to victims who are age 50 and older for the following reasons:

- By age 50 there is a significant decrease in the number of older adults accessing services from domestic violence and sexual assault programs. This is partly because many services for domestic and sexual assault victims focus on meeting the needs of younger survivors and their children. Most domestic and sexual violence programs do not have programming tailored to meet the unique needs of survivors of abuse in later life, such as financial planning for persons who do not yet qualify for Social Security or support groups exclusively for older adults.
- Survivors who are age 50 and older may need economic assistance to obtain safe housing and live independently if they choose to leave the person harming them. However, survivors aged 50 to 62 may be ineligible for financial assistance from the Temporary Assistance for Needy Families program because they may not be parenting children under the age of 18. They also may be ineligible for Social Security and aging network services because they are too young. This, coupled with reduced earning capacity in later years, may make it exceedingly difficult for an older adult to gain independence from their abuser.

 Focusing on survivors aged 50 and above includes older adults who have a shorter life expectancy because they experienced trauma, lived in poverty, or lacked access to health care.

Abuse in later life can take place in any setting (e.g., a house, apartment, residential health care setting, a doctor's office, or in a public place, such as at work or in a courthouse). Most often, it occurs where the older adult resides.

Unique Challenges in Abuse in Later Life Cases

Older adult survivors often experience unique barriers that prevent them from seeking help. Understanding older adults, abusive tactics, and existing systemic barriers is critical when developing effective responses to abuse in later life cases. It is also important to understand how these challenges may be more prevalent or significant when the older adult lives in a rural area.

Older Survivor Considerations

As with younger individuals, older survivors of abuse, neglect, and financial exploitation want the abuse to stop, but may be reluctant to report for many reasons. Some of these reasons are addressed below. When working with an older survivor, always remember to consider these powerful influences.

• Values: Older survivors may be reluctant to report abuse because of their love for the person harming them or the belief that those who use abusive tactics will change their behavior, especially with help. This sentiment may be influenced by generational, cultural, and/or spiritual values that stress the importance of commitment to family, particularly to spouses or partners (Brandl et al, 2007). In rural areas, traditional male and female roles and expectations are widely accepted (Teaster et al, 2006) and often there is an unspoken rule of privacy to keep family matters within the family. (Few, A.L. 2005; Teaster et al. 2006). These values can also

contribute to a sense of guilt, self-blame, or embarrassment on behalf of older adults, which may further discourage them from disclosing the abuse.

Relationship with Abuser

Older survivors may feel a sense of protectiveness for the person harming them and worry about the abuser going to prison or becoming homeless if the abuse is reported, especially if they are an adult child or grandchild (Beaulaurier et al., 2012). Within tribal and rural communities, relationships are significant. The person causing harm may be a person of prominence or in a position of authority within the community or have access to a person in authority. Those using abusive tactics who are in positions of authority or with powerful allies can blame the survivor and discount reports of abuse. Too often professionals align themselves with the person who is causing the harm. As a result, the abusive person may not be arrested, and older survivors may find that some professionals do not respond to their requests for help.

- Fear: Older survivors may fear being killed or seriously injured if they try to leave. They may also fear being alone or losing independence (e.g., being placed in a residential care facility, such as a nursing home, or having decisions made for them by family members) if they reach out for help.
- Hopelessness: When abuse has occurred throughout the duration of a relationship, the patterns of abuse and victimization have likely become well established, making change seem unimaginable for the survivor (Beaulaurier et al., 2012). Furthermore, survivors may be reluctant to reach out if prior experience was not helpful (Beaulaurier et al., 2007).
- Economic Concerns: Some older adults are unable to work due to age or disability while others may lack the job skills necessary for finding employment. Temporary Assistance to Needy Families is only an option if minor children are in the home and Social Security income may be limited, especially for those who never worked outside the home or had low wage employment. Older individuals may lack the financial means to live

independently, separate from the person harming them. In contrast to individuals living in urban areas, older rural Americans often have less income (American Community Survey, 2011-2015) and a higher dependence on Social Security. A shortage of affordable or transitional housing for older adults compounds this problem.

Health Issues: The health of older adults is generally worse in rural communities compared to urban communities, increasing the need for health care resources in areas where those services are often limited or located long distances from where the older adult lives (Rogers, 2002). Some older survivors may need more time to heal physically and emotionally. Older adults may be more likely to have vision, hearing, or mobility limitations that can impact safety planning or limit options to live independently. Survivors who have dementia may be at increased risk for future abuse (Wiglesworth et al., 2010).

Anne

"...He would monitor my calls, stand in the hall to make sure I didn't tell them anything..."

Common Abuse Tactics

While it is common in abuse in later life cases to find many of the same abusive tactics used by those who harm younger survivors and try to prevent them from seeking help or reporting abuse (e.g., intimidation, stalking), it is important to identify the unique abusive tactics used against older adult survivors.

- Target Vulnerabilities: When perpetrators target victim vulnerabilities, they may engage in such things as exploiting physical or mental impairments or targeting financial or care dependencies by denying access to supports vital for daily living. Examples include breaking or hiding glasses, dentures or hearing aids, moving a walker or wheelchair out of reach or refusing to translate material written in English to the survivor's native language.
- Isolation: Abusive tactics commonly include isolating the older adult from family members, friends, or others in the community so that they have less knowledge of what is occurring in the relationship and to minimize the victim's opportunities to disclose the abuse. Isolation may be achieved by preventing victims from using the phone, accessing email, driving a vehicle, or participating in traditional faith or tribal activities and ceremonies.
 Forced isolation can often be more easily accomplished with older adults living in rural and tribal areas because they may already have a smaller social circle, due to a lack of mobility or transportation options and because many of their friends and/or family members may have moved to urban areas or already passed away.
- Manipulation: Abusive tactics may include psychological or emotional abuse to manipulate older victims into thinking that they have less mental capacity than they do. This may be accomplished by name-calling or playing psychological tricks on the older adult (e.g., moving or hiding items so that the older adult begins to doubt their own memory and judgment). Playing to a common fear among older adults of losing their home or

independence, perpetrators may also scare them into thinking they will be unable to make it on their own and that their only alternative to the current, abusive situation is a nursing facility.

Systemic Barriers

Service organizations and agencies can unknowingly reinforce additional barriers for older adults reporting abuse or continuing with services.

- Ageism: One of the primary barriers to effective responses for older survivors is ageism, which supports societal norms that devalue older adults. For context, one study of adults ages 50 to 80 years found that 93.4% of the study's participants experienced everyday ageism, which is described as "brief verbal, nonverbal, and environmental indignities that convey hostility, a lack of value, or narrow stereotypes of older adults." (Allen et al., 2022). Ageism diminishes how older adults are valued and creates a culture where the abuse, neglect, and exploitation of older adults is tolerated, minimized, or even ignored. Service providers may wrongly assume older victims are incompetent or helpless and treat them accordingly. For example, a service provider may speak to an older victim in a loud, baby voice when the older person's hearing is fine or they may assume the role of "protector," rather than treating them as a person capable of self-determination. This treatment can be humiliating and insulting to older adults and may cause them to withdraw from services. Further, older adults are too often invisible in research, in data, in services, and in community responses to domestic violence.
- Ableism: Ableism, the discrimination and social prejudice against people with disabilities or who are perceived to be disabled, also creates barriers for older survivors. It assumes that the bodies and minds of non-disabled people are the "default," placing value on them based on society's perceptions of what's considered "normal." (What is Ableism? Disability & Philanthropy Forum). Service providers may wrongly assume older adults

have dementia or some type of cognitive impairment and do not understand —or cannot report—what is happening to them. Service providers may also perceive older adults with physical disabilities as more difficult to deal with and less worthy of time, respect, or dignity.

- Inaccessibility and Lack of Tailored Services: Older adults often have less information about services and resources than younger people and have less access to them (Wilke & Vinton, 2005). Some older adults may feel shut out from services because they require special accommodations that they assume are not available such as: a means of transportation, interpretation services, assistance with reading or writing, Deaf services, and assistive devices (e.g., communication boards). Older survivors may also feel that the services do not meet their needs (e.g., support groups that focus discussions on finding a job or child custody that may not be relevant for older adults). In rural areas, low population density and limited funding may result in fewer service options for survivors to choose from.
- Silos: In seeking services, the survivor may encounter several community
 organizations or agencies. A lack of system awareness and multidisciplinary
 collaboration can impede a comprehensive response to abuse in later life,
 leaving older adults without access to services and support needed to
 improve their safety and well-being.
- Staff Capacity: In rural areas, limited staff covering large geographical areas can add additional barriers to a coordinated community response, especially if a service agency has one staff person providing services to several counties.



Designing Specialized Services for Older Survivors

Elder abuse and abuse in later life affect older adults regardless of ability, race, culture, sexual orientation, or gender identity. Providing inclusive services for older survivors can be challenging, especially in rural areas. In this section we will examine how rural domestic and sexual abuse programs can tailor current services to better meet the needs of older adults.

Examining Existing Policy and Practice

Domestic and sexual abuse programs have typically designed services to meet the needs of younger survivors with small children and therefore may need to examine how accessible their policies and practices are for older adults. For example, programs may provide materials on financial resources for families with children but not on Social Security. Programs may also limit services to intimate partner violence cases, leaving out survivors who were abused by adult children or other trusted individuals in their lives. Additionally, a policy of having survivors make first contact with a program does not always prove helpful for older adults, especially those of earlier generations where family matters were considered private and asking for help improper. Strong policies and practices in rural communities may become critical when a service provider acts as a hub for many different services. It is common to see one agency wearing many hats, so

procedures that support a seamless experience for the survivor are necessary. Confidentiality policies that ensure control of personally identifiable information from one service to another must be specific and formal.

Strategies for Examining Existing Policies and Practices:

- Ensure your agency policies are flexible enough to accommodate outside referrals and allow for advocates to initiate contact if appropriate. Many older adults are hesitant to reach out for help and policies requiring them to reach out to the organization may reduce access.
- Examine your agency's policies regarding any limitations on who is eligible for services. Consider expanding your policy to include abuse by other family members or caregivers in addition to an intimate partner.
- Learn about the assorted services and resources available in your area.
 Educate yourself on each agency's policies and protocols for inter-agency communication and referrals.
- Learn about specific resources for older adults, such as Medicare, Medicaid, Social Security to aid in appropriate referrals.
- Confidentiality standards and policies help advocates to build trust with older survivors. Review current policies and practices to ensure they support victims' privacy.
- Enact policies and practices that meet the survivor where they are without fear of unwanted interventions.

More Information on Examining Existing Policies and Practices:

- Working with Older Survivors: A Framework for Advocates, toolkit.
- Enhancing Agency Policies to Address Abuse Across the Lifespan, video clip.
- Praxis International, Rural Program
- <u>https://www.respecttogether.org/Sexual Violence in Later Life: A Technical</u>
 <u>Assistance Guide for Advocates</u>

• <u>Survivors in the Margins: The Invisibility of Violence Against Older</u> <u>Women</u>

Lova

"...Human Options had to call me because I probably would not have called them."

Lova describing her initial contact with Human Options, a domestic violence program with specialized services for older victims, after a referral by adult protective services.

Providing Accessible Services for Older Survivors from Traditionally Marginalized Communities

Many factors can impact how an older adult may seek, experience, and respond to available services including age, culture, community, family traditions, and historical trauma. An older adult's life experience may determine who or where they turn to in times of need. When an older adult is from a traditionally marginalized group that has systemically been denied access to economic and political opportunity through discrimination and structural bias, it impacts helpseeking perceptions and experiences. Older adults from traditionally marginalized groups may hesitate to access services if they view the service provider as disconnected from their experience, both culturally and linguistically. Older adults may be more comfortable with service providers such as home health aides, Adult Protective Service workers, or law enforcement officers who are representative of their community, or who look like them. What may be considered by some as long-ago history may be an actual lived experience for some older adults. Many communities of color have experienced trauma because of oppressive or discriminatory practices or policies in the United States or their country of origin and may not trust the service providers offering help. Traditional or mainstream

services often do not account for the ways that the older adult's identity and background impact help-seeking and healing. While mainstream organizations aim to serve people from all backgrounds, often their services and supports are not culturally responsive and do not adequately account for the historical and present day social and political context of the community and the subsequent strengths and challenges the population faces.

Individuals from the Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual/Aromantic/Agender Community (LGBTQIA+) may fear programs will not understand them or protect their confidentiality. Immigrant communities may fear deportation of themselves or other family members. Conservative beliefs and practices in rural communities may intensify the lack of trust.

Rural communities have traditionally been less racially and ethnically diverse, but are becoming more diverse in recent times, driven in large part by growth in populations that have not historically lived in rural communities (James, C., Moonesinghe, R., Wilson-Frederick, S., Hall, J., Penman-Aguilar, A., Bouye, K., 2017). This presents implications for service delivery and community collaboration. Advocates should take the time to learn who is living in their community and how to engage with them.

Strategies for Providing Accessible Services for Older Survivors from Traditionally Marginalized Communities:

- Reach out to community leaders, service providers, and community groups in traditionally marginalized communities to discuss your services.
- Commit to building relationships with your community's traditionally marginalized groups to foster ongoing collaboration.
- Learn what culturally specific resources are available to older adults in your community and how to access them.
- Hire individuals to work for your program who come from traditionally marginalized groups. For example, consider hiring older adults, persons

from diverse racial and ethnic communities, disabled persons, or individuals from the (LGBTQIA+) community.

• Create safe spaces to initiate a dialogue with the community (Balcarcel, et al).

More Information on Providing Accessible Services for Older Survivors from Traditionally Marginalized Communities:

- Elder Abuse in Communities of Color
- The Resource Sharing Project
- U.S. Census Quick Facts

Of course, every community has unique strengths, challenges, and perspectives and traditionally marginalized communities cannot be generalized. To address some of the variation between different communities, this toolkit will take a look at some of the communities most likely to be seen in rural areas.



Immigrants and Refugees

About 44 million people in the United States- around one in seven- were born in another country. However, most residents have immigration in their family history. Some 36 million Americans can look to their parents to find it, while 235 million- or about 75 percent of Americans- can look back to their grandparents' generation or earlier (Trevelyan et al., 2016). Immigrants and refugees have been increasingly settling in rural areas due to work opportunities and similarities to the setting of their home countries. This population influx presents rural advocacy organizations with new challenges and opportunities to expand services and ensure that they are culturally relevant and welcoming to all older survivors (Balcarcel et al.).

Advocacy organizations working with domestic and sexual violence survivors have often struggled to meet the complex needs of more recent immigrants and refugees. Older immigrants and refugees may have experienced violence and oppression in their native countries. In their new home country, experiences with racism, discrimination, and xenophobia may exacerbate their distrust of others and result in a hesitancy to seek services. Being new to a country, unaware of its laws and not speaking the language may be used by an abuser to isolate or intimidate an older immigrant adult, and further, can create additional barriers to seeking help. For undocumented individuals, their legal status may also contribute to their hesitancy to reach out for help. Many times, these limitations are used by an abuser to control and threaten the older adult.

Strategies for Serving Immigrants and Refugees:

- Ensure language access through trauma-informed interpretation and translation of materials. See the section below titled 'Providing Language Access for Older Victims' for more detail.
- When in-person interpreters are unavailable, use <u>Language Line</u> or other interpretation technology (i.e., <u>AML-Global</u> for ASL Interpreting, <u>Google</u> <u>Translate</u>) may also be helpful when working with those with limited English proficiency.
- Train legal advocates in legal remedies for immigrants such self-petitioning under the Violence Against Women Act (VAWA), U-Visas, and T-Visas.
- Many organizations provide essential services for immigrants, such as computer and finance courses or schools teaching English as a Foreign Language. These are great organizations to collaborate with to reach more of the immigrant community.

• Recognize the wisdom and clout of older or elderly community members.

More Information on Serving Immigrants and Refugees:

- Interpretation Technical Assistance and Resource Center (ITARC)
- <u>National Immigrant Women's Advocacy Project</u> A project of the American University Washington College of Law.



Lesbian, Gay, Bisexual, Transgender, Queer, Intersexual, Asexual + (LGBTQIA+)

Contrary to stereotypes that all LGBTQIA+ adults are city dwellers, 25% live in rural areas, towns or small cities (AARP.org/Research, 2020) LGBTQIA+ communities are not one community, but rather communities within communities. They may not share ethnicity, culture, class or even language; and they may belong to more than one community. They do, however, share a sexual orientation and/or gender identity that differs from what is considered mainstream and so may have a shared experience of transphobic, biphobic, acephobic, or homophobic oppression and the consequences of heterosexist privilege. LGBTQIA+ individuals may experience barriers when seeking services in rural communities. These include fear of loneliness or losing community ties if 'outed', confidentiality or privacy challenges in small concerns if sharing a house with the abuser, or lack of resources (more specifically, lack of resources that are appropriate and comfortable for LGBTQIA+ older adults). Partly because of these

barriers, only around 10% of rural LGBTQIA+ older people report having access to LGBTQIA+-friendly services (AARP.org/Research. 2020).

Strategies For Serving LGBTQIA+ Survivors:

- Identify barriers within your program that may prevent these victims from seeking your help (serving intimate partners only, excluding caregivers from shelter options, not serving males). Find members of your community who can help you assess your program's responsiveness or complete a LGBTQIA+ self-assessment.
- Find which systems and programs in your rural community are safe placesones that will not shame, harass, or bully a person for being LGBTQIA+. Be sure to speak with LGBTQIA+ survivors to help determine which community resources feel safe. If you must refer the survivor to 'unfriendly services,' give as much information as you can about what the experience may be like. Some survivors may choose to stay closeted for these interactions as a form of self-protection. Help the survivor anticipate and plan for possible responses from these systems so they can decide for themselves if that is a resource they want to access (Resource Sharing Project).
- Seek out education on the privilege heterosexuals and non-transgender people have. (i.e., Find out what laws in your state impact housing and employment discrimination for LGBTQIA+ people).
- Providing a space of healing for LGBTQIA+ survivors mean making spaces feel inclusive and comfortable. Display resources that represent the diversity that exists.
- <u>Use gender pronouns</u>. Respecting the gender pronouns of transgender and nonbinary older adults is an important step in making them feel included and safe in your agency. Using the right gender pronouns for someone is as important as using the right name. When providing services to someone new, it is best to ask their name along with their gender pronouns. (National Resource Center on LGBTQ+ Aging, 2022).

 While some LGBTQIA+ older people will not want to self-identify as LGBTQIA+, they should be offered the opportunity to do so. Further, asking sets the tone of inclusion. When collecting information, understand that not everyone wants to answer your questions. One method is to include the option 'Prefer not to answer' when asking for information on your forms (National Center on Elder Abuse, SAGE, and APS Workforce Innovations, 2023).

More Information on Serving LGBTQIA+ Survivors:

- <u>Forge</u> Offers training and resources to build strength and resilience in transgender communities.
- National Resource Center on LGBTQ+ Aging Inclusive Questions for Older
 People: A Practical Guide to Collecting Data on Sexual Orientation and
 <u>Gender Identity</u> National Resource Center on LGBTQ+ Aging
- <u>Research Brief: Mistreatment of Lesbian, Gay, Bisexual, and Transgender</u> (<u>LGBT) Elders</u> National Center on Elder Abuse, National Resource Center on LGBTQ+ Aging, SAGE Advocacy & Services for LGBTQ+ Elders
- Maintaining Dignity: Understanding and Responding to the Challenges Facing Older LBGT Americans AARP
- LGBTQ+ Inclusive Intake + Engagement for Elder Justice Professionals
 National Center on Elder Abuse, Academy for Professional Excellence, Adult
 Protective Services Workforce Innovations (APSWI), Keck School of
 Medicine, National Resource Center on LGBTQ+ Aging, SAGE Advocacy &
 Services for LGBTQ+ Elders



Communities of Color: Asian American and Pacific Islander (AAPI)

Asian American or Pacific Islanders represent about 5.6% of the U.S. population. About 600,000 rural residents identify as AAPI, or about 1% of the rural population. Rural AAPI residents are more likely to report healthy behaviors, have lower age-adjusted mortality rates than rural white residents, and in general, are less likely to be economically disadvantaged than others. (Probst, J, Ajmal, F., Rural & Minority Health Research Center, July 2019). With that being said, AAPI communities in the U.S. are extremely diverse; they are made up of more than 40 distinct ethnicities and speak more than 100 languages (Resource Sharing Project). According to the National Center on Elder Abuse, while Asian American and Pacific Islanders are the fastest-growing group of ethnic elderly in the U.S. (NCEA Mistreatment of Asian American and Pacific Islander (AAPI) Elders, 2021), they accounted for less than one percent of reported domestic elder abuse (Women of Color Network, 2008). Cultural values may play a role in this underreporting (putting the family's needs before self, family harmony, avoiding shaming the family, discomfort in reporting private problems to a third party). AAPI older adults may have a distrust of law enforcement based on their culture, upbringing, or experience in their country of origin. They may fear a report could jeopardize their citizenship status. Often, along with cultural barriers, AAPI older adults face economic and linguistic challenges.

Strategies For Serving Asian American and Pacific Islander Survivors:

• The older adult is the expert of their own culture and beliefs. Explore with the survivor the context of the abuse (how the older adult is perceived or

treated, what is culturally acceptable and unacceptable). Assess the likelihood of reception to outside intervention.

- Create a safe space for dialogue. Sharing stories is a common pastime in the Asian communities such as elders telling family stories to youngsters or community members offering their individual takes on a common cultural event. Oral history is an excellent method for older community members who want to share their experiences but may be uncomfortable writing or who are unable to write. (Resource Sharing Project)
- There is a compelling need for culturally specific, trauma-informed approaches beyond traditional talk therapy. Under-reporting of sexual violence in AAPI communities has led survivors to overcome their trauma by using silence as a coping strategy. Research available resources in your area that may address the whole person: Tai Chi, yoga, meditation, and other healing practices are deeply rooted in Asian communities but are still often not recognized as helpful remedies. (Resource Sharing Project)

More Information on Serving Asian American and Pacific Islander Survivors:

• <u>Asian Pacific Institute on Gender Based Violence Research Brief:</u> <u>Mistreatment of Asian American and Pacific Islander (AAPI) Elders</u>



Communities of Color: Black and African American

According to a Pew Research Center survey, 18% of Black adults describe their community as rural. For many Black adults, where they live shapes how they think

about themselves, although the same concerns are cited regardless of the community (Pew Research Center, April 2022). The legacy of slavery, structural racism, discrimination and the impact of ongoing oppression put older African Americans at greater risk of marginalization and abuse. Older African Americans' conceptions of their capacity to access safety and healing through systems-based responses is multi-layered, tainted by their experiences of oppression. Understanding how this community conceptualizes abuse is essential to developing culturally relevant services (NCEA). They may be reluctant to seek services due to cultural expectations of a strong family unit that does not tolerate mistreatment or a reliance on informal family caregiving. They may have had a history of negative encounters with the criminal justice system or other governmental authorities resulting in a mistrust of 'the system.' Older African Americans may find it difficult to find culturally appropriate community services, especially in rural areas where there is already a lack of available resources compared to options that may be available in urban areas.

Strategies For Serving Older African Americans:

- Affirm older African Americans responses to oppressive systems and their lived experiences. This is a significant aspect of providing trauma-informed support.
- Deepen your knowledge of the impact of race and racism in the United States and in your community through ongoing training and learning from those most impacted.
- Practice <u>cultural humility</u> to better understand systemic inequalities that impact older adult's lives.
- Expand multidisciplinary teams to improve the response to elder mistreatment by promoting cultural awareness about the diverse team members, increasing directed access to resources and enhancing the quality of care for older adults.
- In acknowledging that the African American community is not a monolith, utilize an <u>intersectional lens</u> to better understand how identities such as

age, gender and others intersect with race to create unique strengths and barriers.

- Consider the importance of spirituality and social support for older African Americans. Connecting older African Americans with culturally appropriate social support and spiritual options could contribute to the improved health of those who have been exposed to family violence.
- Engage African American leaders and providers in your collaborative efforts for equitable and culturally appropriate provision of services and referrals.

Strategies adapted from <u>NCEA Research to Practice: Mistreatment of African</u> <u>American Elders, Increasing Access to Healing Services and Just Outcomes for</u> <u>Older African American Crime Survivors</u>, and <u>Family Violence Exposure and health</u> <u>Outcomes Among Older African American Women: Do Spirituality and Social</u> <u>Support Play Protective Roles?</u>

More Information for Serving Older African Americans:

- Family Violence Exposure and Health Outcomes Among Older African American Women: Do Spirituality and Social Support Play Protective Roles?
- Increasing Access to Healing Services and Just Outcomes for Older African American Crime Survivors: A Toolkit for Enhancing Critical Knowledge and Informing Action within the Crime Victim Assistance Field - Center for Reaching Victims Toolkit
- National Center on Elder Abuse Research to Practice: Mistreatment of African American Elders
- <u>Ujima</u> National Center on Violence Against Women in the Black Community



Communities of Color: Latinx*

*A word about language: The term Latinx was coined as a gender-neutral word and is sometimes used instead of Latino or Latina. It refers to people of Latin American cultural or ethnic identity in the United States. Hispanics can be interpreted as an ethnic term acknowledging cultural ties back to Spanish heritage.

According to the U.S. Census Bureau, Latinx are the fastest growing population in rural America. In 2016, approximately 4 million rural residents identified as Latinx. By 2025, Latinx residents will become the largest rural minority in the U.S. With these increasing numbers, it is critical for leaders, partners, and neighbors to recognize the unique needs of this population in order to effectively support older Latinx survivors (Demographic Changes in Rural America: Building an Inclusive Latinx Community, Tellez J., January 2020). By 2050, the Hispanic population is projected to comprise 18% of the older population. The older Hispanic/Latinx population is expected to grow more quickly than other ethnic minority groups from over 2 million in 2005 to 15 million in 2050. (Population Size and Trends, Stanford Medicine 2019). In response, more service providers will need to be culturally and linguistically competent to effectively respond to elder abuse in the Latinx community. Culture can be a protective OR risk factor for Latinx older adults. Older adults in the Latinx/Hispanic community may have cultural values and beliefs that discourage them from reporting abuse. Family is a core value, so an older adult may not want to bring shame to the family, choosing silence

instead. Often interdependency is a norm in Latinx families, thus financial exploitation may be overlooked. They may fear incarceration for the abuser or retaliation if they report the abuse. They may fear reporting abusive behavior may affect their immigration status, possibly resulting in deportation. Lack of culturally competent services, language barriers, and lack of awareness of services are other barriers Latinx older adults may face when seeking help. If the survivor is male, there may be fear of loss of respect and status. These same cultural beliefs can also serve as protective factors for Latinx older adults. The interdependency of family can offer comfort and support as a cohesive unit, combatting isolation and serving as a link to their cultural identity. Familial support might include housing options with extended family members, sponsorship in immigration matters or assistance and encouragement in maintaining traditional practices.

Strategies For Serving Latinx Survivors:

- As with all older adults, understand the older adult is the expert of their own culture and beliefs. Explore with the survivor the context of the abuse (how the older adult is perceived or treated, what is culturally acceptable and unacceptable). Assess the likelihood of reception to outside intervention.
- It is vital to connect the Latinx older survivor with culturally appropriate services, as they may fear they won't be treated with respect with traditional providers. They may also have a sense of distrust stemming from discrimination.
- It is important for advocates to remember that word spreads quickly in a Latinx community. If a Latinx survivor, advocate, or volunteer has a good or bad experience at one organization, they will likely share that with the community.

- Education and training for Latinx community leaders on issues related to sexual violence helps create a more knowledgeable and supportive community who can then spread the word about available services.
- For Latinx communities, faith is of particular importance in gaining a sense of community and a piece of home. Partnering with spiritual leaders can be a particularly effective method of outreach for these community members.

More Information on Serving Latinx Survivors:

- <u>Determining Prevalence and Correlates of Elder Abuse Using Promotores:</u> Low-Income Immigrant Latinos Report High Rates of Abuse and Neglect
- Esperanza United
- <u>National Center on Elder Abuse Research Brief: Mistreatment of Latinx</u> <u>Older Adults</u>
- National Council on Hispanic Aging



Tribal Communities

There is tremendous diversity of tribal communities in the United States; what they share are powerful identities based on their culture, language, and practices. Often, membership in a tribal community can offer mutual support, shared traditions, and a sense of belonging. Tribal elders are held in high esteem and are treasured for their wisdom and experience. Older adults in tribal communities, however, experience barriers in accessing services: the community may be geographically inaccessible for elders who reside in rural areas; elders may not speak English fluently or may not speak English at all; they may have encountered culturally insensitive service providers in the past. They may also hold a deeprooted distrust for non-Indian service agencies, law enforcement and criminal justice systems stemming from historical trauma caused by destructive policies and action of the United States government, including forced removal and displacement, violation of treaties, cultural genocide and discrimination, and assimilation policies such as the Indian boarding school system. Many tribes are federally recognized, self-governing sovereign Nations, which have created criminal and civil courts within the tribal government. Some have developed elder abuse, domestic violence, and sexual violence codes; however, determining jurisdiction over a particular crime can involve a complicated relationship between federal, state, and tribal governments. Various factors are considered to determine which court has jurisdiction, including the type of crime, where the crime took place, and whether the victim and perpetrator are tribal members. These jurisdictional issues can create additional barriers for providing safety for victims living in tribal communities and holding offenders accountable. Many Tribal communities also provide services to victims. When working with tribal communities, it is beneficial for non-tribal service providers to trust and respect the integrity of the tribal response. Service providers should be proactive by taking steps to learn who lives in their community, as the 2020 Census found only 13 per cent of those who identify as American Indian or Alaska Native live on reservations or other trust lands. Begin to build relationships with traditionally marginalized groups, recognizing efforts must begin with building trust.

Strategies For Working with Tribal Communities:

 Trust can be built by being seen out in the Tribal communities. Trust is gained through actions, not words. Building trust requires trustworthiness. Also remember that you are a guest on Tribal land.

- Learn more about the history, cultural beliefs, and cultural practices of nearby Tribal communities.
- Learn about and respect tribal sovereignty, history, and traditions as well as their Tribal codes.
- Collaborate to make referrals back and forth with Tribal resources. Tribal communities may be difficult to engage with if you are not a part of that community, so collaboration with Tribal resources becomes key.

More Information in Working with Tribal Communities:

- International Association for Indigenous Aging
- <u>National Indian Council on Aging National Resource Center on Native</u> <u>American Aging</u>
- <u>National Center for State Courts: Tribal Courts Resource Guide</u>
- <u>Reclaiming What is Sacred: Addressing Harm to Indigenous Elders and</u> <u>Developing a Tribal Response to Abuse in Later Life Paper</u>
- Southwest Center for Law and Policy

Elsie

"Well, it wasn't easy, but it had to be done. At least he wasn't in the courtroom. I had a whole parade of people on my side, was just glad they were there to support me."

Elsie describing her experience going through the court process after being abused by her adult son. A law enforcement detective, APS worker, 2 DV advocates and the administrator of the assisted living facility attended criminal court with her.



Providing Accessible Services for Older Survivors with a Physical or Cognitive Disability

When working with older survivors, service providers may encounter individuals who have a physical, cognitive, intellectual, psychiatric, or sensory disability. The disability may be the result of a disease or a condition that recently developed or it may be a condition the older adult has lived with for many years or their entire lives. Cognitive disabilities can include dementia, mental illness, traumatic brain injury, or a developmental disability. Keep in mind that some older adults who appear to have limited capacity may have temporary symptoms that are a result of trauma, inappropriate medications, or lack of sleep, food, or fluids. A thorough medical exam may be required to determine if cognitive capacity is an issue. Furthermore, recognize that older persons with a cognitive disability may be able to provide information about what has happened to them and what they need. Help the survivor by discussing options and issues they can address. If necessary, consider working with a trusted family member or friend on safety planning and decision making.

Strategies when Working with Older Survivors with a Physical or Cognitive Disability:

• Provide staff training on the topic of disabilities and how they may impact an older survivor's life.
- Review agency policies and building structures to ensure they meet the needs of survivors with a disability.
- Provide materials in large print and in an auditory form for individuals who have limited sight or are blind.
- Consider using text messaging to communicate with a victim who may be having difficulty articulating their needs. To eliminate the possibility of the abuser accessing the messages, the advocate and the victim could text in the same room using one phone that does not belong to the victim.
- Reach out to aging services, health care, and mental health professionals to determine an agreement on how to obtain a thorough medical and psychological evaluation to assist a survivor who may have a cognitive disability.
- Learn where you can access assistive living devices to help a survivor who may not have access to these items because of abuse.
- Consider how you store and distribute prescription medications if you work in a shelter program.
- Be prepared to accept service animals.
- Contact a <u>Center for Independent Living</u> to provide expertise and referrals for providing accessible services to survivors with a physical disability. Some programs in rural communities have requested onsite visits and the centers have provided ideas on what programs can do to improve accessibility.
- Connect survivors to Aging and Disability Resource Centers <u>Aging and</u> <u>Disability Resource Centers</u> | <u>ACL Administration for Community Living</u>. These centers seek to address the frustrations many older adults, people with disabilities, and family members experience when trying to learn about and access long-term services and support. Contact information for many of these centers can be found through the <u>Eldercare Locator</u> (<u>acl.gov</u>).

More Information when Working with Older Survivors with a Physical or Cognitive Disability:

- Activating Change
- <u>Creating Safety by Asking What Makes People Vulnerable</u> Disability Rights Wisconsin (DRW)
- **Disability Rights Field** Video presenter: Amy Judy
- Forging New Collaborations: A Guide for Rape Crisis, Domestic Violence, and Disability Organizations Vera Institute of Justice
- <u>A Practical Guide for Creating Trauma-Informed Disability, Domestic</u> <u>Violence and Sexual Assault Organizations</u> Disability Rights Wisconsin (DRW)
- <u>Promising Practices in Service Crime Victims with Disabilities</u> Office for Victims of Crime (OVC)

Ruth

"I'd had surgery on my neck and when I came home, he was my caregiver...he would leave...and be gone and I would be left alone in the house. ...I wasn't able to get up and walk around and I didn't get fed. He would take the brace off at night and he would say 'all I have to do is snap your neck and you'd be gone. Put you where dad is."



Providing Accessible Language Interpretation for Older Survivors

Providing effective services to older survivors of abuse requires an advocate and survivor to communicate on sensitive and difficult issues. Older survivors of abuse need to be able to speak in the language they are most comfortable with and clearly understand their options. Often older survivors who are deaf or for whom English is not their first language have used their children or other family members as interpreters. This can be dangerous, not only for the survivor but for the family member as well. Perpetrators may manipulate or threaten family members to alter the older adult's account or disclose confidential information. Additionally, the older adult may be ashamed or uncomfortable giving details of abuse to their adult child or family member. Language interpretation is a trained skill; bilingual speakers who are untrained in interpretation should not serve as interpreters.

Many rural communities may lack high-speed broadband, making language access difficult. Additionally, rural communities may not have qualified interpreters located close by to provide immediate crisis intervention to survivors for whom English is not their first language or for victims who are deaf, so adequate planning is essential. In-person language interpretation is preferred for a victim traumatized by abuse. If this service is not available for your community or too far away in a crisis, consider off-site services. Keep in mind that, in some cases, it might be necessary to not only find a qualified interpreter, but also one who understands the culture of your client. There could be misunderstandings if cultural nuances are not taken into account. Whenever possible, advocates should work with survivors when selecting an appropriate interpreter to ensure their safety and confidentiality is not compromised.

Strategies When Providing Accessible Language Interpretation for Older Survivors:

- Research what in-person and off-site interpretation and translation services are available. Not all Deaf victims use American Sign Language (ASL), so programs need to learn more about alternative methods of communication. Translation services such as <u>Google Translate</u> may fill an immediate gap. For more long-term solutions, research on local options may be necessary.
- Consider which languages are commonly spoken in your community to provide and seek out qualified, professional interpreters before you need them. Provide cross-training so that interpreters and domestic and sexual violence program staff can learn how to work together and ensure safety and confidentiality when working with victims. Create linguistic/cultural partnerships to more fully meet the interpretation needs of your client.
- Include a line item in each annual budget to pay for interpreters and any travel costs the interpreters may incur in providing these services. Similarly, budget for possible translation services.
- Develop a Language Access Plan, incorporating the plan into your agency's Standard Operating Procedures. Make sure all staff are trained on what to do, and what resources are available when providing services for an older adult with language access issues. Having these plans in place prior to a survivor needing them is necessary to ensure the agency is able to seamlessly provide language access when the survivor is in the midst of a crisis.

More Information on Providing Accessible Language Interpretation for Older Survivors:

- National Sign Language Interpreting Service for Deaf Victims Activating Change
- Language Access: A Planning Tool for Advocacy Organizations Esperanza United
- <u>Abused Deaf Women's Advocacy Services (ADWAS)</u> ADWAS partners with The National Domestic Violence Hotline (NDVH) to provide a 24/7 <u>hotline</u> for Deaf callers nationwide.
- <u>DeafHope</u>
- Interpretation Technical Assistance & Resource Center
- Language Access Planning
- National Domestic Violence Hotline 1-800-799-SAFE (7233), or text "START" to 88788.
- VAWNet Special Collection: Violence in the Lives of Persons Who Are Deaf or Hard of Hearing
- <u>Resource Guide for Advocates & Attorneys on Interpretation Services for</u>
 <u>Domestic Violence Victims</u>

Anne

"...He had drawn up a petition, how he did it, I don't know....to have me declared incompetent and put into a home and forged my signature on it."



Confidentiality and Privacy in Rural Settings

Confidentiality and privacy can be challenging when working with older adults, especially in a rural service area. Outreach and public speaking events offer an opportunity for community members to know the staff who work with victim service agencies. Survivors and their families may personally know the first responders, health care workers, social workers, and advocates who may provide help.

It is often the case in rural communities that everyone knows everyone. In these close-knit communities, an older survivor may feel hesitant to seek help due to the shame associated with abuse in later life and for fear of neighbors knowing intimate details of their life. There may also be the issue of confidentiality between clients, with survivors self-disclosing services received either personally or for other victims they may know. Advocates must do everything possible to assure confidentiality, not only to demonstrate respect for the older adult's privacy, but to increase access to services. News will travel fast if victims believe a service program cannot be trusted to respect privacy.

Confidentiality and privacy can also be compromised by elder abuse mandatory reporting requirements. Some state statutes may require domestic and sexual assault program staff to make an elder abuse report. Many advocates find mandatory reporting of elder abuse complicated, feeling it will affect the advocate's relationship with a victim. Domestic and sexual violence service programs need to clearly understand the mandatory reporting requirements in their state and how it may impact services offered to older adult survivors.

Strategies Regarding Confidentiality and Privacy in Rural Settings:

- Create an internal policy and practice regarding client privacy and confidentiality that both respects the need for support and recognizes privacy challenges. Ensure <u>VAWA confidentiality provisions</u> are followed.
- Learn about <u>mandatory reporting</u> and <u>reporting requirements in your state</u>.
 If mandatory reporting is required in your state, create a policy on making reports of elder abuse.
- If it is determined the advocate is a mandated reporter, before discussing the older adult's situation, the advocate should let the survivor know they are a mandatory reporter. The advocate should fully explain what that means for the survivor, giving them the opportunity to decide how much they feel comfortable disclosing.
- If a report is required, consider providing the option for the older adult to self-report.
- Provide training for all agency staff on elder abuse mandatory reporting laws in your state.
- Help survivors understand how mandatory reporting may affect confidentiality and privacy, and what an investigation may entail and plan accordingly for client safety.
- Create a policy that identifies how staff and survivors will respond in situations that may impact privacy such as court room appearances, emergency room visits, or just seeing a survivor at the grocery store, church, or school function. Discuss the policy with the older adult.

More Information on Confidentiality and Privacy in Rural Settings:

- <u>Confidentiality and Privacy</u> Video presenters: Alicia Aiken and Rebecca Henry.
- <u>Confidentiality Toolkit</u> National Network to End Domestic Violence (NNEDV)
- Mandatory Reporting: Working with Victims Video presenters: Rebecca Henry, Alicia Aiken, Bonnie Brandl, and Ann Turner.
- Mandatory Reporting: Tribal Communities Video presenters: Alicia Aiken and Vicki Ybanez.
- Mandatory Reporting: Working with Immigrants and Refugees Video presenter: Alicia Aiken.
- Mandatory Reporting of Elder Abuse for Victim Services Providers A 6part series of information sheets for sexual violence program advocates on mandatory reporting.
 - Part 1: What is Mandatory Reporting?
 - Part 2: Mandatory Reporting of Elder Abuse: Exploring the Benefits and Harms
 - Part 3: What Advocates Need to Know About Mandatory Reporting of Elder Abuse
 - Part 4: Tips for Working with Older Victims When You Are Mandated to Report Elder Abuse
 - Part 5: Developing Agency Policy on Mandatory Reporting of Elder Abuse
 - Part 6: Elder Abuse Mandatory Reporting Flow Chart for Victim Service Providers.

Ruth

"It would be nice if a social worker came with the police, because when the police take your son and they handcuff him and take him out of the house, there's nobody there for you to put their arm around you and say it's going to be alright. What can I do for you?"

Advocacy with Older Survivors

Many rural programs have limited staff, requiring advocates to wear multiple hats. It is crucial for advocates to consider additional advocacy needs for older survivors seeking their services. Thankfully, rural agencies tend to have fewer clients than urban agencies, which may allow advocates to spend more time with each one. Many programs have legal advocates to help maneuver the legal system or child advocates to help children and their parents identify needs and provide support during a child abuse investigation. Older adults often have unique needs and could benefit from working with an advocate who specializes in abuse in later life. Elder abuse cases can be complicated, and many different systems may be involved in a specific case, sometimes against the victim's wishes. A welltrained advocate can assist an older adult by providing emotional support while helping to navigate and balance the demands and requirements of the system and the needs of that survivor.

Strategies When Advocating for Older Survivors:

 With older adults, it is important to spend the time to build trust and rapport with that person. A warm handoff (or personally transferring care from one provider to another in the presence of the survivor) to a partnering agency might be more effective than giving the older person a phone number to call, increasing the likelihood that person will take advantage of the partner referral.

- Remain focused on empowering the older adult to make informed decisions for themselves. After all, the older person is the expert in what they need.
- Offer an advocate to accompany older survivors to a law enforcement or adult protective services investigation to provide expertise on victim safety and emotional support.
- Support older adults in navigating Social Security or other financial systems if their funds have been stolen by an abuser.
- Offer support on legal issues such as with a Power of Attorney (POA) or Guardianship/Conservatorship order. These documents may be a simple agreement between two individuals, or a court order based on a victim's mental capacity designed with the intent to help the victim with financial, health, and end of life decisions. While these documents are beneficial when used appropriately, abusers can use these tools to maintain control over an older person's assets and communications with others.

More Information When Advocating for Older Survivors:

- Legal Advocacy Video presenters: Ann Turner, Alice Ghareib, and LaTrice Buck.
- **Economic Advocacy** Video presenters: Sue Hall Dreher and Latrice Buck.



Safety Planning with Older Survivors

Safety planning is a process in which an advocate and a victim work together to create a plan to enhance victim safety. Advocates provide support and guidance to design a safety plan based on how the survivor defines risk in their current situation. Safety planning recognizes that not all survivors are going to want to report what is happening or they may not benefit from the criminal or civil court process. It also recognizes not all survivors want to leave the person who is causing them harm.

Abuse in later life survivors can benefit from many of the same safety planning methods used to assist younger individuals. However, advocates may need to consider additional factors such as the health of the survivor and the perpetrator. Is either the survivor or the perpetrator providing caregiving services? The relationship between them may also be a factor when safety planning. For example, is it reasonable to expect no contact if the person using abusive tactics is an adult child or grandchild? Safety measures commonly used with younger survivors, such as using a cell phone to get help may not be an option for an older adult who is not comfortable with the technology. In addition, in rural areas cell phone reception can be limited and unreliable. Seeking support from a neighbor may not be an option because close neighbors may not exist. Calling 911 when a limited number of law enforcement officers cover large geographical areas may make a timely law enforcement response unlikely.

Strategies When Safety Planning with Older Survivors:

- Secure the victim's home by reinforcing doors and windows to slow forced entry by a perpetrator while a victim waits for law enforcement to respond.
- Plan for escape, especially if the survivor is still living with the perpetrator.
 A hidden set of car keys and necessary items like a purse and coat and a small amount of cash near the door may make it easier for the older adult to leave quickly.
- Determine how a survivor's pets, service animals, or livestock fit into safety planning.
- Finding places to hide in the home or on the property when leaving is not an option.
- Set up a code word. Help the survivor explore who in the family, neighborhood, or community could be a trusted friend. Encourage the older adult to include this trusted friend in their safety plan by setting up a code word so a phone conversation could bring help.
- Create a visual cue that could signal the need for help. For example, having the survivor let trusted people know that if they hang a particular item of clothing on an outdoor clothesline, they need help.
- Seek information about guns in the home. Ask if the alleged perpetrator
 has used guns to threaten or intimidate the survivor or others in the
 community. Find out if the perpetrator routinely carries a gun or has one in
 their vehicle. Discuss with the survivor how to limit gun access such as by
 removing guns and/or ammunition from the home, locking guns in a gun
 cabinet, etc. It is important to take direction from the survivor as to how
 the abuser will react to any removal or restrictions of guns and
 ammunition.
- Consider other service providers. Additional eyes and ears in the home can add additional safety options for an older adult experiencing abuse. Are there any senior services the survivor may be eligible for, such as home

delivered meals or home health care? Provide training to other agencies on signs of possible abuse and consider senior service providers as possible allies when safety planning with older adults.

• Discuss ways to break the isolation for a rural survivor of abuse. Simply offering referrals and information may not be effective when working with someone who has experienced many years of isolation and abuse. Recruit volunteers from senior centers and the faith community who could be a friend to the survivor and help introduce them to social functions designed for older adults in a community.

More Information Regarding Safety Planning with Older Survivors:

- Resources for Safety Planning with Older Survivors
 - Safety Planning with Older Victims
 - o Safety Planning Tips
 - o Personalized Safety Plan
 - Checklist: If You Need to Leave
- <u>Safe Havens Mapping Project</u> Provides a comprehensive state-by-state list of sheltering services for the animals of those experiencing domestic violence.



Emergency and Transitional Housing

Emergency and transitional housing can be crucial in helping survivors live free from violence. With that being said, many rural advocates report there is a severe lack of affordable housing in their area, as well as few options for older survivors of abuse to be safely housed. Emergency housing, often called a shelter, is designed to provide safety and support to individuals and families that need to leave a dangerous home environment. Shelters usually have a maximum stay of 30-90 days. Emergency housing may provide housing for women and children in a communal living situation where residents share a kitchen and other living areas. Some rural programs have set up "safe houses" for emergency housing. Safe houses are provided by volunteers who offer a room in their home to temporarily house a survivor for a designated period of time. These safe houses can be scattered throughout a service area giving multiple housing options. Other programs have agreements with nursing homes, local hotels or senior housing agencies to provide emergency temporary shelter for survivors. During an emergency housing stay, advocates offer safety planning, counseling, and legal advocacy with civil and criminal court system.

Abuse in later life impacts people from all genders, including men, transgender and non-binary individuals. Shelter solutions must account for safe options to house survivors of all genders, ensuring the same services are available to them as shelters serving female survivors. Some communities have determined transitional housing with longer stays work well with older adults. Older survivors of abuse can stay in transitional housing for up to two years and programs work with aging services to assure they have what they need to live independently. Advocates are available to assist with any needs a survivor may have and continue to work on safety and legal issues. They also provide emotional support in the form of support groups or counseling until survivors are ready for more permanent housing.

Emergency and transitional housing programs may have policies, such as mandatory school or work requirements that are not practical when working with older adults. Programs should review their housing policies and physical structures to better meet the needs of older adult survivors of abuse.

Strategies When Finding Emergency or Transitional Housing:

- Create a quiet area with limited background noise to interview older survivors.
- Assess common areas for safety for older adults: remove trip hazards and consider accessibility for those who might have mobility issues.
- Broaden eligibility definitions to include survivors who are abused by someone other than an intimate partner, such as those who are abused by an adult child, other relative, or caregiver.
- Allow a personal care attendant to provide assistance to a resident who may need additional care. Some programs have created a list of personal care attendants who are willing to help an older person in temporary housing. The volunteers in these programs receive training on topics such as the dynamics of abuse in later life, confidentiality, and victim-centered services.
- Allow exceptions to resident school or work requirements for an individual who may be retired or unable to work.

• Explore options with the survivor for care of service animals, pets, and livestock if they are deciding to leave the family home or are concerned about the animals' safety.

More Information When Finding Emergency or Transitional Housing:

- Providing Gender-Inclusive Services
- <u>Creating a Welcoming Atmosphere for Older Victims</u> Video presenters: Sue Hall Dreher, Amy Judy, Alice Ghareib, LaTrice Hogan, and Vicky Ybanez.
- <u>Emergency Housing</u> Video presenters: Alice Ghareib, Kathi Church, and LaTrice Buck.
- In Their Own Words A DVD and training guide created by the National Clearinghouse on Abuse in Later Life (NCALL)
- Sheltering Animals and Families Together (SAF-T)
- <u>Transitional Housing</u> Video presenters: Alice Ghareib and LaTrice Buck.

Thelma

"All of a sudden, I find this group...I found a big difference, a huge difference. I felt alone, I'm not alone anymore."

Support Groups for Older Survivors of Abuse

Support groups break some of the isolation experienced by rural survivors of abuse and provide an opportunity for them to share their life stories and offer support to each other. Because older survivors' challenges are often different from those faced by younger survivors, they may not be comfortable participating in groups with younger survivors. Rural communities may have additional factors to consider when planning a support group. Limited interest can make it a challenge to start a group. Populations in rural communities can be spread out for many miles and public transportation is often non-existent. Finding a location that is accessible for older adults can be challenging.

Strategies When Considering Support Groups for Older Survivors of Abuse:

- Plan a lunch meeting with survivors to pursue their interest in starting a support group. Groups do not need a large number of participants to be effective. Survivors can receive support and education from 2-3 individuals who meet regularly and share their experiences. Have these small groups in several locations.
- Consider hosting a virtual support group in areas with reliable broadband coverage. <u>Online Groups — Safety Net Project (techsafety.org)</u>. The Safety Net Project, part of the National Network to End Domestic Violence, explores technology safety in the context of intimate partner violence, sexual assault and violence against women. The Project includes best practices for Online Community as well as how to navigate the privacy and safety risks of participating in the group.

- Consider working with existing transportation services available for older adults in the community to get older survivors of abuse to and from support groups.
- Consider holding support groups in existing public buildings where older adults already congregate such as a hospital or senior center. Some survivors may be hesitant to come to a space where they may be seen by others. Consider buildings with a private entrance to protect confidentiality.
- Provide gas vouchers or mileage reimbursement for survivors who can drive to the group.
- Arrange ride sharing from different locations.

More Information for Support Groups for Older Survivors of Abuse:

- <u>Starting and Facilitating Support Groups for Older Women</u> Video presenters: Sue Hall Dreher, Alice Ghareib, and LaTrice Buck.
- How to Encourage Attendance and Participation in Support Groups

 Video presenters: Sue Hall Dreher, Alice Ghareib, and LaTrice Buck.

Lova

"...when you talk in the group...when I say something, they know exactly where I'm coming from and it really makes you feel good that somebody else knows where you're coming from. Other people can't understand it unless they've been there, and unless they're a mother."



Outreach in Rural Communities

Getting the word out about the issue of abuse in later life and the services available is critically important, especially in rural areas where local media sources can be very limited, and the culture may encourage silence on the issue. The old adage "If you build it, they will come" is not always effective when reaching out to older survivors of abuse. Older survivors often feel that domestic and sexual violence services are for younger women with children and not for them. Therefore, programs are encouraged to design outreach materials that specifically address older survivors of abuse.

Outreach Strategies:

- Include images of older individuals in written materials and outreach campaigns and ensure that the images and messages portray older adults in a way that respects their diversity, resilience, and life experience.
- Use language that is comfortable for older people. Phrases such as "domestic violence," "sexual assault," and "elder abuse" may not resonate with older adults. Describe specific forms of abuse such as withholding medicine, refusing to let you go out with friends, putting you on an allowance, doing sexual acts that make you uncomfortable, etc.
- List phone numbers of elder services and adult protective services on resource materials.

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- Include articles on abuse in later life in program newsletters.
- Create placemats to be used at meal sites and by agencies providing home delivered meals with information about abuse in later life and available services.
- When developing materials about domestic abuse or sexual assault in later life, use <u>plain language</u> in a readable font type and size. The most accessible fonts are in the Sans-Serif font family including Arial, Verdana, Tahoma, and Helvetica. Font sizes between 14 to 18-point will be easier to read.
- Host a booth at events where older individuals gather to offer information on abuse in later life. Purchase giveaway items (e.g., pens, magnets, magnifying glasses) with contact information for APS, the domestic and sexual abuse program, victim advocacy, and aging network services phone numbers so an abuser will not get suspicious.
- Talk to audiences of older adults as if they might be victims or may know older victims. Do not focus on discussing domestic violence or sexual assault as if it might only happen to a younger family member or younger friend.
- Work with elder service agencies to organize "Safety in Your Home" sessions that cover information on fire danger, security, and falls. Include information on abuse in later life.
- Invite older survivors to participate on survivor panels or to share their story at events. Always consider safety and confidentiality concerns first.

More Information on Outreach Strategies:

- From the Front of the Room: A Survivor's Guide to Public Speaking A resource guide created by the National Resource Center on Domestic Violence (NRCDV) to explore the journey of sharing their story with the public.
- Outreach Materials and Strategies Video presenters: Ann Turner and Alice Ghareib.

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• <u>Tips for Working with Older Survivors Who Want to Share Their Stories</u> – Video presenters: Bonnie Brandl, Lisa Furr, and Anne Menard.



Faith Communities

It is difficult to discuss the topic of outreach without including a discussion on the role faith plays in the lives of so many older adults and the importance of engaging faith leaders in collaborative efforts. For survivors who are religious, spiritual, or affiliated with a faith community, faith can be both a barrier and a resource. As a barrier, survivors may be following particular teachings of their faith and they remain with their abuser; expectations within faith communities can curtail their choices. As a resource, "faith communities are perfectly and uniquely located to detect and respond to abuse in later life." (Safe Havens and NCALL, 2013). Faith leaders are often deeply respected and trusted. Because of this trust, older adults may reach out to them to disclose abuse. They play an important role in connecting the survivor with the service provider. This is especially important in underserved communities where institutions that serve the wider community may not be trusted.

Strategies When Working with Faith Communities:

- It is important for faith communities and domestic and sexual violence service providers to partner together to fully meet the needs of the survivors. This partnership may not be without its challenges:
 - When older adults experiencing abuse are wrestling with faith-based questions around forgiveness, healing, divorce, etc., service providers may be uncomfortable due to struggles with their own faith, perceived restrictions around talking about faith with government funding, unease with those who proselytize, etc.
 - Some providers try to not 'take sides' if they are in the same congregation with the survivor.
 - Faith leaders and domestic and sexual violence service providers have different areas of expertise. They may also have different timelines, with faith leaders working with the family through time and across generations, while service provider may only be involved for a short time.
 - Abuse in later life is a relatively new field. Both faith leaders and service providers may lack training, resources, and familiarity with a team approach.
 - Turf issues may exist. Faith leaders may get defensive for not recognizing the abuse. Service providers may feel interventions by faith leaders are ineffective, unsafe, or a challenge to their professional skills.
- To get past these challenges, find common ground and shared values. Strong alliances between faith communities and service providers should not be limited to working a specific case. Partnerships must be ongoing with common goals such as improving the quality of life of older survivors and addressing social justice issues like ageism.
- Build a partnership grounded in trust. Listen respectfully, follow up, and communicate regularly. Establish ground rules that support partnership and face and discuss challenges.

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- Make sure as many people as possible learn the warning signs and how to respond.
- Consider opportunities for partnering such as fundraising or taking up a collection of articles particularly in need (toiletries, clothes, toys).

More Information When Working with Faith Communities:

- Bringing Together Faith and Safety for Older Adults: A Resource for Faith Communities and Faith Leaders
- Partnering to Address Faith and Safety: A Guide for Faith Leaders and Domestic and Sexual Violence Service Providers to Assist Older Victims of Abuse – This toolkit created by Safe Havens Interfaith Partnership on Domestic Violence and Elder Abuse and NCALL
- <u>Where Faith and Safety Meet: Faith Community and Service Provider</u> <u>Partnerships to Strengthen Support for Elder Abuse Victims and Survivors</u>

Patsy

"I went to the priest...I had my hand on the door but couldn't turn the handle because I knew he would find out...and then what would he do to me?"

Patsy describing the fear she has of her husband learning that she had shared her experience with her priest.



Working Together

Cases of abuse in later life and elder abuse are often extremely complex and no one program will meet all the needs of an older survivor of abuse. All too often, older survivors do not receive the services they need or get caught in a referral loop, being referred from one service program to another, only to return to where they started. By working together, with a focus on victim safety and offender accountability, agencies can provide their unique perspectives to gain a more complete picture of possible options to better meet the needs of older survivors. In fact, capacity issues within rural communities might necessitate this inter-agency collaboration. Because rural areas tend to have few resources or share resources over large geographic areas, inter-agency communication and rapport is especially important. Rural communities report strong connections between service providers and are willing to step out of their silo to collaborate to fully assist their client. When partner agencies start to see common issues pop up (such as food insecurity or housing challenges), rural communities can be nimble in addressing the need. As a result of personal connections in the community, collaboration may naturally occur.

Many domestic and sexual abuse service programs already have a multidisciplinary team such as a Coordinated Community Response Team (CCR) or Sexual Abuse Response Teams (SART) to assist agencies in reviewing and planning for a coordinated community response. Communities will need to determine whether to start new or include the issue of abuse in later life and elder abuse in an existing team. Limited staff numbers in rural areas can make starting a new team challenging, since many times the same professionals are asked to attend numerous meetings.

One of the challenges of incorporating abuse in later life into an existing group is keeping the issue at the forefront of discussions. Some communities have found it useful to create an abuse in later life subgroup that meets before the regular meeting or create meeting agendas with dedicated time to focus on abuse in later life and elder abuse at each meeting. CCR and SART projects will need to be proactive to include this issue when there is limited staff working on many issues.

Collaborative Strategies:

- Expand existing multidisciplinary efforts to include additional partners who hold integral roles in helping older victims of abuse such as:
 - Area Agency on Aging (AAA) The aging services network refers to professionals and volunteers who lend ongoing support and services to older adults. AAA provides a range of options that allow older adults to choose the home and community-based services and living arrangements that suit them best making it possible for older adults to remain in their homes and communities as long as possible. These services may include, but are not limited to transportation assistance, in-home care, nutrition services, health services, and prevention and wellness programs. As these individuals often work with older adults on a daily or weekly basis, they may witness bruises or other injuries or hear potential victims describe their abuse, neglect, exploitation, or fear.
 - Adult Protective Services Adult Protective Services (APS) workers investigate allegations of abuse, neglect, and exploitation of older and/or vulnerable at-risk adults. APS is typically administered by state or

county human services or aging agencies. In almost all states, a broad array of professionals, including doctors, nurses, law enforcement officers, social workers, and aging and disabilities services providers are mandated to report any suspicion of elder abuse and/or vulnerable adult abuse, neglect, or exploitation to APS.

- Long-Term Care Ombudsmen Long-Term Care Ombudsmen are advocates for residents of nursing homes, board, and care homes, and assisted living facilities. Under the federal Older Americans Act, every state is required to have an Ombudsman Program that addresses complaints and advocates for victims of abuse in the long-term care system.
- Form a Coordinated Community Response (CCR) Team to share interagency policy and practice perspectives. Focus on what systemic change in current response might strengthen victim safety and increase offender accountability. Be intentional and informative in the onboarding process with new partners.
- Have CCR partners report what they DON'T provide, reframing the usual method of inter-agency education where agencies report what they do. It is sometimes easy to assume we know what each agency offers. This reversal helps to dispel misconceptions about what different disciplines offer, leading to a more in-depth understanding of each partner agency.
- Establish equitable collaboration with culturally specific programs, taking the time to build respectful relationships. Involve them in priority-setting discussions from the beginning while welcoming various communication styles and formats. This is important because older adults may be more comfortable turning to the resources and support offered by the organizations and programs that advocate for the communities with which they identify: persons with physical disabilities, persons who are deaf, traditionally marginalized populations such as communities of color, immigrants, LGBTQIA+ persons, and tribal communities.

- Invite faith-based organizations. Faith holds a central place in the lives of many older adults and may be the first place survivors and family members turn for help.
- Allow time for abuse in later life advocates to participate in other committees in service areas such as housing committees.
- Take the time to lay the foundation for a true coordinated, community response to abuse in later life cases; creating an environment where collaboration is valued, each agency's input is needed, and sharing their thoughts and strategies is encouraged and safe.
- Mapping exercises (putting yourself in the shoes of a victim accessing services) are an effective method to not only look at the older adult's experience going through the 'system' but to identify any needed interagency training.

More Information on Working Together:

- <u>Advocacy Challenges in a CCR: Protecting Confidentiality While Promoting</u> <u>a Coordinated Response</u>
- <u>Benefits of Collaboration</u> Video presenters: Juanita Davis, Sue Hall Dreher, LaTrice Buck, and Amy Judy.
- Forging New Collaborations: A Guide for Rape Crisis, Domestic Violence, and Disability Organizations
- Working Together to Effectively Address Abuse in Later Life



A Word About COVID-19

At the time of this writing, COVID-19 has moved slowly from pandemic to endemic. However, there are some aspects of pandemic service delivery that will likely remain, such as virtual services and connectivity issues in rural communities.

Strategies to Consider When Providing Services During an Endemic:

- Develop various options to stay connected to older adults depending on the reliability of internet in the community and the older adult's various levels of comfort with technology.
 - For older adults who are comfortable with technology and live in communities with reliable internet, consider virtual options for outreach and services.
 - Offer online options for advocacy work, such as virtual platforms like
 Zoom for older adults not yet comfortable with in-person services or
 with transportation challenges.
 - To combat isolation, consider an online support group to create a sense of community, which can serve as a protective factor against elder abuse.
 - Encourage the use of chat text and hotlines.
 - For older adults less comfortable with technology, or in communities without access to reliable internet, consider other options.

- Be present and visible in the community, at places frequented by older adults (such as the local senior center, library, or hospital).
- Conduct outreach to natural community leaders who can serve as connectors/referrals to available services.
- Look at agency policies around meeting older adults *in* the community (mobile advocacy), thus expanding access to services.
- Call on faith leaders to connect with older adults.
- Increased use of technology during the pandemic brought more risk of financial scams. Thankfully, there are several measures older adults can employ to reduce their risk of falling victim to these scams. Resources listed below can be utilized by advocates to support older adults in being tech safe.
- Address the long-term impact of isolation caused by COVID.
 - Brainstorm ways to connect with older adults isolated at home. Ideas may include enrolling them in a meal service such as Meals on Wheels, connecting them with donated cell phones, or educating them on how to utilize transportation options designed for older adults.
 - Emphasize self-care with the older adult.

More Information on Tech Safety:

- If someone suspects they have been financially scammed, local police should be contacted and a report taken. Then contact your State Bureau of Consumer Protection and the National Elder Fraud Hotline at 1-833-FRAUD-11.
- The toolkit, <u>Tech Safety + Older Adults</u>, updated by NCALL in October 2020, is aimed at helping older adults identify ways to safeguard themselves from those who misuse technology to control, harass, stalk and/or threaten them.
- National Network to End Domestic Violence's <u>Safety Net Project</u> focuses on the intersection of technology and domestic and sexual violence and works

to address how it impacts the safety, privacy, accessibility, and civil rights of victims.



Conclusion

As the number of Americans aged 50 and older grows, abuse in later life and elder abuse are only expected to worsen. Rural domestic and sexual violence program advocates have a clear understanding of power and control dynamics, lethality, and safety and can play a critical role by providing services for older survivors. There is reason for optimism. Programs have found that traditional methods of providing services may not be effective when serving survivors who are 50 and older and have been successful in making changes to better meet the needs and reach out to this population. Advocates across the nation are forming professional relationships with local resources and services in order to more fully support older adult survivors, especially important in rural areas with limited resources. Together, we make each other stronger. We honor and thank you for the important and sometimes difficult work you do, especially in the rural areas of the United States. We hope this toolkit is helpful in your efforts to reach out to older survivors in your community.

Acknowledgements

As a part of the process of updating this document, NCALL conducted two focus groups to gather firsthand information from those working in rural communities. Thank you to these focus group participants: Sue Frawley from the Center for Elder Law and Justice, Sydney Jordan from Harmony House, Holly Sweezy-Duran from Kaw Nation, Dr. Patricia Davenport from Our House, Norma Obrist from Tides of Change, Bonnie Claxton from the Eastern Band of Cherokee Indians, Alyssa Groen from the City of Nampa, Stephanie Parker from the Nevada Office of Attorney General, Margaret Carson from the Muckleshoot Tribe Adult Protective Services and Kristen Pine from the Norfolk Family Justice Center. We truly appreciate your insight and all you do to support victims of abuse in later life.

NCALL would also like to thank Praxis International for their work as Technical Assistance Providers for rural programs throughout the United States and their assistance with reviewing this document and getting this information out to rural programs.

This project was supported by Grant No. 15JOVW-21-GK-02196-MUMU awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Acknowledgements from Ann Turner, author of the original version of this toolkit:

I would like to thank Diane Wolff and Beth Plautz of End Domestic Abuse Wisconsin, who have worked with the rural programs throughout the state of Wisconsin. I would also like to thank Joyce Yedlosky of the West Virginia Coalition Against Domestic Violence (WVCADV) for helping me to consider the many aspects of providing abuse in later life victim services in a rural community. Joyce is the Protective Services Coordinator with WVCADV and has provided support and training on abuse in later life to rural advocates throughout West Virginia. I would also like to thank Pam Luce, the Elders Victim Advocate with the Little Traverse Bay Bands of Odawa Indians, for their help with defining tribal jurisdictional challenges.

I also want to thank the professionals who shared their time and expertise by reviewing and providing feedback. Victoria Ybanez, Executive Director of Red Wind Consulting, Kenya Fairley of the National Resource Center on Domestic Violence (NRCDV), Sara Bergdolt-Munzer of the Family Violence Program of Pitt County and Marlene Pruitt of Help, Inc. Sara and Marlene have designed successful abuse in later life programs in rural areas of North Carolina.

We used stories and quotes from survivors throughout this booklet. Special thanks to Betty, Elsie, Anne, Lova, Patsy, Ruth, and Thelma for their courage and strength. Thank you for sharing your stories of survival so we can better understand.

And finally, I want to thank Janice Green at the Office on Violence Against Women for her leadership and commitment to assuring the voices of older adults continue to be heard and the NCALL team—Bonnie Brandl for her leadership on this important issue, Maddie Kasper for her attention to detail when editing and providing suggestions, and Sara Mayer for her beautiful formatting of the booklet.

Resources

- <u>Abuse in Later Life Power & Control Wheel</u>
- <u>Abuse in Later Life</u> This video describes what is meant by the term abuse in later life and why it is important to focus on this population.
- <u>Culture, Language, and Access: Key Considerations for Serving Deaf</u>
 <u>Survivors of Domestic and Sexual Violence</u> Center on Victimization and Safety, Vera Institute of Justice
- Preventing and Responding to Domestic & Sexual Violence in Later Life This Special Collection brings together selected materials related to preventing and responding to elder abuse, specifically domestic and sexual violence.
- <u>Respect Together</u>
- <u>Sexual Abuse in Later Life</u> Holly Ramsey-Klawsnik, Ph.D. and Bonnie Brandl, MSW. Sexual Assault Report, 12, 6. July/August 2009.
- Working with Victims Age 50-62 This video focuses on barriers this age group may encounter in accessing services.
- Acierno, R., (2013). Elder Mistreatment Facts and Figures: The National (USA) Elder Mistreatment Study. Paper presented at the Forum on Global Violence Prevention, Washington, D.C.
- 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(2): 292-7.
- Administration for Community Living, Administration on Aging, U.S. Department of Health and Human Services (2022). <u>2021 Profile of Older Americans</u>.

- Allen, J. O., Solway, E., Kirch, M., Singer, D., Kullgren, J. T., Moïse, V., & Malani, P.
 N. (2022). Experiences of everyday ageism and the health of older US adults. JAMA network open, 5(6), e2217240-e2217240.
- Balcarcel, E., Jama, H., & Yusef, M. Cultivating Inclusive Practices: Working with Rural Immigrant and Refugee Communities. Resource Sharing Project. Rural Training & Technical Assistance.
- Bancroft, L. (2003). Why does They do that? Inside the minds of angry and controlling men. Penguin.
- Beach, S. R., Schulz, R., Castle, N. G., & Rosen, J. (2010). Financial exploitation and psychological mistreatment among older adults: Differences between
 African Americans and non-African Americans in a population-based survey. *The Gerontologist, 50*(6), 744-757
- Beaulaurier, R. L., Seff, L. R., Newman, F. L., & Dunlop, B. (2005). Internal barriers to help seeking for middle-aged and older women who experience intimate partner violence. *Journal of Elder Abuse & Neglect*, *17*(3), 53-74.
- Beaulaurier, R. L., Seff, L. R., Newman, F. L., & Dunlop, B. (2007). External barriers to help seeking for older women who experience intimate partner violence. *Journal of Family Violence*, *22*, 747-755.
- Brandl, B., Dyer, C. B., Heisler, C. J., Otto, J. M., Stiegel, L. A., & Thomas, R. W. (2006). *Elder abuse detection and intervention: A collaborative approach*. Springer Publishing Company.
- Brandl, B., & Raymond, J. A. (2012). Policy Implications of Recognizing that Caregiver Stress is Not the Primary Cause of Elder Abuse. Generations, 36(3), 32-39.
- Block, K., Mayer, S., and National Clearinghouse on Abuse in Later Life. (2020). Confronting Ageism, Racism, and Abuse in Later Life During COVID-19.

- Bureau of Justice Statistics. "Special Analysis of Data from the National Crime Victimization Survey." Data Source: BJS, National Crime Victimization Survey, 1993-2011. Results Generated: May 6, 2013.
- Davis, J., Block, K., Vera Institute of Justice, & United States of America. (2020). <u>Increasing Access to healing Services and Just Outcomes for Older African</u> <u>American Crime Survivors: A Toolkit for Enhancing Critical Knowledge and</u> <u>Informing Action Within the Crime Victim Assistance Field</u>. *Annotation*.
- DeLiema, M., Gassoumis, Z. D., Homeier, D. C., & Wilber, K. H. (2012).
 Determining prevalence and correlates of elder abuse using promotores:
 Low-income immigrant Latinos report high rates of abuse and
 neglect. *Journal of the American Geriatrics Society*, 60(7), 1333-1339.
- Few, A. L. (2005). The voices of black and white rural battered women in domestic violence shelters. *Family Relations*, *54*(4), 488-500.

Housing Assistance Council. Rural America at a Glance.

- James, C. V., Moonasinghe, R., Wilson-Frederick, S. M., Hall, J. E., Penman-Aguilar, A., & Bouye, K. (2017). Racial/ethnic health disparities among rural adults— United States, 2012–2015. *MMWR Surveillance Summaries*, 66(23), 1.
- Lifespan of Greater Rochester, et al. 2011. <u>Under the Radar: New York State Elder</u> <u>Abuse Prevalence Study. Self-Reported Prevalence and Documented Case</u> <u>Surveys, Final Report</u>. New York: William B. Hoyt Memorial New York State Children and Family Trust Fund, and the New York State Office of Children and Family Services.
- Litton, L. J., & Ybanez, V. (2015). <u>Reclaiming what is sacred: Addressing harm to</u> <u>Indigenous elders and developing a tribal response to abuse in later</u> <u>life</u>. Madison, WI: National Clearinghouse on Abuse in Later Life/End Domestic Abuse Wisconsin.

MacroTrends, <u>U.S. Rural Population 1960-2023</u>. Retrieved from: <u>https://www.macrotrends.net/countries/USA/united-states/rural-population</u>

- National Caucus and Center on Black Aging, Inc. (2021). <u>Black and Aging in</u> <u>America</u>.
- National Center on Elder Abuse (2020). <u>Research to Practice: Mistreatment of</u> <u>African American Elders</u>.
- National Center on Elder Abuse (2020). <u>Research Brief: Mistreatment of Latinx</u> <u>Older Adults</u>.
- National Center on Elder Abuse (2021). <u>Research Brief: Mistreatment of Asian</u> <u>Pacific Islander (AAPI) Elders</u>.
- National Center on Elder Abuse (2023). <u>Fact Sheet: Elder Mistreatment</u> <u>Interventions and Resources in AANHPI Communities</u>
- National Center on Elder Abuse (2023). <u>Fact Sheet: Understanding Elder</u> <u>Mistreatment in Asian American and Pacific Islander Communities</u>
- National Center on Elder Abuse, SAGE, and APS Workforce Innovations (2023). <u>LGBTQ+ Inclusive Intake + Engagement for Elder Justice Professionals</u>.
- National Resource Center on LGBTQ+ Aging, (2022). <u>How to Use Gender</u> <u>Pronouns</u>.
- Paranjape, A., & Kaslow, N. (2010). Family violence exposure and Health outcomes among older African American women: Do spirituality and social support play protective roles? *Journal of women's Health*, 19(10), 1899-1904.
- Probst, J. C., Ajmal, F., <u>Rural & Minority Health Research Center Findings Brief</u>, July 2019, Social Determinants of Health Among Rural Asian and Pacific Islander Populations.

- Resource Sharing Project: Rural Training and Technical Assistance. (2021). <u>Supporting Lesbian, Gay, Bisexual, Transgender, and Queer Rural Sexual</u> <u>Violence Survivors</u>.
- Rogers, C. C. (2002). The older population in 21st century rural America. *Rural America/Rural Development Perspectives*, *17*(2221-2019-2532), 2-10.
- Safe Havens Interfaith Partnership Against Domestic Violence and National Clearinghouse on Abuse in Later Life (2013). <u>Partnering to Address Faith</u> <u>and Safety: A Guide for Faith Leaders and Domestic and Sexual Violence</u> <u>Service Providers to Assist Older Victims of Abuse</u>.
- Sherman, C. (2021). <u>Elder Justice and Racial Justice</u>, Practice-Perspectives, The National Association of Social Workers, Fall 2021.
- Smith, A. S., & Trevelyan, E. (2019). The older population in rural America: 2012-2016. US Department of Commerce, Economics and Statistics
 Administration, US Census Bureau.
- Stark, E. (2009). *Coercive control: The entrapment of women in personal life*. Oxford University Press.
- Starr White, R., and Vera Institute of Justice, & United States of America. (2020). <u>Transformational Collaborations: Considerations to Apply a Racial Equity</u> <u>Lens</u>.
- Teaster, P. B., Roberto, K. A., & Dugar, T. A. (2006). Intimate partner violence of rural aging women. *Family relations*, *55*(5), 636-648.
- Trevelyan, E., Gambino, C., Gryn, T., Acosta, Y., Grieco, E., Harris, D., Walters, N.,
 Characteristics of the U.S. Population by Generational Status: 2013 'Current
 Population Survey Reports, P23-214, U.S. Census Bureau, Washington, DC,
 2016.

- University of New Hampshire, Carsey School of Public Policy. (2022). National Issue Brief #160, <u>Rural America Lost Population Over the Past Decade for</u> <u>the First Time in History</u>.
- U.S. Census. (2023). <u>Census Urban and Rural Classification and Urban Area</u> <u>Criteria</u>.
- U.S. Census. (2022). <u>What Languages Do We Speak in the United States?</u>
- U.S. Census Bureau. (2012). <u>U.S. Census Bureau Projections Show a Slower</u> <u>Growing, Older, More Diverse Nation a Half Century from Now.</u> Retrieved from: <u>https://www.census.gov/newsroom/releases/archives/population/cb12-243.html.</u>
- U.S. Department of Justice. (2014). <u>The elder justice roadmap, a stakeholder</u> <u>initiative to respond to an emerging health, justice, financial and social</u> <u>crisis</u>.
- Vinton, L. (1998). A nationwide survey of domestic violence shelters' programming for older women. *Violence Against Women*, *4*(5), 559-571.
- Wiglesworth, A., Mosqueda, L., Mulnard, R., Liao, S., Gibbs, L., & Fitzgerald, W.
 (2010). Screening for abuse and neglect of people with dementia. Journal of the American Geriatrics Society, *58*(3), 493-500.
- Wilke, D. J., & Vinton, L. (2005). The nature and impact of domestic violence across age cohorts. *Affilia*, *20*(3), 316-328.
- Women of Color Network (2008). <u>Facts and Stats: Elder Abuse in Communities of</u> <u>Color</u>.

