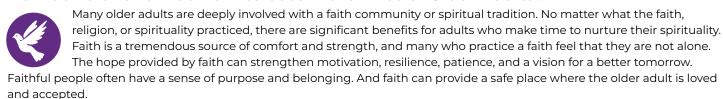
A Guide for Multidisciplinary Teams: Faith as a Support Following Abuse

How are Older Adults Affected by Trauma?



Whether it's the loss of a loved one, a health scare, displacement and immigration, elder maltreatment or abuse, most adults (up to 90%) have faced some form of trauma or crisis. Many older adults have experienced multiple forms of trauma, including intergenerational trauma. Providing tailored and responsive care is essential to help meet their needs.

How do Faith and Trauma Intersect in the Lives of Older Adults?



How Does Faith Help Older Adults Heal?

Faith can provide the structure within which grieving and healing can take place. For example, whether marking the time of a loved one's passing, navigating the impacts of mistreatment, or recognizing moments of healing or celebration, religious and spiritual rituals can bind up the loose ends of life and help to provide perspective, meaning, and context. At the same time, religious practices such as mindfulness and meditation can nurture both self-acceptance and self-reflection, which in turn can lead to healing.

How can MDTS Work with Faith-Based Partners?



MDTs and their constituent staff and service providers often encounter adults at times of crisis and trauma. Older adults may be reeling from a loss, numb from shock, or, like many abuse survivors, lost, disoriented, and alone. In the midst of isolation, religion and spirituality can help adults reconnect to their history, culture, values, family, and language. In the midst of confusion and chaos, religion and spirituality can help adults orient themselves in space and time. In the midst of tremendous loss, religion and spirituality are resources that no one can take away.

Constitutional Considerations



Even if your agency receives federal or state funding, it is permissible to have a conversation about your client's faith so long as the conversation is centered on the client and on what the client has to say. MDT staff should not insert their own faith into the conversation, or proselytize the client in any way. As always, these conversations should be client-centered, and trauma-informed.

Faith as a Source of Support and Strength



Service providers may inquire about clients' support networks and can ask how clients maintain their strength, heal, and look toward the future. These questions could lead to a conversation about faith. Helping a client maximize their connection to and use of their faith following abuse or during times of crisis can be beneficial to the client, their family, and their community.

Providing services that are person-focused means that all facets of that person, including their religion and spirituality, are integrated into the response and can enhance the strengths that older adults already have.





For more information: ncea.acl.gov



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