

A Safe Place to Heal:

Addressing the Emergency Shelter and Transitional Housing Needs of Older Survivors of Abuse

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My abuse started when I was 16 and continued until I was 62. Every scenario that you can think of: the beatings; being taken away farther and farther from my family; not letting me do anything; having to ask permission for everything.

Early in the marriage when I was beat up really bad, I called the police and they came, and said ‘we will talk to your husband.’ They took him away but a couple of hours later he came back and beat me up again.

Once I went to the doctors and they saw bruises, and I called the authorities again, and the scenario repeated. Of course my husband acted all sweet and nice, but then he took away more and more of my freedom. All of this time I wondered what I was doing wrong, why couldn’t I shape up?

A few times I went and got protection orders, but those didn’t work either. He would come to the house and threaten me, and then I would have to call the court and say I was sorry that I had made a mistake, I was mad at him for something. Those orders back then didn’t do any good; I don’t know if they do now. But when he put the gun to my head, I had to call the police again because that was my life. No matter who I reached out to—friends, family, police, and the courts—it never worked and just made our life worse.

Working was my only savior. He wouldn’t work so I had to work three jobs to have freedom and time away from him. One time when I had run away from him, I was caring for an

Alzheimer's patient in her home and he threatened to burn her house down with her in it if I didn't come back to him.

Another time he forced me to take off all of my clothes and he put a gun to me and forced me to tell him I was having an affair (I wasn't). I'm old, I can't take all of these constant beatings from my husband. When people try to help me, it never works. Going to a domestic violence program was impossible because my husband monitored everything that I did.

Penelope¹, an older survivor, describes her life before going into a transitional housing program at a Roundtable on Emergency Shelter and Transitional Housing for Victims of Abuse in Later Life, at the U.S. Department of Justice in Washington, D.C., March 2016.

I. INTRODUCTION

Elder abuse, including physical, sexual and psychological abuse, as well as neglect and financial exploitation, affects about 5 million older adults each year, causing untold illness, injury and suffering for victims and those who care about and for them.ⁱ One in ten older adults² indicates that they have been abused, neglected or exploited in the previous year.ⁱⁱ Cases of elder abuse continue to rise,ⁱⁱⁱ yet, for every case that comes to light, another 23 remain unreported.^{iv} With 10,000 adults in the United States turning 65 each day, the significance of the prevalence of elder abuse—and its underreporting—is made all the more clear.^v When older adults report abuse, too few victims are receiving adequate assistance.

¹ The older survivor's name has been changed to preserve her confidentiality.

² "Older" is generally considered 60+, 65+ or 70+ depending on state statutes or funding streams, such as the Older Americans Act. Under the Violence Against Women Act (VAWA), which administers the only direct federal funding for victim services for older abuse victims under the Enhanced Services for Victims of Abuse in Later Life Grant Program, "older" includes victims age 50+.

Since approximately two-thirds of older victims are female, elder abuse is often a subset of violence against women.^{vi} Studies in the United States and globally consistently show that the majority of elder abuse cases involve female victims with spouses as perpetrators^{vii}. For example, the National Elder Maltreatment Study by Acierno and colleagues (2010) discovered the majority of physical violence against individuals 60 years and older was perpetrated by an intimate partner^{viii}. Emotional abuse and psychological forms of intimate partner violence (such as controlling behavior, or verbal abuse) are as prevalent among older women as younger women—but health-related trauma associated with non-physical abuse is often more severe for older women^{ix}. In addition to being intimate partners, perpetrators of abuse in later life³ are likely to be family members, paid and unpaid caregivers, and other persons in a relationship where the victim and society expect compassion and caring.^x Even when the abuser is not an intimate partner, the dynamics of power and control commonly experienced by younger victims and other forms of abuse may be present.

Some older victims are in life-threatening or dangerous situations and need a temporary place to live or new permanent housing. Yet, few options currently exist for older victims who are afraid to stay in their home. Some older victims leave their homes temporarily to stay with family or friends. Other victims sleep in their cars, on the streets, or in homeless shelters. In a country with an increasingly robust national network of services for victims of domestic violence, dating violence, sexual assault and stalking, the untenable choices around emergency shelter and transitional housing for older victims are unacceptable.

³ “Abuse in later life” describes the intersection of domestic violence, sexual abuse, and elder abuse. NCALL defines abuse in later life (ALL) as the willful abuse, neglect, or financial exploitation of an older adult who is age 50+ that is perpetrated by someone in an ongoing relationship (e.g., spouse, partner, family member, or caregiver) with the victim, as well as sexual abuse by any offender, including strangers.

To better understand and address the needs of older adults in crises, in 2016, the National Clearinghouse on Abuse in Later Life (“NCALL”) facilitated a Roundtable on Emergency Shelter and Transitional Housing for Victims of Abuse in Later Life (“Roundtable”). The Roundtable was jointly hosted by the U.S. Department of Justice, through the Office on Violence Against Women (“OVW”), and the U.S. Department of Health and Human Services, through the Administration for Community Living (“ACL”), and the Family Violence Prevention and Services Program (“FVPSA”).

To prepare for the Roundtable, NCALL conducted a literature review as an environmental scan of existing research, best practices, or field recommendations on emergency shelter and transitional housing for older survivors of abuse. That review demonstrated scholarship on the topic is practically nonexistent, with the exception of an article in the *Journal of Gerontological Social Work* describing a long-term care program for elder abuse victims^{xi}. No literature from the domestic violence field appears to address housing for survivors from the aging population. In addition, NCALL staff gathered stories and insights from local providers on the challenges they experience when trying to provide emergency shelter and transitional housing for older victims.

The Roundtable participants were a select group of experts in the elder abuse and domestic violence fields, including: four older survivors who had utilized emergency shelters and transitional housing; nine local victim service providers; two representatives from state domestic violence coalitions; eight national OVW funded technical assistance providers; and, more than a dozen policy and program specialists representing federal agencies responsible for administering victim services. Each of these perspectives revealed critical insights on how older survivors perceive and receive various types of victim services, and how advocates at local, state, and national levels can improve the available options. To share the lessons learned from the testimonies of the survivors, advocates and experts at the Roundtable, this article summarizes the overarching themes from the discussions and

offers recommendations for programmatic responses to better serve older adults experiencing abuse, so they may find a safe place to heal, and ultimately, to thrive.

II. EMERGENCY SHELTERS AND TRANSITIONAL HOUSING

a. Emergency Shelters

The Roundtable explored two categories of housing for older survivors of abuse: emergency shelter and transitional housing. Emergency shelter broadly refers to any facility with the primary purpose of providing temporary, short-term shelter for the homeless, or for specific populations of the homeless.^{xii} When used by domestic violence services providers, “emergency shelter” primarily refers to short-term housing supported by a domestic violence program, whether within the program itself or in a residential facility or other facility (i.e. a motel), provisioned by the program.^{xiii}

Domestic violence shelters are typically nonprofit organizations that provide free and confidential emergency housing and services for victims of domestic violence of any age and their dependent children (under the age of 18). Emergency housing is commonly available to clients in the program for thirty to ninety days. Residents typically participate in individual and group counseling and receive services such as safety planning, legal advocacy, assistance reestablishing financial autonomy, case management and referrals to other programs, including finding permanent housing. Generally, shelter residents have their own bedroom or share a bedroom with another resident or family. Common space, such as living rooms and kitchens, is often shared space within the shelter. Domestic violence shelters may receive funding from federal, state and local governments as well as private foundations and donors.

Elder shelters are another form of emergency housing for older victims of abuse. They offer safe, temporary shelter as well as confidential counseling, medical services, physical and psychological

therapeutic services, case management, referrals, legal advocacy, and spiritual support. Services are typically free to the older victim. Some elder shelters are housed in a facility, such as a nursing home, so staff can provide care for older victims with disabilities and/or significant health issues. Another elder shelter model makes use of empty beds in a network of group homes for emergency shelter that is available on an as-needed basis, or is located within an apartment in a senior housing program that is set aside for older victims of abuse. Stay times vary in elder shelters according to the type of program. When elder shelters are located in an assisted living facility/nursing home, some residents may stay permanently to address ongoing health issues, while other residents may only seek temporary support. Elder shelters may receive federal, state and local government funding as well as assistance from private foundations and donors.

b. Transitional Housing

Transitional housing programs provide lodging and services for victims of sexual assault, domestic violence, dating violence and stalking (regardless of age), to help them transition into permanent, affordable housing^{xiv}. The three main models of transitional housing are: 1) scattered site, 2) clustered site, and 3) communal living arrangements. Each of these models provide a survivor housing for anywhere from six months to two years while providing services such as economic and legal advocacy, case management, counseling, and referrals to other programs. Generally, transitional housing programs receive funding from federal, state and local governments as well as private foundations and donors.

In the scattered site model, survivors live in an apartment in the community in a rental unit at full market pricing and hold the lease in their own name. Occasionally, the transitional housing program holds the lease and subleases to the survivor. In this model, programs are not the landlord (unless they are subleasing to the survivor); they provide supportive services. This model allows for the survivor to

possibly remain in the unit once services have ended therefore eliminating the need to relocate again. In the clustered site model, the victim service provider owns a building with individual units for residents in a common location. The program is the landlord and service provider. Survivors live in a program-owned building or in one of the program-owned rental units for a specific period of time while they find more permanent housing and receive services. In the communal housing model, survivors may have separate or private bedrooms but share common space such as a living room, dining room, and kitchen while they are receiving services⁴.

III. EMERGENCY SHELTERS AND TRANSITIONAL HOUSING FOR OLDER VICTIMS OF ABUSE: BENEFITS & CHALLENGES

a. Emergency Shelters Provided by Domestic Violence Programs

While domestic violence shelters have an array of critical services to offer older victims, many programs may need to consider and address a number of attitudinal and systemic challenges to better meet the housing and safety needs of older victims. These range from barriers discouraging older adults from seeking assistance from a domestic violence program, to inappropriate or inaccessible services older adults encounter once they are in shelter. While the use of domestic violence shelters by older victims can pose challenges as most shelters were not designed to address the unique needs of this population, these programs provide services that can be highly beneficial to older victims.

i. Benefits

The philosophical framework and approach used by domestic violence programs make them an important option for survivors of abuse of any age. Most domestic violence programs and emergency

⁴ Descriptions of scattered site, clustered site, and communal living transitional housing programs adapted from U.S. Department of Justice Office on Violence Against Women Fiscal Year 2016 Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating, Violence, and Stalking Solicitation.

shelters use a victim-defined advocacy model, where victims are supported in identifying their goals for seeking safety, healing, and stability, in order to restore the power and control over their lives that was taken from them by an abuser. In addition to temporary shelter, domestic violence programs may offer safety planning, counseling, support groups, information and referral as well as legal and economic advocacy. Some organizations have tailored services to meet the needs of older victims by having a designated program for this population, hiring specialists with experience working with victims of abuse in later life, or by having older peer counselors as staff or volunteers.

ii. Challenges

However, serious challenges limit many older survivors from benefitting from domestic violence emergency shelters and services. Several roadblocks are attitudinal. For example, some older adults may not seek services because they do not see themselves as victims⁵, or they may experience tremendous guilt or shame about being abused, especially if their abuser is their child or grandchild, or if they have been living with an abusive intimate partner for decades^{xv}. In addition, older victims may choose not to seek help out of fear of not being believed, or because they are worried that their decision-making rights will be taken away because of ageist ideas about victimization and cognitive capacity^{xvi}. Furthermore, some older adults may think they are ineligible for services because domestic violence programs only serve younger victims or victims with minor children. This perception is often reinforced by the outreach strategies some domestic violence programs use, such as only portraying younger women and children on brochures and posters advertising services. Older victims who are abused by family members or caregivers may contact a domestic violence program for support and be turned away by an

⁵ The impact of generational influences on cultural perceptions of interpersonal violence has been addressed by several researchers. For example, many of today's older adults came of age during a time when "family matters", including domestic violence, were considered private, thus shaping their views towards coming forward as a victim or seeking help. (Crockett, Brandl, and Dabby, 2015).

organization that only serves victims of intimate partner violence, Additionally, the approach employed by some domestic violence program advocates may not be appropriate or applicable for older survivors— such as focusing on strategies to leave or end the relationship, which may not resonate with an older victim who wants to maintain a relationship with the person who is harming them. Often older victims want the abuse to end but they want to safely, and sometimes in a supervised setting, continue some form of contact with a partner of many years, adult child, grandchild or other family members. Moreover, many domestic violence programs employ younger staff and volunteers may unintentionally project ageist assumptions or discomfort working with older adults.

Additional challenges for older victims in domestic violence emergency shelters are systemic, with few services or structures designed with the needs of older adults from diverse backgrounds in mind. For example, some shelters offer communal living arrangements with young families and older adults sharing the same kitchen and community space. For some older adults, this environment is too chaotic. Feelings of isolation and discouragement can be compounded when older survivors are the only one of their age group in the program and no true peer support is available. Moreover, some domestic violence programs require participants to contribute to chores (such as cleaning or cooking) as a part of a communal living arrangement, which excludes older adults with physical limitations. Older victims with limited English proficiency, as well as male and LGBT victims may also find the facilities, services, or other aspects of the shelter unwelcoming.

Moreover, some older victims have daily caregiving responsibilities for elderly parents or spouses/partners, adult children who have mental illness, substance abuse problems or disabilities, grandchildren, or pets (including farm animals) that prevent them from considering leaving their home, even if only temporarily. Emergency shelter programs generally do not have the expertise or resources to help older victims who need to provide care for loved ones or animals while they stay in a shelter.

Older adults with health issues, disabilities and/or cognitive limitations may find the facilities, services, or other aspects of the shelter inaccessible. Shelters with bunk beds, narrow doors and walkways limiting access for persons using walkers or wheelchairs, inconvenient or unavailable ramps or elevators, and no bars in showers/raised toilets may not be accessible for persons with limited mobility. Also, the ability to live independently is often an eligibility requirement of some domestic violence shelters. As a result, persons with dementia or other cognitive limitations as well as older victims who require personal attendants and/or assistance with activities of daily living may be told they are ineligible for services and referred elsewhere.

Abuse in later life cases are generally complex and providing responses tailored to meet the unique needs of older individuals can be complicated by a number of factors. Frontline and administrative domestic violence program staff generally receive very little training on working with older adults, resources available specifically for this population, or how to work with victims with limited cognitive capacity. Advocates working in domestic violence programs may not be familiar with public benefit options for older survivors who are eligible to receive Social Security and Medicare. In addition, financial programs for victims ages 50 to 62 who are not able to work or to find employment are extremely scarce. This means advocates may not be able to effectively support this subgroup of older victims if they do not have dependent children and are ineligible for Temporary Assistance for Needy Families (TANF) and also too young to qualify for Social Security or Medicare. Finally, mandatory reporting laws, which in some states require Adult Protective Services (APS) to be informed of abuse of any victim over the age of 60, challenge advocates' ability to work confidentially with older victims.

Finally, successfully providing advocacy for older victims will often require coordination with other service professionals (such as the aging services network, APS, the faith community, home health

aides, and others). Unfortunately, domestic violence program and shelter advocates rarely have effective collaborative relationships with professionals who specialize in working with older adults and persons with disabilities. Many advocates do not participate on local multidisciplinary or coordinated community response teams focused on older adults or persons with disabilities.

b. Elder Shelters

Like traditional domestic violence programs, elder shelters have critical services to offer older victims, although this model of services for older victims also may need to consider and address specific challenges in order to better meet the needs of older victims.

i. Benefits

Elder shelters generally provide individualized case management and wraparound services for victims with a range of needs—whether the older adult is fully independent, or requires extensive support with activities of daily living or medical care. Since many programs do not have a limit on length of stay, older victims who might have entered the elder shelter seeking emergency housing may be able to stay for a longer duration at the facility, thereby making use of the shelter for transitional housing purposes. Another benefit of elder shelters is their potential to identify victims who might not otherwise have sought support, and possibly prevent or mitigate ongoing abuse; because many elder shelters operate within nursing homes, facilities can screen older adults coming into the program, including those using temporary rehabilitation services.

ii. Challenges

Elder shelters are particularly well-positioned to support older victims with significant health challenges that require regular care, but are less beneficial to survivors under other circumstances, and serve a comparably small number of clients each year. For example, some elder shelters only accept

clients who commit to ceasing contact with the individual who is harming them. This can be challenging for older victims who want to maintain some form of contact, even if by phone or in supervised settings, especially when their abuser is a longtime spouse or partner, adult child, grandchild, or other family member. In addition, some programs are unequipped to address the safety needs of older victims who live with abusers who are extremely violent, have guns or are involved in gang activity or drug dealing. These victims may be at high risk of an abuser stalking and trying harm or kill them and others while in a shelter. Elder shelters located in nursing homes may be concerned about the safety of other residents, staff, and volunteers if they house high risk clients. While this model shows promise, there are relatively few elder shelters (compared to other victim services) in operation, and program evaluations to determine cost effectiveness and the impact on the quality of life of older victims still need to be conducted.

c. Transitional Housing

As is the case for emergency shelter providers, transitional housing programs should consider how to enhance or adapt their services in order to meet the needs of older victims. In addition to many of the attitudinal, structural, and cultural barriers presented by emergency shelter programs, each of the transitional housing models have unique challenges—but also benefits—for older survivors.

i. Benefits

The extended period of time (typically between six and twenty-four months) that transitional housing programs can provide is advantageous for older victims as they work with an advocate to identify their goals and undertake the process of rebuilding their lives. This flexible timing promotes positive outcomes for older victims, who may require additional assistance in arranging next steps, and working through the trauma they have experienced—which may also include addressing abuse that occurred during childhood, adolescence, or early adulthood.

ii. Challenges

In scattered site housing models, older victims risk becoming isolated without a physical environment that encourages regular contact with program staff or other residents. This can undermine their healing process, particularly as grief stemming from abuse, or the recent loss of friends or family as a result of the ageing process, can be overwhelming when experienced alone. Further, without regular contact with program staff, older victims may lack opportunities to receive information regarding available support services and referrals for permanent housing.

Conversely, the intimate nature of clustered site and communal transitional housing models can raise privacy concerns for older victims. Some older adults place great emphasis on privacy and discretion when talking about personal topics, especially with regard to dealing with family matters and abuse. By nature of their proximity with one another, residents know a great deal about their neighbors' experiences in many clustered and communal housing sites, causing discomfort for some victims. Moreover, as is the case with domestic violence shelters, the clustered or communal site environment may not be a comfortable option for older adults, especially if small children or young families are also residing at the site. For example, if the older adult is the only resident her age, the lack of peer support may be discouraging and prompt her to retreat into her own space, avoiding the other residents.

In some cases, requirements dictating how funds are used can further constrain the ability of transitional housing programs to serve older victims. The Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence and Stalking Program, funded under the Violence Against Women Act (VAWA), stipulates that programs use these grant funds to serve only victims of domestic violence, dating violence, sexual assault, or stalking and not to address family or caregiver violence more broadly^{xvii}. This excludes older adults who are harmed (but not sexually abused by) adult children, grandchildren, other family members, caregivers or trusted others. These victims

need transitional housing as much as those harmed by intimate partners, or who have experienced sexual assault, and yet they are deemed ineligible for services funded by this grant program.

Older victims from Alaska Native villages and American Indian communities face additional obstacles in seeking transitional housing, especially because affordable housing options in general are often very limited in these areas. To work around these resource constraints, most Tribal victim advocacy programs provide survivors with a subsidized rental unit, though typically through private landlords and off of the reservation or village. Roundtable participants working with Tribal communities explained the cultural trauma associated with elders having to move away from their village or reservation, which sometimes involves being confronted with racism. Most Tribal programs offering transitional housing for victims of domestic violence, dating violence, sexual assault, and stalking are funded by OVW and are bound by the constraints outlined above. In addition, although the longer stays allowed under transitional housing programs are helpful to older victims, they may not be sufficient for those who are not in a position to transition to permanent housing.

Older victims abused by a family member or caregiver experience dynamics and trauma similar to those abused by an intimate partner. Victims of abuse, regardless of who perpetrates the harm, benefit from transitional housing, safety planning, legal and economic advocacy and other services. Yet, unfortunately those abused by someone other than an intimate partner who are not victims of sexual assault are ineligible for transitional housing services funded by OVW. This places local programs in the position of having to raise additional funds or identify other funding streams, which historically have been limited or non-existent, to provide services for victims harmed by family members or caregivers.

IV. STRATEGIES FOR ADDRESSING THE EMERGENCY SHELTER AND TRANSITIONAL HOUSING NEEDS OF OLDER SURVIVORS

While each of the housing options outlined above provide unique challenges for advocates and other victim service providers working to promote the safety and healing of older survivors, Roundtable participants described numerous creative and collaborative ways to capitalize on the benefits of each model. Using guiding principles created by NCALL to promote respect and dignity across the lifespan^{xviii}, this section will highlight a framework and strategies victim service providers can use to enhance programming and policies along seven key themes:

- **Responsive, Victim-Defined Advocacy**
- **Elder-Informed**
- **Services, Safety Planning and Outreach**
- **Policy**
- **Equity and Access**
- **Collaboration**
- **Training and Awareness**

a. Responsive, Victim-Defined Advocacy

When working with older victims, Roundtable participants recommended that service providers promote a responsive victim-defined advocacy approach that respects the values, life experience, and culture of an older survivor. Domestic violence programs, elder shelters and transitional housing programs need to listen to survivor needs and meet victims where they are. Using strengths-based and trauma informed models, advocates can build on the resiliency of older survivors by learning what they are already doing that is working and addressing current, past, and historical trauma.

b. Elder-Informed

Too often, older adults are invisible in our society, and ageism⁶ is often unrecognized as a form of social prejudice. In the context of victim services, ageism can be confronted by engaging older adults from diverse backgrounds in designing programs and policies to create options informed by their lived experience. A needs assessment process and listening sessions are helpful vehicles for gathering input and data.

c. Services, Safety Planning and Outreach

To ensure victim services, safety planning strategies, and outreach plans meet the needs of older victims, Roundtable participants suggested using a universal design⁷ approach to address the needs of persons across the lifespan, including those from various communities. Since many older adults may not want to end a relationship with someone who is harming them, interventions need to focus creatively on safety planning and breaking isolation.

In addition, programs are encouraged to consider the realities of aging bodies and generational values. For example, recognizing the challenges with group communal living might lead a program to consider separate spaces and private rooms and bathrooms for older survivors. Written materials might be available in a larger print or on audio for persons with limited vision. Hiring older staff or building a network of older peer volunteers may make older victims more comfortable. Advocates need to consider how economic advocacy for older adults may be different from assisting younger survivors, or survivors with young children, such as working with the Social Security Administration or helping a victim access pension benefits.

⁶ The World Health Organization (WHO) defines ageism as “the systemic stereotyping of and discrimination against people because they are considered old, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs.” WHO. (2015). World report on ageing and health. Geneva. Retrieved from: http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf?ua=1

⁷ Universal design refers to broad-spectrum ideas meant to produce buildings, products and environments that are inherently accessible to older people, and people with (and without) disabilities.

Outreach materials need to be inclusive of older adults by including images of elders and persons with disabilities on printed materials and websites. Advocates who work with older adults have learned that they are more likely to respond to lists of specific behaviors to describe abuse rather than identify with terms such as elder abuse or domestic violence. Often, older adults prefer outreach materials that focus on positive messages such as dignity and respect.

d. *Policies*

Roundtable participants encouraged emergency shelter and transitional housing programs to create new or enhance existing policies to address violence and harm across the lifespan. For example, for many older adults experiencing abuse, leaving their homes to go to an emergency shelter or transitional housing program may not be an option—or they may choose to stay in their homes despite the abuse. At an older age, leaving behind one’s home and possessions can be more traumatic and challenging than for younger persons. Many older adults have lived in their same home for many years. They may have raised their children there, and may have fond memories of building their family life in their neighborhood. Older victims of various racial, ethnic and religious backgrounds may be more comfortable staying in their community where they are living near people with shared values and customs. To address these needs, victim service providers could consider a mobile advocacy program that brings services to an older victim’s home if it is safe to do so. To start a mobile advocacy program, service providers may need to revise existing policies, keeping victims and advocates’ safety in mind, and consider budget implications if staff need additional travel funds.

In other cases, more flexible policies in shelter can be helpful for older victims. Programs may want to consider revising or examining: policies governing how long a person can stay in shelter or a transitional housing program; eligibility restrictions about who can access services depending on the

relationship with the abuser (e.g., adult child instead of intimate partner); rules regarding whether residents can manage their own medications; protocols for sheltering service animals and pets; and whether or not a caregiver can live in a shelter to provide support. All policies should promote victim-defined advocacy.

e. Equity and Access

Roundtable participants emphasized the importance of emergency shelter and transitional housing programs offering equitable services that are welcoming and accessible to survivors of all ages and abilities. Services can be made more accessible by considering the physical environment of the facility, addressing visual, hearing, and intellectual or cognitive disabilities, making accommodations to account for language (including generational language differences), and ensuring that programs are culturally competent. Collaboration with culturally specific community organizations can aid in redesigning or enhancing services. Promoting equitable and accessible services may also mean reevaluating certain policies, such as expectations for older victims' participation in chores required by communal living arrangements, or attending group sessions when there are no peers their age.

f. Collaboration

The needs of older survivors of abuse can be varied and complex. Collaboration with other stakeholders is essential to work effectively with older victims and to address systemic barriers that create obstacles to victim safety and offender accountability. Older victims may be working with a variety of professionals in health care, the criminal justice system, the aging services network, and mental health field. Some victims may disclose abuse to a faith leader or member of their faith community. Emergency shelter and transitional housing programs are encouraged to consider ways to educate and engage the aging services network, faith communities, home health care workers, humane

societies and other organizations to provide services to older adults, combat victim isolation, and provide support. Roundtable participants encouraged domestic violence victim service providers to join a task force focused on older victims, or begin one if not already established in their community, as one method to promote their services and learn more about other work in the community on abuse in later life.

g. Training and Awareness

Finally, Roundtable participants encouraged domestic violence programs to build the capacity of their staff to work with older adults through education, beginning with program managers providing information on aging and the dynamics of abuse in later life for the organization's staff and volunteers. Conversely, domestic and sexual violence advocates can provide external training on late life partner violence and sexual assault for those who work in fields that frequently interact with aging populations, such as health care providers, assisted living facility specialists, or those delivering meals to homebound older individuals. Finally, older adults and the persons who love and care for them may need information about the signs of abuse and available resources.

V. CONCLUSION

Given that the number of older adults is increasing and reported cases of elder abuse are rising, communities and victim service providers need to explore how to provide emergency shelter and transitional housing to older victims in dangerous or life-threatening situations. At the Roundtable, the four older survivors who had received support from emergency shelter and transitional housing programs described them as life-saving. One survivor shared, "I didn't speak when I came to shelter because I had been told that every time I did I said something wrong.... Speaking with a counselor was essential for being listened to, and discovering I have a voice. I needed someone to listen to me for once.

That was the greatest thing for me.” Another said, “Everyone at the shelter was very kind and helpful. They have a support group with women who are close to my age. They have worked with other Hmong women so they tried to understand some of my challenges.” A third survivor explained, “Transitional housing allows me the time that I need to figure out what I am doing next. I was so controlled before that I was like someone let out of prison, so I need time to figure out my next steps. A box on the street would have been better for me than staying at home with my husband. Talking is healing for me. Transitional housing gives more time than shelter gives which is why it is so important.” As the survivors’ testimonies demonstrate, emergency shelter and transitional housing programs have a lot to offer older victims, and can be even more effective if community leaders and victim service providers work together in partnership with older adults to improve their policy and program design.

At the national policy level, new rules governing the implementation of federal victim services legislation administered by the Departments of Justice (DOJ), Housing and Urban Development (HUD), and Health and Human Services (HHS), show great promise in enhancing the capacity of local emergency shelter and transitional housing programs to serve older survivors. Effective in August 2016, a rule by DOJ’s Office for Victims of Crime significantly updates guidelines for victim assistance programs funded under the Victims of Crime Act (VOCA), which widens the scope of services for which programs can draw VOCA funds to include transitional housing, as well as underscores the importance of VOCA administrators considering funding programs that serve underserved populations, including older adults.^{xix} Effective in December 2016, OVW amended the regulations governing OVW grant programs to comply with statutory changes and implement statutory requirements for protecting the confidentiality and privacy of persons receiving services. Among other things, the regulations address state consultation and coordination with population specific

organizations, representatives from underserved populations, and culturally specific organizations in developing implementation plans under the STOP Violence Against Women Formula Grant Program.

Complementing the VOCA and OVW rules, HHS issued a landmark rule clarifying the use of funds for programs under the Family Violence Prevention and Services Act (FVPSA)—the first comprehensive revision of FVPSA since 1996. It does a number of things to update the regulations, including: reinforcing grantee program accessibility requirements, explaining that FVPSA grant-funded services must be voluntarily accepted and that no conditions may be imposed on the recipient of emergency shelter; and it reinforces FVPSA anti-discrimination provisions and their applicability to all grant-funded programs, including prohibitions against discrimination based on age, disability, sexual orientation and gender identity.^{xx} The FVPSA rule will become effective in January 2017, and will be reinforced by regulations from HUD issued in November of 2016 that implement the requirements of the 2013 reauthorization of VAWA. HUD's rule strengthens the rights of survivors to emergency accommodations, starting with ensuring public housing programs funded by HUD do not deny victims assistance or evict them due to having been a victim of domestic violence, dating violence, sexual assault, and stalking. The rule also prompts HUD's covered programs to adopt a model emergency transfer plan explaining how housing providers must address their tenants' requests for emergency transfers, and stipulates that covered housing providers cannot deny tenancy or occupancy rights based solely on adverse factors, such as credit history or property damage by a perpetrator, that are a direct result of being a survivor.^{xxi}

Together, these actions under the Obama Administration strengthen the right to services of many older survivors and enhance the capacity of emergency shelter and transitional housing programs to provide them a safe place to heal by addressing critical policy gaps where system responses had previously fallen short. They emphasize nondiscrimination in federally-funded services, codify housing

protections for survivors of domestic violence, dating violence, sexual assault and stalking across the lifespan, and expand the ability of local programs to draw on federal funds for transitional housing. While these federal policy changes are important, it is ultimately the local implementation of strategies to raise awareness of the needs of older victims, and promote their inclusion in services across a coordinated community response to violence, that will have a measured impact. Domestic and sexual violence programs, experts on abuse in later life, and the aging services network have an opportunity to restore dignity and respect to older survivors, possibly saving lives, through a commitment to strengthening responses to abuse across the lifespan within their communities.

ⁱ Connolly, M. T., Brandl, B., & Breckman, R. (2014). Elder Justice Roadmap Report. Washington, DC: US Department of Justice, p. 3. Retrieved from http://ncea.acl.gov/library/gov_report/docs/ejrp_roadmap.pdf

ⁱⁱ Acierno, R., Hernandez-Tejada, M., Muzzy, W., & Steve, K. (2009). Final report: The national elder mistreatment study. Washington, DC: US Department of Justice

ⁱⁱⁱ Connolly, M. T., Brandl, B., & Breckman, R. (2014). Elder Justice Roadmap Report. Washington, DC: US Department of Justice, p. 3. Retrieved from http://ncea.acl.gov/library/gov_report/docs/ejrp_roadmap.pdf

^{iv} Lachs, M., & Berman, J. (2011). Under the radar: New York State elder abuse prevalence study. Prepared by Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, and New York City Department for the Aging. Retrieved from: <http://ocfs.ny.gov/main/reports/Under%20the%20Radar%2005%2012%2011%20final%20report.pdf>

^v Bernard, D. (2012). The Baby Boomer Number Game. Retrieved from <http://money.usnews.com/money/blogs/on-retirement/2012/03/23/the-baby-boomer-number-game>

^{vi} Lachs, M., & Berman, J. (2011). Under the radar: New York State elder abuse prevalence study. Prepared by Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, and New York City Department for the Aging. Retrieved from <http://ocfs.ny.gov/main/reports/Under%20the%20Radar%2005%2012%2011%20final%20report.pdf>

^{vii} United Nations (2013). Neglect, Abuse, and Violence against Older Women. United Nations, UN: Division for Social Policy and Development Department of Economic and Social Affairs. Retrieved from <http://www.un.org/esa/socdev/documents/ageing/neglect-abuse-violence-older-women.pdf>

^{viii} Acierno, R., Hernandez-Tejada, M., Muzzy, W., & Steve, K. (2009). Final report: The national elder mistreatment study. Washington, DC: US Department of Justice

^{ix} Mezey, N. J., Post, L. A., & Maxwell, C. D. (2002). Redefining intimate partner violence: Women's experiences with physical violence and non-physical abuse by age. *International Journal of Sociology and Social Policy*, 22(7/8), 122-15; Mouton, C. P. (2003). Intimate partner violence and health status among older women. *Violence Against Women*, 9(12), 1465-1477.

^x Acierno, R., Hernandez-Tejada, M., Muzzy, W., & Steve, K. (2009). Final report: The national elder mistreatment study. Washington, DC: US Department of Justice

^{xi} Reingold, DA. "An elder abuse shelter program: build it and they will come, a long term care based program to address elder abuse in the community." *Journal of Gerontological Social Work*. 2006; 46(3-4): 123-35.

^{xii} "Emergency Shelter." U.S. Department of Housing and Urban Development (HUD) Glossary. 2016. Retrieved from: https://www.huduser.gov/portal/glossary/glossary_all.html

^{xiii} "Domestic Violence, Housing, and Homelessness." The National Network to End Domestic Violence. Retrieved from: http://nnedv.org/downloads/Policy/NNEDV_DVHousing_factsheet.pdf

^{xiv} OVW Fiscal Year 2016 Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating, Violence, and Stalking Solicitation. U.S. Department of Justice Office on Violence Against Women (OVW). Retrieved from: <https://www.justice.gov/ovw/file/800641/download>

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- ^{xv} Crockett, C., Brandl, B., & Dabby, F. C. (2015). Survivors in the margins: the invisibility of violence against older women. *Journal of Elder Abuse & Neglect*, 27(4-5), 291-302
- ^{xvi} Beaulaurier, R; Seff, L; & Newman, F, (2008) Barriers to Help Seeking for Older Women Who Experienced Intimate Partner Violence: A Descriptive Model. *Journal of Women and Aging*. 20, 231 – 248.
- ^{xvii} OVW Fiscal Year 2016 Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating, Violence, and Stalking Solicitation. U.S. Department of Justice Office on Violence Against Women (OVW). Retrieved from: <https://www.justice.gov/ovw/file/800641/download>
- ^{xviii} Brandl, B. (2016) Working with Older Survivors of Abuse: A Framework for Advocates. <http://www.ncall.us/sites/ncall.us/files/resources/GP-Captioned-June2016.pdf>.
- ^{xix} Victims of Crime Act Victim Assistance Program, 81 Fed. Reg. 44,515 (2016) (to be codified at 28 C.F.R. pt. 94). Retrieved from: <https://www.federalregister.gov/documents/2016/07/08/2016-16085/victims-of-crime-act-victim-assistance-program>
- ^{xx} Family Violence Prevention and Services Programs, 81 Fed. Reg. 76,446 (2016) (to be codified at 45 C.F.R. pt 1370). Retrieved from: <https://www.federalregister.gov/documents/2016/11/02/2016-26063/family-violence-prevention-and-services-programs>
- ^{xxi} Violence Against Women Reauthorization Act of 2013: Implementation in HUD Housing Programs, 81 Fed. Reg. 80,724 (2016) (to be codified at 24 C.F.R. pts. 5, 91, 92, 93, 200, 247, 574, 576, 578, 880, 882, 883, 884, 886, 891, 905, 960, 966, 982, and 983). Retrieved from: <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>

ABSTRACT

One in ten older adults are abused each year. Some of these older victims are in dangerous situations and need a temporary place to live or new permanent housing. Yet, many shelters and transitional housing programs are ill-equipped to meet the unique needs of older survivors. In 2016, a Roundtable was held on Emergency Shelter and Transitional Housing for Victims of Abuse in Later Life. This article summarizes the overarching themes from the discussions and offers recommendations for programmatic responses to better serve older adults experiencing abuse, so they may find a safe place to heal, and ultimately, to thrive.