

# Reducing Intimate Partner Violence among Older Women: Response Readiness in a Rural Faith-Based Community

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## Abstract

Faith leaders and lay clergy are natural sources of support for their parishioners. Clergy members are likely to be aware of family relationship problems and are equipped to provide emotional and spiritual support. As their foundation of trust builds with church members, they are better situated to offer sanctuary (physical, mental, and spiritual) to victims of violence and their families. However, interviews with clergy and lay clergy on their preparedness to respond to intimate partner violence (IPV) against older woman revealed that they do not feel adequately prepared to identify the signs of abuse, talk about the abuse, or identify a range of viable community support options. Furthermore, some clergy held ageist attitudes and lacked basic knowledge of age-related issues (e.g., health benefits), life transitions (e.g., retirement), or interpersonal issues (e.g., why a woman would prefer to divulge abuse details to another woman), which impacts their ability to respond to victims appropriately. Moreover, clergy expressed uncertainty about how to address violence in a manner that is consistent with the pastoral counseling model based on benevolence (i.e., God is love, love one another, God forgives our sins, etc.), taught in seminaries. Future work on IPV with the faith-based community should include strategies to raise awareness of IPV, educate clergy and lay clergy on how to refer and work with other community providers, and include references from holy texts to guide pastoral responses.

## Methods

Semi-structured, open-ended interviews conducted with 2 focus groups and 3 additional interviews with local clergy, parish nurses, and an older adult ministry volunteer working in rural southwest Virginia. Questions were guided by an ecological-community theoretical framework and grounded in research on elder mistreatment and community capacity.

### Readiness was assessed in terms of

- Awareness of IPV and recognition of victims
- Understanding of professional response strategies
- Recognition of roles and missions of other responding professions
- Willingness to collaborate to prevent and reduce incidences of IPV

### Participant Characteristics

- Clerical role: 6 Clergy, 4 Parish nurses, 1 Adult ministry volunteer
- Denominations: 11Islam, 10 Christian
- Gender: 6 Female, 5 Male
- Age range: 48-63 yrs (M= 57; SD= 5.4)
- Years in position: clergy 1-30 yrs (M=10); lay clergy 2-6 years (M=5)
- Training: Limited for all respondents  
*In my seminary curriculum, there was not anything about elder abuse. You know, sometimes in professional training there may be an hour or two on ministry with older adults, but I would say it's fairly minimal and inadequate.*— Pastor
- Attitude towards IPV in later life: Important but not pressing issue  
*We take the child more seriously than we do the adults. The adults can handle themselves, they can work this out.* — Parish Nurse



## Awareness and Recognition

Awareness of the prevalence of IPV among older women in the area and recognition of IPV among older congregants was limited. Throughout study recruitment, many ordained clergy declined to participate because they said they had no experience with IPV and were unaware of the problem existing in their congregations. Clergy who did participate also lacked experience and knowledge about IPV, but recognized it may be an issue worth discussing.

*I've not had any come to me. I'm not sure if that's because it's not a significant problem in our church or if it's because rapport has not been established or if it's because they just don't feel comfortable talking about it.* — Pastor

Lay clergy were more apt to have knowledge about family violence, but chose to "watch" individuals and encourage them to reconcile the problem themselves, before reporting it to church leaders. As lay clergy, none felt mandated to report abuse to local authorities.

*I just don't think that every case has to be a legal case. In fact, I think that's contrary to our Christian tradition. We are taught very upfront to work your problems out before having to take them to court, to try to reconcile and mediate before we get there —* Parish Nurse

## Confidentiality

In the pastoral care setting, anything that a parishioner divulges is protected by confidentiality. Communications are protected to encourage people to seek help without fear of punishment or embarrassment.

*If the woman tells me not to share the information it seems that I would have to have a fairly compelling reason as to why I should break that confidence* — Pastor

*I think that a person would be fairly desperate to come to me because I think there's a lot of shame associated with that* — Pastor

*The parish nurses don't share everything with me. So, if somebody tells them in confidence, I don't know about it* — Pastor

## Faith-Based Responses

Pastoral counseling techniques were guided by holy scriptures and focused on helping victims manage their problems discretely.

*If counseling doesn't help, we usually advise them to get the family aware of the situation, their parents, a sister or somebody that is caring and more mature and can help the situation. If it's manageable and you can keep the privacy of the family, then obviously you want to do that without reporting that.* — Pastor

Depending on the situation and clergy knowledge about available resources in the community, referrals were made to community providers. But knowledge about resources was limited to counselors and the local women's shelter.

*I do pastoral counseling and spiritual counseling. I'm big on referring. I would encourage her to go to the local shelter.* — Pastor

Screening for abuse was not routine.

*As nurses, we have been taught that you're supposed to ask "do you feel safe?" But I don't find myself doing that at church. I feel like it is inappropriate* — Parish Nurse

Contacting the police or adult protective services was viewed as a last resort.

*There always needs to be a certain attempt to reconcile, you know, to try sort this out in a more amiable way. Reporting it just depends on how severe the abuse is.* — Parish Nurse

## Willingness to Collaborate

Willingness of clergy and lay clergy to work with other community providers to address IPV in later life met with some hesitancy. Reasons cited included

- Proof that the problem exists
- Minimal church organizational support and scriptural support,
- Code of confidentiality
- Need for leadership outside of the church
- Desire of congregants to constrict relief efforts to the immediate community.

*We are not willing to deal with the tough stuff. We're scared. And I think it reflects our immature spirituality.* — Older Adult Ministry Volunteer

## Response Readiness

Findings suggest that the faith-based community is poised to reach older victims of IPV, yet can benefit from more education on how to recognize IPV and its occurrence in later life, influences of gender, age, and rural environments on the ability of congregants to confide IPV, and scriptures that could support pastoral counseling for IPV. Inclusion of clergy and lay clergy in community-wide response efforts will require community partners' understanding of the nature of pastoral counseling, commitment from the churches' national organizations, and the desire of parishioners who donate time, money, and resources to focus on serving people in their area whom they deem needy and worthy of support..