



GREEK ORTHODOX ARCHDIOCESE OF AMERICA
GREEK ORTHODOX LADIES PHILOPTOCHOS SOCIETY, INC.
 DEPARTMENT OF SOCIAL SERVICES

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**A GUIDE TO FINDING INFORMATION, SERVICES, PROGRAMS & RESOURCES
 TO HELP OUR COMMUNITY ADDRESS HUMAN SERVICE CHALLENGES**

9-1-1: To save a life or stop a crime

A message from the Philoptochos Department of Social Services:

A significant number of Orthodox Christians face human service challenges. Some suffer from life-threatening illnesses or mental health disorders, others from poverty, unemployment, underemployment, and hunger – now called ‘food insecurity’, yet others from alcohol or substance use disorders, and still others from domestic violence. And these are only some of the issues that bring them to our Church community with the hope they will be helped to resolve the difficulties they face. While their problems may vary remarkably, there is one factor that connects them:

Most of the people who seek our help never thought they’d have to ask anyone for help, let alone us.

National Philoptochos’ Department of Social Services compiled this ‘Guide’ to encourage our community to learn and care about these issues in order to respond in helpful, not hurtful ways. As importantly and as a philanthropic organization, we hope it will motivate our community to strategically plan social service goals, objectives, and actions to ensure that those who seek our help are provided the practical and spiritual support they need to develop the wherewithal and tools to manage, as best as possible, on their own in the future.

This Guide is designed to help you:

- **Identify the issues:**
 - Each section provides an overview of the societal problem to help us identify and recognize the challenges members of our community are facing.
- **Respond to needs:**
 - Evidence-based interventions are offered to ensure we make informed decisions about whether and how to assist. (Please see “Recommended Steps for Philoptochos Chapters and Metropolises When Providing Social Services”)
- **Refer appropriately:**
 - Since no level of Philoptochos has the resources to provide ongoing help, information is provided to help you find local and broader resources that offer longer-term assistance - whether government, nonprofit, faith-based, or private – to enable Church “helpers” to refer individuals and families to services and programs that will supplement the help that Philoptochos provides.
- **Consider starting a local program:**
 - Clearly, no local chapter or Metropolis Philoptochos can mount an educational and/or ‘hands on’ program in response to every issue in this document. But do any of these societal problems resonate with your membership and community? Can you get something started? If yes, how, and who can you partner with to do so?
- **Create a Church environment of comfort, practical and spiritual support:**
 - As a faith-based organization, we strive to give people hope and the knowledge that God is neither punishing them nor has He abandoned them. An important way to do this is by creating a Church environment in which people feel comfortable turning to for help.

- Thank you for all you do.

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ALCOHOL AND / OR SUBSTANCE USE, ABUSE ADDICTION:

Overview: Why Philoptochos should care . . .

Substance abuse – whether of drugs or alcohol – refers to a chronic pattern of frequent or excessive substance use in a way that is harmful to health and well-being such as drinking excessively very often, taking drugs without a prescription, use of illicit drugs, taking drugs for reasons other than prescribed, taking higher doses than prescribed, and taking drugs in ways other than prescribed such as snorting, injecting, smoking.

Addiction, which can affect anyone, regardless of age, sex, race, ethnicity, or income, is a chronic but treatable disorder characterized by a compulsive need to use drugs or drink alcohol despite serious health and social consequences. It is a complex disease of the brain and body (physiological or psychological) that damages body systems, families, relationships, schools, work, and neighborhoods. Like diabetes, cancer and heart disease, addiction is caused by a combination of behavioral, environmental, and biological factors, with genetic risk factors accounting for about half of the likelihood that an individual will develop addiction.

While the initial and early decisions to use substances reflect a person's free or conscious choice, once the brain has been changed by addiction, that choice or willpower becomes impaired. Perhaps the most defining symptom of addiction is a loss of control over substance use. The consequences of untreated addiction often include other physical and mental health disorders. Left untreated, addiction becomes more severe, disabling, and life-threatening.

In the US, alcohol is the most commonly misused substance – likely because of accessibility. While 9 in 10 adults report binge drinking (consumption of excessive amount of alcohol in short period of time), this doesn't mean having a severe alcohol use disorder; however, it does impact drunk-driving rates: more than 10,000 people die in drunk-driving crashes each year.

Center on Addiction <https://www.centeronaddiction.org/what-addiction/addiction-disease>
<https://www.addictionresource.net/2021-addiction-statistics/>

▪ **ADDICTION RESOURCES - ALL AGES:**

SAMHSA LOCATOR Substance Abuse and Mental Health Services Administration:

- Search the on-line national databank of the **Substance Abuse and Mental Health Services Administration (SAMHSA)**, US Department of Health and Human Services (HHS) for private and public alcohol and drug abuse treatment facilities that are licensed, certified, or otherwise approved for inclusion by their state substance abuse agency.

- SAMHSA LOCATOR: <https://www.samhsa.gov/find-treatment> or call 1.800.662.HELP (4357)

• **ADDICTION RESOURCES - ADOLESCENTS:**

○ **NIDA FOR TEENS: National Institute on Drug Abuse**

- For information about adolescent alcohol & substance abuse: <http://teens.drugabuse.gov/drug-facts>

• **12-STEP SUPPORT GROUPS:**

The 12 Steps are a set of principles / framework that help individuals struggling with addiction – alcohol, drugs, sex, gambling, etc. – to achieve sustainable recovery. Step 1 begins with admitting that they are powerless over their addiction, to Step 12, helping others recover from their addiction, such as being someone's sponsor. Anonymity is the foundation of all 12 step groups.

- For more information, go to: <https://12step.org/the-12-steps/>

○ **ALCOHOLICS ANONYMOUS® (AA)**

AA is a non-professional, non-denominational, self-supporting, and apolitical 12-step mutual support group dedicated to helping alcoholics in sobriety.

- To find out more and to locate a meeting in your community: <http://www.aa.org/>

○ **AL-ANON / ALATEEN**

- **AL-ANON** For family members and friends *whose lives have been affected by someone else's drinking*. It is not group therapy and is not led by a counselor or therapist. It complements and supports professional treatment.

- **ALATEEN** is a peer support group open only to teens who are struggling with the effects of someone else's problem drinking. Many Alateen groups meet at the same time and location as an Al-Anon group.

- To find out more about Al-Anon/ Alateen, to locate meetings: go to <http://www.al-anon.org/>

○ **NARCOTICS ANONYMOUS (NA)**

Narcotics Anonymous is a global, community-based organization with a multi-cultural and multi-lingual membership that provides and offers an ongoing support network for addicts who wish to pursue and maintain a drug-free lifestyle through working a twelve-step program, including regular attendance at group meetings. NA's approach makes no distinction between drugs including alcohol.

- To find an NA meeting, go to: <http://www.na.org/>

- **FAMILIES ANONYMOUS** is a 12 Step fellowship for families and friends who have known a feeling of desperation concerning the destructive behavior of someone very near to them, whether caused by drugs, alcohol, or related behavioral problems. When the loved one comes into these 'rooms', they are not alone, but among friends who have experienced similar problems. Any concerned person is encouraged to attend meetings, even if there is only a suspicion of a problem.
 - For more information: <http://familiesanonymous.org/>
- **OTHER 12 STEP PEER SUPPORT GROUPS:**

There are 12 Step peer support groups that focus on a specific drug of choice such as cocaine, heroin, crystal meth, smoking (nicotine), marijuana, prescription drugs, etc. There also are 12 Step peer support groups that address addiction issues of **gambling, overeating, sex, co-dependence, online gaming, debtors & more.**

 - A list of 'Official and Unofficial' 12 Step Organizations that use the 12-step approach to recovery can be found at: <http://12step.org/directory/recovery-groups/12-step-groups.php>
- **HIGH FUNCTIONING ALCOHOLICS**
 - Person who habitually drinks an unhealthy amount of alcohol but can maintain some level of professional and personal success. Many thrive at work and at home, and oftentimes their friends and family don't even know they have a problem.
 - Because of their denial, high functioning alcoholics are more likely to drink and drive, and develop health issues due to binge drinking.
 - <https://www.addictioncenter.com/alcohol/high-functioning-alcoholics/>
- **ALCOHOLISM & SUBSTANCE ABUSE AMONG OLDER ADULTS**

Substance abuse among adults 60+, particularly of alcohol and prescription drugs, is one of the fastest growing health problems in the US. Although alcohol and prescription drug abuse affect up to 17% of adults 60+ (National Institute on Alcohol Abuse and Alcoholism (NIAAA)), it is often underestimated and under-diagnosed which can prevent them from getting needed help. Due to insufficient knowledge, limited research data, and hurried office visits, health care providers often overlook substance abuse among the elderly. This is made worse by the fact that the elderly often have medical or behavioral disorders that mimic symptoms of substance abuse, such as depression, diabetes, or dementia.

 - For more information: <https://www.drugabuse.gov/publications/substance-use-in-older-adults-drugfacts>
- **ALCOHOLISM & SUBSTANCE ABUSE AMONG YOUTH**

Adolescence and young adulthood is a time when many begin experimenting with alcohol and/or drugs. Although this does not always lead to addiction, most adults who have a substance use disorder started using before age 18 and develop the disorder by age 20. Teens who drink alcohol have a higher risk of school problems, social problems, suicide, and misuse of other substances. Another major concern is the impact of substance use and abuse on the development of the brain during childhood and adolescence as some brain areas are less mature than others.

 - **The good news:** Teens who consistently learn about the risks of drugs from their parents are up to 50% less likely to use drugs than those who don't. (Source: youth.gov)

ALCOHOLICS ANONYMOUS: GREECE:

- <https://alcoholics-anonymous.eu/aa-helpline/>
- <https://aa-greece.gr/> (Website is in Greek and English)
Greek Central Office Greece & International Intergroup 112 Alexandras Avenue, 6th floor, 11 427 Athens, Greece
Email: aagso.ellada@gmail.com | Tel: 6947587046

ALCOHOLICS ANONYMOUS: CYPRUS

- <https://www.angloinfo.com/how-to/cyprus/healthcare/support-groups>
- A.A. Cyprus Intergroup: Tel: 95184455
- A.A. Meetings in Cyprus: <https://alcoholics-anonymous.eu/meetings/?tsml-day=any&tsml-region=cyprus>

NARCOTICS ANONYMOUS: GREECE

- **NA-Greece has two websites: one in Greek and one in English.**
 - Website in English: <https://www.na-greece.gr/en/> | Website in Greek: <https://www.na-greece.gr/>
- Along with meeting locations, each includes:
 - Who is an Addict? (Includes 26 screening questions in Greek and in English); literature, how to contact NA in Greece, and a section for professionals.
- **Contact NA-Greece**
 - **By Telephone:** (leave a message for a return call)
 - Αττική: (+30) 210 3474777 | Βορεια Ελλάδα: (+30) 2310 625355
 - **By Email:** info@na-greece.gr
 - **To find meetings in Greece:** <https://www.na-greece.gr/en/meetings/> online and by Skype including day of week, time, frequency; most meetings are in Greek; some in English or other languages; some non-smoking.

OPIOID ADDICTION:

Overview: Why Philoptochos should care . . .

Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription. Opioids make pain signals to the brain less intense. While they are powerful tools for reducing pain and can maximize a patient's quality of life, they are highly addictive if abused

According to the National Institute on Drug Abuse

- Every day, 128 people in the United States die after overdosing on opioids.
- Nearly 1/3 of patients prescribed opioids for chronic pain misuse them.
- An estimated 4 to 6 percent who misuse prescription opioids transition to heroin.
- About 80 percent of people who use heroin first misused prescription opioids.
- The likelihood of developing an opioid use disorder depends on factors such as length of time a person is prescribed to take opioids for acute pain, and the length of time people continue taking opioids (whether as prescribed, or misused).

Along with the devastating consequences of opioid misuse and related overdoses, there is the rising incidence of **neonatal drug withdrawal syndrome** due to opioid use and misuse during pregnancy, the spread of infectious diseases such as HIV and Hepatitis C due to the increase in injection drug use, and, according to a 2019 report by the **National Safety Council**, drug overdose – oftentimes accidental - has overtaken motor vehicle crashes as the #1 cause of injury death in the US.

INFORMATION AND RESOURCES:

• SAMHSA OPIOID OVERDOSE PREVENTION TOOLKIT:

- <https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742>
 - Opioid Use Disorder Facts
 - Five Essential Steps for First Responders
 - Information for Prescribers
 - Safety Advice for Patients & Family Members Recovering from Opioid Overdose

• **NALOXONE** – brand name **NARCAN**®

- Naloxone – brand name **NARCAN**® – is a drug that reverses the effects of opiates by blocking the opioid signals to the brain through receptors to quickly restore normal breathing.
- It can treat a known or suspected overdose emergency where patient shows signs of a breathing problem, severe sleepiness, or inability to respond.
- It is covered by most major insurance companies.

○ **NARCAN**® Nasal Spray

- Should be given right away and does not take the place of emergency medical care.
- Emergency medical help is needed right away after the first dose even if the person wakes up.
- As many opioid deaths occur at home, having naloxone could mean saving a life.

▪ Protocols to obtain Narcan:

- <https://health.clevelandclinic.org/is-naloxone-narcan-sold-over-the-counter/>

Every state has different laws, but traditionally, naloxone can only be dispensed with a prescription, or by a pharmacist under a pharmacy specific protocol.

 - Many pharmacies have set protocols allowing pharmacists to dispense naloxone to those at-risk and for family members or friends of those at-risk of overdosing.
 - Typically, the pharmacist must provide in-person training and written materials prior to dispensing the medicine including
 - strategies to prevent overdose
 - risk factors
 - signs of overdose
 - steps in responding to an overdose
 - procedures for administering naloxone, and
 - proper storage

▪ NALOXONE ACCESS LAWS VARY BY STATE:

- <https://preventionsolutions.edc.org/services/resources/state-naloxone-access-laws>

- **OPIOID / SUBSTANCE ABUSE RESOURCES FOR LOCAL COMMUNITIES & ORGANIZATIONS:**
 - **SAMHSA**
 - **National Helpline: 1-800-662-HELP (4357)**
 - **SAMHSA’s National Helpline** (*also known as Treatment Referral Routing Service*) is a confidential, free, 24/7 information service for individuals and family members facing mental and/or substance use disorders that provides referrals to local treatment facilities, support groups, and community-based organizations. Callers can also order free publications and other information. 1-800-487-4889 (*TDD, for hearing impaired*)
 - **Online Behavioral Health Treatment Services Locator:**
 - <https://findtreatment.samhsa.gov/> (Search by address, city, or ZIP Code)
 - **SAMHSA Publications** (*all SAMHSA Store products are available at no charge*)
 - <https://store.samhsa.gov> | 1-877- SAMHSA-7 (1-877-726-4727)
 - **CDC: Centers for Disease Control and Prevention**
 - Understanding the Epidemic:
 - <https://www.cdc.gov/drugoverdose/epidemic>
 - Poisoning:
 - <https://www.cdc.gov/homeandrecationalsafety/poisoning>
 - **NATIONAL TREATMENT RESOURCES:**
 - National Treatment Locator..... www.samhsa.gov..... 800-662-4357
 - Find Rehab Centers by State <https://rehab.org/local/> 800-743-5860
 - **State funded rehab centers – for persons with limited resources / no insurance**
 - <https://americanaddictioncenters.org/rehab-guide/state-funded>
- **SUGGESTIONS FOR PHILOPTOCHOS EDUCATIONAL PROGRAMS TO ADDRESS OPIOID MISUSE:**
 - Sponsor a parish-wide program and/or distribute literature to educate your community about:
 - *Opioids and opioid addiction*
 - *Understanding, managing pain with treatments other than opioids*
 - *Understanding addiction*
 - *Importance of only taking opioid medications as prescribed*
 - *Storing them in a safe place*
 - *Disposing unused medications properly*
 - *Information about Naloxone / Narcan®*
 - *Narcan® (naloxone) state access laws*
 - *Local and broader resources to treat addictions*

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DISASTERS / INCIDENTS OF MASS VIOLENCE:

Source: <https://www.samhsa.gov/find-help/disaster-distress-helpline/disaster-types/incidents-mass-violence>

Overview: Why Philoptochos should care . . .

- **NATURAL DISASTERS:** *Natural disasters, such as tornadoes, hurricanes, floods, wildfires, earthquakes, droughts, etc., are unexpected and can cause catastrophic loss of life and physical destruction. People who live through these may experience emotional distress, e.g., anxiety, constant worrying, trouble sleeping and other depression-like symptoms. Survivors living in the impacted areas, first responders and recovery workers all are at risk. While many “bounce back” with help from family and the community, others may need additional support to cope and move forward on the path of recovery.*
- **INCIDENTS OF MASS VIOLENCE: HUMAN-CAUSED DISASTERS:** *Incidents of mass violence, some of which are hate crimes, e.g., mass shootings, acts of terrorism, workplace violence, are human-caused tragedies. Most are random, unpredictable, and intentional. They can happen in schools, theaters, stadiums, transportation hubs, government buildings, houses of worship, etc. - wherever large numbers of people congregate. These violent acts typically target defenseless citizens intended to harm or kill as many people as possible. They instill feelings of confusion, fear and helplessness and can impact those with no connections to the event. Because of their unpredictability, people experience emotional distress, such as overwhelming anxiety and depression; feeling numb, helpless, or hopeless; worrying much of the time; survivors’ guilt; feeling guilty but not sure why; feeling like they must keep busy; excessive smoking, drinking, or using drugs – including abusing prescription medications.*

• **THOSE AT RISK FOR EMOTIONAL DISTRESS CAUSED BY DISASTERS**

- **Survivors** Injured victims, bystanders who had been near the event.
- **Friends and loved ones** Those outside affected area anxious about people in direct proximity.
- **First Responders and Recovery Workers** (from VOICES: Center for Resilience)
 - <https://voicescenter.org/tip-sheets/mass-violence/responders>
- **Community members** People who live in or near the area surrounding the event

• **TRIGGER EVENTS:**

Trigger events that cause symptoms of distress can happen at any time, even years after the event, (e.g., anniversary), certain sounds (sirens), large crowds, certain smells (e.g., smell of a barbecue after experiencing a large fire). Draw on your faith and spiritual beliefs as a source of strength and comfort to help you deal with and “get through” your reactions to trigger events.

- **Trigger Events:** <https://www.samhsa.gov/find-help/disaster-distress-helpline/anniversaries-triggers>

• **WARNING SIGNS & RISK FACTORS FOR EMOTIONAL DISTRESS**

- *For information about warning signs and risk factors in adults, children and teens, first responders and recovery workers, including members of the clergy, go to:*
 - <https://www.samhsa.gov/find-help/disaster-distress-helpline/warning-signs-risk-factors>

• **HELP FOR THOSE WHO EXPERIENCE A NATURAL OR HUMAN-CAUSED DISASTER**

- **DISASTER DISTRESS HELPLINE** 24/7 toll-free, federally funded multilingual crisis support service.
 - Telephone: **1-800-985-5990** or Text: **‘TalkWithUs’** to 66746 for support and counseling.
 - <https://www.samhsa.gov/find-help/disaster-distress-helpline>
- **BUILDING RESILIENCE** (American Psychological Association <https://www.apa.org/helpcenter/terror-exposure>)
- **NATIONAL CHILD TRAUMATIC STRESS NETWORK:** <https://www.nctsn.org/resources/all-nctsn-resources>
- **FEMA “HELP AFTER A DISASTER”** brochure in Greek: **“Βοήθεια μετά από μια καταστροφή”**
 - <https://www.fema.gov/assistance/individual/brochure>
- **HUMANITARIAN RELIEF - GREEK ORTHODOX LADIES PHILOPTOCHOS:**
 - *Through its **National Emergency Fund** and special appeals, Philoptochos responds to disasters to meet immediate and long-term needs of communities, individuals and families who have been impacted by disasters.*
 - *International disasters are coordinated with the IOCC and/or UNICEF.*
 - *Assistance to Orthodox Christian individuals/ families in the United States:*
 - *May be eligible for financial assistance from Philoptochos to supplement aid they may have received and/or are eligible for from FEMA, insurance benefits and other resources.*
 - *Additional services, as requested, include referrals for counseling, and other support services.*
 - ***For information, call: 212.977.7770, press 5 (Director of National Philoptochos Office) or contact the President of your Metropolis Philoptochos.***
 - **“TALKING TO YOUR CHILDREN ABOUT VIOLENT EVENTS”** Philoptochos Social Service Fact Sheet
 - *For a copy, email socialwork@philoptochos.org or call 212.977.7782*

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MENTAL HEALTH / MENTAL ILLNESS

Overview – Why Philoptochos should care . . .

Mental illness, also called mental health disorders, refers to a wide range of mental health conditions that affect a person's mood, thinking and behavior such as depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors. While many people have mental health concerns now and then, these concerns become a mental illness when ongoing signs and symptoms cause frequent stress and affect the person's ability to function. A mental illness can make the person miserable and can cause problems in their daily life: school, work, relationships. In most cases, symptoms can be managed with a combination of medications and talk therapy (psychotherapy).

Mental illness is common: about 1 in 5 adults has a mental illness in any given year. It can begin at any age, from childhood through later adult years, but most cases begin earlier in life. In general, mental illness are thought to be caused by a variety of genetic and environmental factors: inherited traits (people whose blood relatives have mental illness); environmental exposures before birth such as inflammatory conditions, toxins, alcohol, or drugs while in the womb; and brain chemistry.

Mayo Clinic: <https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968>

GREEK ORTHODOX LADIES PHILOPTOCHOS, INC. PROGRAM ON MENTAL ILLNESS

- “MENTAL ILLNESS: OUR COMMUNITY’S JOURNEY TO UNDERSTANDING, COMPASSION AND HOPE”.
 - Program organized by Department of Social Services presented at 2014 Philoptochos Convention:
Panelists:
 - Demetria DeLia, Ph.D., LCSW, M.A. - overview of mental illness; prevalence in US and our community,
 - Christina Kallas, Esq - impact of mental illness on family members
 - Rev. Protopresbyter Nicholas G. Anctil – Orthodox teachings, cultural stigmas, and interpretations; ways to create a Church environment that is a source of hope.
 - Find the program summary and audience Q&A at: www.philoptochos.org/program-on-mental-illness

POSTPARTUM DEPRESSION: <https://my.clevelandclinic.org/health/diseases/9312-postpartum-depression>

- As a women’s organization, we highlight Postpartum Depression, a condition that affects some mothers after the birth of a baby resulting in depression or a mood disorder, emotional, behavioral, and cognitive changes.
- Symptoms, though most common in first few weeks, can occur anytime within the first year.
- **Postpartum depression is common.** As many as 50% to 75% of new mothers experience "baby blues" after delivery, and up to 15% will develop the more severe and longer-lasting condition of postpartum depression. One in 1,000 will develop the even more serious condition of **postpartum psychosis**.

What causes postpartum depression?

- While the causes are not fully understood, they can be attributed to emotional and genetic factors as well as a drop in hormone levels after delivery.
- During pregnancy, the levels of estrogen and progesterone – the female reproductive hormones – increase tenfold. Although by three days postpartum, hormone levels drop back to pre-pregnant levels, the social, psychological, and chemical changes that occur create an increased risk of postpartum depression.

Symptoms

- Feeling disconnected with the baby
- Feeling sad, anxious, panicked most of day
- Sleeping or eating a lot or too little
- Unexplained aches, pain, illness
- Irritation or anger for no reason
- Sudden mood changes
- Poor concentration, difficult remembering
- Feelings of worthlessness, hopelessness
- Not enjoying what used to be enjoyable
- Recurring thoughts of death and suicide

Causes:

- Family history of depression
- Stressful events during pregnancy / Stress between partners and/or family
- Complications during childbirth
- Lack of support from others (*partner, family, etc.*) to help care for/manage newborn.
- Drug use disorder

How is postpartum depression treated?

- Depending on type and severity of symptoms, postpartum depression is treated with anti-anxiety or antidepressant medicines, psychotherapy (*talk therapy*), and support group participation.
 - **Breastfeeding and taking medication for postpartum depression:** Women who breastfeed should not assume they can't take medicines for depression, anxiety, or psychosis. They should talk to their healthcare provider about their options.

Reducing the risk of postpartum depression:

- **Be realistic** about expectations for self & baby.
- **Limit visitors** when first go home.
- **Screen phone calls.**
- **Sleep** or rest when baby sleeps.
- **Ask for and accept help** – let others know **how** to help.
- **Exercise:** walk, get out of the house for a break.
- Follow a **sensible diet**; avoid alcohol, caffeine.
- **Don't isolate**; keep in touch with family/friends
- **Make time for your partner.**
- **Expect good days and bad days**
- **Avoid major life changes** during or right after childbirth

Fathers and 'Baby blues':

- *Journal of American Medical Association:* about 10% of fathers experience mood changes, become depressed before or just after the birth - sometimes due to changes in their hormonal levels and non-biological factors: e.g., not partner's center of attention, stress to provide for new baby, guilt they may not be 'over the moon', lack of sleep.
 - For more information, including signs of postpartum depression in men - some are different than in women - go to: <https://health.clevelandclinic.org/yes-postpartum-depression-in-men-is-very-real/>

"Bouncing Back" After Pregnancy: *Losing baby weight, Kegels to strengthen pelvic muscles, proper nutrition, etc.*

- <https://www.hopkinsmedicine.org/health/wellness-and-prevention/what-really-helps-you-bounce-back-after-pregnancy>

Outlook for women with postpartum depression: If symptoms last for more than two weeks, seek help

- Start with your OB/GYN – if a mental health professional is needed, the OB/GYN will say so.
- With professional help, almost all women who experience postpartum depression overcome their symptoms.

TO LOCATE MENTAL HEALTH TREATMENT FACILITIES AND PROGRAMS:

- **SAMHSA LOCATOR - Substance Abuse and Mental Health Services Administration**
 - Online resource for locating mental health treatment facilities and programs nationwide including public, private, nonprofit and for profit /private programs.
 - **Access the Locator online or by phone:**
 - **Online:** <http://findtreatment.samhsa.gov/MHTreatmentLocator/faces/quickSearch.jspx>
 - **Telephone help line:** 1.800.662.4357 | SAMHSA 24/7 Treatment and Referral line

MENTAL HEALTH AMERICA:

- **Fact Sheet: Finding the Right Mental Health Care for You:**
 - *Types of mental health professionals, mental health treatments, referral services, provider associations that serve specific target populations, specialized treatment referral services:*
 - <https://www.mentalhealthamerica.net/finding-right-care>
- **Screening tool for 9 mental health conditions:**
 - <https://screening.mentalhealthamerica.net/screening-tools>

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) <https://www.nami.org/About-NAMI>

- NAMI, the *National Alliance on Mental Illness*, is the nation's largest grassroots mental health organization. More than 500 local affiliates work in communities to raise awareness and provide support and education:
 - Sponsors a NAMI TOLL FREE HELPLINE that responds to thousands of requests each year, providing free information and support – a "much-needed lifeline" for many.
 - 1-800-950-NAMI (6264) or info@nami.org
 - Trained NAMI volunteers offer peer-led education programs
 - Gives presentations about mental illness to schools, communities and more
 - Sponsors support groups for people with mental illness (NAMI Connection)
 - Sponsors support groups: family members, significant others, friends of those with mental health conditions
 - Provides hands-on advocacy training that helps people living with mental illness, friends and family transform their experiences into skillful grassroots advocacy.

MENTAL HEALTH HOTLINE NUMBERS & REFERRAL RESOURCES

- healthyplace.com/other-info/resources/mental-health-hotline-numbers-and-referral-resources#Hotline

WOMEN'S MENTAL HEALTH: <https://www.womenshealth.gov/mental-health/get-help-now>

- General Support
- For survivors of abuse or trauma
- For teens and young adults
- For people who have depression
- For people who have eating disorders
- For veterans

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SUICIDE

Overview: Why Philoptochos should care . . .

Suicide is death caused by injuring oneself with the intent to die. A suicide attempt is when someone harms themselves with any intent to end their life, but they do not die because of their actions.

- Untreated, undiagnosed, or ineffectively treated depression is the number one cause of suicide.
- Suicide is connected to other forms of injury and violence such as child abuse, bullying, or sexual violence.
- Nearly half of all suicides occur with a firearm.
- When a person dies by suicide, the effects are felt by family, friends, and communities.
- Suicide, addiction, and depression are closely interconnected. More than 90% of people who die by suicide suffer from depression, have a substance abuse disorder, or both.
- Suicide is the second leading cause of death for adolescents 15 to 19 years old.

American Foundation for Suicide Prevention | <https://www.addictioncenter.com/addiction/addiction-and-suicide/>

Who is at risk for suicide?

People of all genders, ages, cultures, ethnicities, and income groups can be at risk for suicide. The main risk factors are:

- A history of suicide attempts
- Depression, other mental disorders, or substance use disorder
- Chronic pain
- Family history of a mental disorder or substance use or family history of suicide
- Exposure to family violence, including physical or sexual abuse
- Presence of guns or other firearms in the home
- Exposure directly or indirect, to others' suicidal behavior, such as that of family members, peers, or celebrities

Suicide attempts in women vs men:

According to the Centers for Disease Control and Prevention (CDC), **women are more likely to attempt** suicide, but **men are more likely to die** by suicide because men are more likely to use lethal methods, such as a firearm or suffocation (e.g., hanging), while women are more likely to attempt suicide by poisoning such as overdosing on prescribed or unprescribed prescription drugs. That said, recent data suggest that how women attempt suicide is shifting toward more lethal methods.

Suicide attempts in certain professions and occupations:

Certain occupations have a higher-than-average risk of suicide, e.g., medical doctors, dentists, lawyers, financial planners, police officers, farmworkers, military personnel, and veterans, due in part to accessibility to suicide methods, high levels of stress and long hours, being overworked, instability due to factors out of their control, such as the weather (e.g. farmers), not seeking help for depression/ mental health conditions for fear their clientele will view them as "weak".

RISK FACTORS vs WARNING SIGNS:

- Although most people who have risk factors for suicide will not attempt suicide, it is difficult to know who will act on suicidal thoughts. While suicide risk factors are important, persons who show **warning signs** of suicide may be at higher risk for danger and **need immediate attention**.
- Stressful life events (such as the loss of a loved one, legal troubles, or financial difficulties) and interpersonal stressors (such as shame, harassment, bullying, discrimination, or relationship troubles) may contribute to suicide risk, especially when they occur along with suicide risk factors.

WARNING SIGNS: The behaviors listed below may be signs that someone is thinking about suicide:

- Talking about wanting to die or kill themselves, talking or thinking about death often
- Talking about guilt or shame, feeling empty, hopeless, no reason to live; feeling trapped no solutions.
- Talking about being a burden to others
- Taking risks that could lead to death, such as reckless driving.
- Planning / looking for a way to kill oneself e.g., searching online, stockpiling pills, acquiring potentially lethal items (e.g., firearms, ropes)
- Feeling unbearable physical /emotional pain
- Using alcohol or drugs more often
- Acting anxious or agitated
- Withdrawing from family and friends
- Changing eating and/or sleeping habits
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings, suddenly changing from very sad to very calm/ happy
- Giving away important possessions; saying goodbye to friends/ family; putting affairs in order, making a will

SUICIDE AMONG CHILDREN AND TEENS:

Children and adolescents thinking about suicide may make openly suicidal statements or comments such as, "I wish I was dead," or "I won't be a problem for you much longer." Other warning signs associated with suicide can include:

- changes in eating or sleeping habits
- frequent or pervasive sadness
- withdrawal from friends, family, and regular activities
- frequent complaints about physical symptoms often related to emotions, e.g., stomachache, headache, fatigue, etc.
- decline in the quality of schoolwork
- preoccupation with death and dying
- may stop planning for or talking about the future
- may begin giving away important possessions.

ASKING A CHILD OR TEEN ABOUT SUICIDE:

Asking a young person if they are depressed or thinking about suicide will **NOT** put suicidal thoughts in their head. Questions such as these can let them know someone cares and give them a chance to talk about problems:

- *Are you feeling sad or depressed?*
- *Are you thinking about hurting or killing yourself?*
- *Have you ever thought about hurting or killing yourself?*

Parents, teachers, friends, youth leaders, clergy should err on the side of caution. Any child or adolescent with suicidal thoughts or plans should be evaluated immediately by a trained and qualified mental health professional.

https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Teen-Suicide-010.aspx
<https://www.nimh.nih.gov/health/publications/suicide-faq/>

AUTOEROTIC ASPHYXIATION – SUICIDE OF UNINTENDED DEATH?

Death by hanging, strangulation, or suffocation should cause family and community members to consider whether the action was suicide or accidental:

- Autoerotic asphyxiation is the practice, generally by a child, preteen, or adolescent, of sexual self-stimulation while causing oneself to experience hypoxia (*depriving body of adequate oxygen supply*) to heighten the sexual experience. This is usually achieved by hanging, strangulation, suffocation, neck or chest compression, or inhalation of volatile chemicals. Sometimes called "scarfing" or "choking game".
- Factors related to Autoerotic Asphyxiation include:
 - No evidence of recent stressor(s)
 - No suicidal ideation, intent, or history of suicidal ideation or attempt
 - No significant depressive, manic, anxiety, or psychotic symptoms
 - Asphyxiation with safety precautions and self-rescue mechanism
 - History of other abnormal sexual desires, typically involving extreme or dangerous activities

<https://www.medicinenet.com/script/main/art.asp?articlekey=51776>
<https://pediatrics.aappublications.org/content/124/5/1319>

SUICIDE AMONG OLDER ADULTS: <https://www.aginginplace.org/elderly-suicide-risks-detection-how-to-help>

- Older adults are about 12% of US population but are 18% of suicides (*Amer Assoc for Marriage & Family Therapy (AAMFT)*).
- Risk increases with age:
 - 75 - 85-year-olds have higher rates of suicide than 65–75-year-olds; those 85+ have an even greater risk.
- Are underreported due to "silent suicides" caused by overdoses, self-starvation, self-dehydration, and "accidents."
- Older adults have a high suicide **completion rate** because of methods used: firearms, hangings, and drownings.
- Older adults have a **higher double-suicide rate** that involves both partners taking their lives at the same time.

FACTORS THAT CAN RAISE THE RISK OF SUICIDE AMONG THE ELDERLY:

Among elderly, more than half (54%) who die by suicide have no known mental condition. Per CDC, there is no single factor that leads to suicide, but an accumulation of issues. Some are shown below in order from most to least common.

- **Relationship Issues** - *Breaking up / divorce: a person's sense of identity changes while experiencing loss.*
- **Experiencing a Life Crisis** - *Such as the loss of a spouse or partner.*
- **Substance Abuse** - *Problematic substance abuse is the 3rd leading risk factor for elderly suicide.*
- **Physical Health Issues** - *Many ailments may lead to an increased suicide risk. At higher risk are Traumatic Brain Injury (TBI), sleep disorders, HIV/AIDs, Parkinson's; health conditions which may result in a loss of independence.*
- **Employment and/or Financial Factors** - *Stress of being strapped financially, such as housing-related stress: high price of housing; being house-bound; overcrowding; lack of access to shopping and quality medical services.*

- **SUICIDE PREVENTION TIPS:** <https://www.aginginplace.org/elderly-suicide-risks-detection-how-to-help>
 - **Talk to them:** *Be caring, non-judgmental. Don't promise to keep their thoughts to yourself; if you believe their life is in danger, get help.*
 - **Connect them** to elderly support groups, e.g., bereavement (grief.com), social, recreational, and church programs
 - **Limit access to substances** such as alcohol and drugs
 - **Remove lethal means** such as firearms, medications, poisonous household cleaners and more.
- **THOSE LEFT BEHIND AFTER SUICIDE:**
 - For every person who dies by suicide, about 6 “suicide survivors” are left behind – people who must deal with stigma, shame, isolation, mixed emotions, guilt, and a constant need for a reason.
 - For more information:
 - <https://www.health.harvard.edu/mind-and-mood/left-behind-after-suicide>
 - **Find a suicide bereavement support group:**
 - American Foundation for Suicide Prevention lists U.S. and international suicide bereavement support groups as a public service to loss survivors.
 - Search by zip code: <https://afsp.org/find-a-support-group/>
- **LANGUAGE MATTERS: WHY NOT TO SAY “COMMITTED SUICIDE”**
<https://www.irmi.com/articles/expert-commentary/language-matters-committed-suicide>
“Language matters when discussing issues of suicide. Language reflects our attitudes and influences our attitudes and the attitudes of others. Words have power; words matter. The language we choose is an indicator of social injustice and has the power to shape our ideas and feelings in very insidious ways. For example, the phrase “committed suicide” is frowned on because it harks back to an era when suicide was considered a sin or a crime. Think about the times when we use the word “commit”: “commit adultery” or “commit murder.” Similarly, “successful suicide” or “unsuccessful attempt” are considered poor choices because they connote an achievement or something positive even though they result in tragic outcomes.”
Say “Died by suicide” instead of “committed suicide”
Say “Suicide death” instead of “successful attempt”
Say “Suicide attempt” instead of “unsuccessful attempt”
Say “Suicide” instead of “completed suicide”

NATIONAL SUICIDE PREVENTION LIFELINE: 1-800-273-TALK (8255) |

<http://www.suicidepreventionlifeline.org>

- **24/7 toll free confidential** hotline of National Institute of Mental Health (NIMH) for those in distress and loved ones
- **Outside US:** International Association for Suicide Prevention:
http://www.iasp.info/resources/Crisis_Centres/

VETERANS CRISIS LINE (For veterans, family, friends):

- **1-800-273-8255, Press 1 | <https://www.veteranscrisisline.net/>**
- Toll-free, 24/7 confidential resource that connects callers with qualified Department of Veterans Affairs (VA) responders.

LAW ENFORCEMENT SUICIDE PREVENTION

- **COPLINE: 1-800-COPLINE (1-800-267-5463) | Copline.org**
- Recommended reading list: <https://www.copline.org/resources/recommended-readings>

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DOMESTIC VIOLENCE / INTIMATE PARTNER ABUSE

CALL 9-1-1 OR THE LOCAL POLICE FOR IMMEDIATE HELP IF PERSON IS IN IMMINENT OR LIFE-THREATENING DANGER

*"For it is not the enemy who reproaches me; then I could bear it.
Nor is it one who hates me who has exalted himself against me; Then I could hide from him.
But it was you, my equal, my companion, my good friend."
We took sweet counsel together and walked in the house of God in the assembly."*

Psalm 55 12-14

DOMESTIC VIOLENCE (INTIMATE PARTNER ABUSE) RARELY OCCURS JUST ONCE

Overview: Why Philoptochos should care . . .

Domestic violence is about power and control. It is not about losing control or being out of control. It is called "domestic" because it occurs within the privacy of one's home – the place where one expects to be safe and to live in harmony. It is called "violence" because it is not an argument or difference of opinion, but willful, purposeful acts that increase in frequency and intensity. Although domestic violence takes place between and among family members, it is not a family problem. It is a crime that frequently ends in injury or death.

Intimate partner abuse occurs when a person's understanding of how partners should relate to one another leads them to believe it is their role and right to control the other person. From a variety of sources, the abuser has LEARNED it is both appropriate and acceptable to use force to exercise this control, and they CHOOSE to use force.

Domestic violence manifests itself through a pattern of behaviors used by the batterer to gain and maintain power and control over their victim. Oftentimes, these behaviors are difficult to recognize – especially early in a relationship. For many victims, the first abusive act causes them to end the relationship, but for others, it is a shock or an embarrassment. Some may not even recognize it as abuse. Others will blame themselves, and yet others, because they love their partner, will believe the abuser's promise that it will never happen again. But it does - the abusive behaviors don't end. Ultimately, they become part of the normal course of the relationship. Not only does it take less to bring on abusive behaviors, but their frequency and severity increase over time. There is no guarantee that the original target of family violence will remain the only person abused. There is a strong correlation between partner abuse and child abuse.

Significant factors:

- Couples counseling is **NOT recommended** in cases of intimate partner abuse, for whatever the victim reveals in session will likely be used against them when they go home. Also, couples counseling implies that the victim is responsible, which is unfair, invalid, and hurtful to the victim.
- Although we enter marriage thinking it will be forever, once abuse begins, the abuser already has ended the relationship.
- Many victims remain in an abusive relationship because they love their partner – they want the abuse to end, not the relationship.

DOMESTIC VIOLENCE FACTS AT A GLANCE: (Sources provided)

- **Definition: Systematic pattern** of violent, controlling, coercive, purposeful acts intended to punish, abuse, humiliate, and ultimately control the thoughts, beliefs, actions of the victim. Behaviors usually increase and intensify over time.
- **Likelihood of violence in relationships:** 1 in 4 women 18 and over, and 1 in 7 men over 18 will be DV victims in their lifetimes. (National Domestic Violence Hotline)
- **Abuse is not just physical** – in fact, many victims are never physically abused. Abuse can be psychological, emotional, verbal, sexual, financial, spiritual, and cultural, and can include stalking, cyberstalking and threatening the victim's family, all of which negatively impact the victim's mind, soul and body. (Violence Prevention Alliance)
- **Financial abuse** occurs in 98% of all domestic violence cases. The main reason many DV victims stay or return to the relationship is because the abuser controls their money, leaving them with no financial resources to support themselves were they to leave. (US News & World Report)
- **Women and Intimate Partner Violence (IPV):** 85% of cases of Intimate Partner Violence (IPV) are **reported by women.** (Violence Policy Center, Bureau of Justice Statistics, National Institute of Justice, Center for American Progress)
 - **Underreporting:** It is estimated that **only 25% of physical assaults** against women are reported to police. (US Department of Justice, National Institute of Justice / CDC: "Extent, Nature & Consequences of Intimate Partner Violence")
 - **Homicides:** • Every day, **3 women in the US are murdered by a current or former male partner.** (National Network to End Domestic Violence). • Women who are victims of domestic violence are eight times more likely to be killed by an intimate partner if there are firearms in the home. (Risk Factors for Femicide in Abusive Relationships: Results from A Multisite Case Control Study)
 - **IPV / pregnancy:** Domestic abuse is the leading cause of female homicide and injury-related deaths during pregnancy. (American Psychological Association). Oftentimes, the abuse begins when the woman first becomes pregnant.

- **Teen dating violence:**
 - In any given year, about 1 in 11 female and 1 in 14 male high school students report having experienced physical dating violence; about 1 in 8 female and 1 in 26 male high school students report sexual dating violence.
 - Violent behavior often begins between 6th and 12th grade.
 - Only 1/3 of teens in an abusive relationship confided in someone about the violence. They hesitate to seek help because they do not want to expose themselves or they are unaware of the laws surrounding domestic violence.
 - Most parents believe teen dating violence is not an issue. (loveisrespect.org)
- **Domestic violence, child abuse, and animal abuse** frequently occur simultaneously in a family. (*American Academy of Childhood and Adolescent Psychiatry | Animal Welfare Institute*)
- **Homelessness:** Domestic violence is the 3rd leading cause of **homelessness** among families. Many women remain in an abusive relationship because they don't want their children to become homeless. Because of shelter regulations in relation to the age / sex of children, the family may not be able to be placed together. (*National Coalition for the Homelessness*)
- **Stalking:** There is a strong **link between stalking and other forms of violence:** 81% of women who were **stalked** by a current or former partner were also physically assaulted, and 31% were also sexually assaulted by that partner. (*American Bar Association – Commission on Domestic and Sexual Violence*)
- **Children who live in a violent home...**
 - **Learn that this behavior is acceptable.** The cycle of violence continues as boys learn they can control their partners through abusive actions, and girls learn that abuse is “normal” in relationships.
 - **Face challenges and risks that can last a lifetime:** poor academic performance, increased risk to their physical, emotional, and social development, continuing the cycle of violence because they believe abuse in relationships is normal, experiencing anxiety and PTSD and more. (*UNICEF, Child Protection Section*).
- **Forgiveness:**
 - As Christians, we are taught to forgive; however, in cases of abuse, the equation changes remarkably.
 - To forgive is not declaring that what has happened is ok.
 - It doesn't mean the abuse was the victim's fault
 - It doesn't involve an apology from the abuser that the victim can then forgive.
 - Forgiveness is the personal process of deciding to not continue to hold on to anger, resentment, and thoughts of revenge.
 - **We forgive not because the other person deserves it; we forgive because we deserve peace.**
(<https://www.thehotline.org/resources/should-i-forgive-my-abuser/>)

RESOURCES:

- **GREEK ORTHODOX LADIES PHILOPTOCHOS SOCIETY LITERATURE & RESOURCES**
 - 10.2016 article published in the **Orthodox Observer: “DOMESTIC VIOLENCE - POWER & CONTROL”**
 - *Written by Paulette Geanacopoulos, LMSW for the Archdiocesan Center for Family Care.*
 - **“IT'S NOT LOVE IF YOUR PARTNER . . . ”**
 - *One-page flyer/2-sided 'postcard' to help women identify abuse and decide what they may be willing to do.*
 - *Please post the flyer the women's room of church so women can safely access the information.*
 - **WEBINAR: “DV: Identifying & Responding to Partner Abuse in the Orthodox Christian Community”**
 - **PowerPoint of Webinar**
 - *Presented for ARCHDIOCESAN CENTER FOR FAMILY CARE in February 2015 by Paulette Geanacopoulos, LMSW, Rev. Chrysostomos Gilbert, Annunciation Greek Orthodox Church, NYC.*
 - **Video:** <https://www.goarch.org/-/domestic-violence-identifying-and-responding-to-intimate-partner-abuse>
- **“LITROSI” - VIDEO MOSTLY IN GREEK WITH ENGLISH SUBTITLES**
 - **Produced by the Greek Orthodox Family and Counselling Wife Assault Program, Toronto, Canada**
 - *48-minute video that presents intimate partner violence experiences of 2 Greek Orthodox families: an immigrant family, and one in which the victim is a well-educated woman.*
 - *After screening the video for your community, hold an interactive discussion on domestic violence led by a local domestic violence advocate*
- **PHILOPTOCHOS DV FACT SHEETS / INFORMATION:** (*Email socialwork@philoptochos.org for copies*)
 - **“Does Your Partner...?” In Greek and English**
 - *Lists behaviors to help a woman identify if she is a victim*
 - **Developing a Personalized Safety Plan - in Greek and English**
 - *Helps a woman prepare what to do IF, and when she decides to leave the abusive relationship.*
 - **Power & Control Wheel | Teen Dating Relationship Equality Wheel**

- *Clergy Perspectives on Domestic Violence*
- *Characteristics of Men Who Batter*
- *What to Say to a Woman You Think is Being Abused | What to Do if a Woman Confides in You*
- **NATIONAL DOMESTIC VIOLENCE HOTLINE 24/7 | FREE, CONFIDENTIAL**
 - **1.800.787.SAFE (7223) TTY: 1-800-787-3224 | <http://www.thehotline.org/>**
 - *Staffed 24/7 by trained advocates available to talk confidentially with anyone experiencing domestic violence, seeking resources or information, or who may be questioning unhealthy aspects of their relationship.*
- **STATE COALITIONS AGAINST DOMESTIC VIOLENCE:**
 - Directory can be found at The National Coalition Against Domestic Violence website at:
 - <http://www.ncadv.org/resources/StateCoalitionList.php>
- **TEEN AND COLLEGE DATING VIOLENCE / SEXUAL ASSAULT:**
 - **THE NATIONAL DATING ABUSE HELPLINE** offers immediate and confidential support.
 - To contact the Helpline, call 1-866-331-9474, text *"loveis"* to 22522, or visit **www.LoveIsRespect.org**
- **NATIONAL SEXUAL ASSAULT HOTLINE - 1.800.656.HOPE**
 - More information can be found at:
 - <https://www.breakthecycle.org/college-dating-violence-and-abuse-poll>
 - <http://www.ed.gov/blog/2014/04/teen-dating-violence-and-sexual-assault-in-schools-resources-and-a-call-to-action/>
- **LGBTQ ABUSE:** <http://www.thehotline.org/is-this-abuse/lgbt-abuse/>

WAYS PHILOPTOCHOS CAN RESPOND:

- **OCTOBER IS DV AWARENESS MONTH - SPONSOR FORUMS / INTERACTIVE DISCUSSIONS:**
 - *Sponsor programs, led by local domestic violence victim advocates, about one or more of the following:*
 - *psychological, emotional, economic, and physical and social media behaviors that characterize domestic violence*
 - *safety planning for victims and their children*
 - *legal aspects - responses victims and other helping people can expect from police and other law enforcement officials*
 - *how to obtain an Order of Protection and what to expect from them and*
 - *difference between criminal and civil court actions*
 - *local services to help victims and survivors*
 - **HOLD ROUND-TABLE DISCUSSIONS and "ECUMENICAL TOWN HALLS"**
 - *Invite local clergy from other faiths along with your priest to discuss, examine and re-frame cultural attitudes and religious beliefs that influence our understanding of domestic violence and may appear to condone domestic violence.*
 - **TEEN DATING RELATIONSHIP FORUMS: Together with GOYA and JOY,**
 - *Hold discussions with parish youths about*
 - *peer pressure*
 - *role of social media*
 - *their understanding of what constitutes a "healthy" relationship*
 - *importance of respect, equality, and compromise*
 - *how to identify possible abusive characteristics in potential partners to avoid dangerous relationships and situations.*
 - **TEACH NON-VIOLENT BEHAVIORS:**
 - *anger management, impulse control, conflict resolution, fair fighting, bullying and cyberbullying*
 - **COOPERATE WITH LOCAL DOMESTIC VIOLENCE PROGRAMS / RESOURCES:**
 - *Volunteer at local domestic violence shelters*
 - *Offer to translate, provide support, escort victims to court, other proceedings, etc.*
 - **ENCOURAGE YOUR PRIEST TO SPEAK OUT AGAINST DOMESTIC VIOLENCE:**
 - *It is extremely powerful for a victim to hear "Expose and Oppose" spoken by your priest in church.*
 - *Ask him to do so during Domestic Violence Awareness Month*
 - **EXCERPT SECTIONS OF PHILOPTOCHOS DV FACT SHEETS** *email socialwork@philoptochos.org for copies* and publish them in your church Sunday Bulletin during the month of October.

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CANCER PATIENT / FAMILY INFORMATION AND RESOURCES

PRAYER FOR HEALING

Jesus Christ, my Lord and Savior, You became man and died on the cross for our salvation. You healed people of sickness and affliction through Your love and compassion. Visit me, Lord, and grant me strength to bear this sickness with which I am afflicted, with patience, submission to Your will and trust in Your loving care. I pray that You will bless the means used for my recovery and those who administer them. Grant that my sickness may be to my spiritual benefit and that I may live the rest of my life more faithfully according to Your will. For You are the source of life and healing and to You I give praise and glory, now and forever. Amen.

Overview: Why Philoptochos should care:

A cancer diagnosis affects the physical and emotional health of patients, families, and caregivers. Common feelings during this life-changing experience include anxiety, distress, and depression. Along with fear of the disease, itself, as well as thoughts of death and dying, cancer patients frequently are concerned about the physical changes they may experience – pain due to the cancer or treatment, feeling sick or looking different as a result of the treatment, how they will continue to care for their family and pay their bills, whether they will be able to keep their job, and thoughts of death and dying. Whether or not they have health insurance, many cancer patients are concerned about the cost of care and how they will pay for treatments. As roles at home, school, and work can be affected, it is important to recognize these feelings and changes and get help when needed.

- For information about feelings and changes after being diagnosed with cancer, as well as coping mechanisms, go to:
 - <https://www.cancer.gov/about-cancer/coping/feelings>

When the diagnosis is for a child:

No one is ever prepared to hear that their child has a life-threatening illness. For most parents the first few weeks are a blur. Parents have a lot to manage after a child is diagnosed with cancer and the first few weeks can be overwhelming. For suggestions and resources to help parents cope during and after their child's diagnosis, go to:

- <https://www.cancer.org/treatment/children-and-cancer/when-your-child-has-cancer/after-diagnosis/for-parents.html>

Helping the child adjust to a cancer diagnosis including creating a “new normal” and helping the child manage school during treatment, go to:

- <https://www.cancer.org/treatment/children-and-cancer/when-your-child-has-cancer/after-diagnosis/helping-your-child.html>

Helping siblings of children with cancer:

- <https://www.cancer.org/treatment/children-and-cancer/when-your-child-has-cancer/after-diagnosis/helping-your-child.html>

- **GENERAL INFORMATION ABOUT CANCER SERVICES, HELP BY DIAGNOSIS & / or TOPIC**

- **AMERICAN CANCER SOCIETY:** <https://www.cancer.org/>
- **CANCERCARE:** <https://www.cancercare.org/>
- **MAYO CLINIC:** <https://www.mayoclinic.org/tests-procedures/cancer-treatment/about/pac-20393344>
- **NATIONAL CANCER INSTITUTE (NCI) of National Institutes of Health:**
 - <https://www.cancer.gov/contact>
 - 1-800-422-6237 | NCIinfo@nih.gov

- **TEMPORARY HOUSING FOR CANCER PATIENTS** *who travel away from home for their treatment.*

- **HOPE LODGE: AMERICAN CANCER SOCIETY**

- Provides free, temporary housing for cancer patients and families in 31 locations throughout US.

Find a Hope Lodge: <http://www.cancer.org/treatment/supportprogramsservices/hopelodge/index>

- **HOTEL LODGING** –All ages and their families. (Arranged through American Cancer Society)

- <http://www.cancer.org/treatment/supportprogramsservices/patientlodging/index> | 1.800.227.2345

- **TEMPORARY HOUSING FOR CHILDREN & THEIR FAMILIES**

- **RONALD Mc DONALD HOUSE:** <http://www.rmhc.org/>

- Childhood cancer treatment often requires travel to a pediatric treatment center away from home. Many have a **Ronald McDonald House** nearby that provides low-cost or free housing for patients and their families.

- **Families must be referred by medical staff and/or social workers at the treatment facility.**

- Each House has its own management, sets its own admissions standards, and operates according to its own rules, so check with your health care team's social worker or nurse to learn more, or contact **Ronald McDonald House Charities at 630-623-7048 or www.rmhc.org**.
- *International*: Country specific programs for pediatric cancer patients (*generally to age 21*) and their families in more than 64 countries through Ronald McDonald Houses, Family Rooms and Care Mobiles.
- RMH charities provide grants to nonprofits and scholarships to students in the USA.
- **GREEK ORTHODOX METROPOLISES**
 - **PHILOXENIA HOUSES:** Philoxenia Houses are temporary housing opportunities for patients receiving medical care at local facilities that are operated by the local Metropolis and Philoptochos Chapters.
 - **BALTIMORE:** *A home away from home for the patients and their families while receiving medical care at Johns Hopkins University, Johns Hopkins Bayview and Kennedy Krieger Institute.*
 - 520 Ponca Street, Baltimore, MD 21224
 - 410-633-5020 | E-mail: philoxeniahouseinc@gmail.com
 - Download the application at: <http://www.philoxeniahouseinc.com/apply.html>
 - **BOSTON:** *Welcomes patients and their families who find themselves in Boston for medical reasons. Patients are infants, children, young adults, senior citizens and everyone in between. They are premature babies who are blind, adults and youngsters suffering from cancer, transplant patients, and burn victims.*
 - Please contact the Boston Metropolis Office for more information (617) 277-4742.
 - **ROCHESTER, MN:** *A ministry of the Chicago Metropolis Philoptochos, Philoxenia House offers free temporary housing to individuals and families visiting the MAYO CLINIC in ROCHESTER, MN who are in need of shelter, spiritual healing and/or comfort.*
 - www.philoxeniahouse.org | (507) 292-1533 | Housing Information (p): 507-358-7260
 - **HEALTH CARE HOSPITALITY NETWORK**
 - Healthcare Hospitality Network is a network of 200 non-profit organizations throughout the US providing free or low-cost family-centered lodging to families for treatment far from home.
 - Call 1-800-542-9730 or online at www.hhnetwork.org for information.
 - **OTHER:**
 - Contact the clinic social worker or oncology nurse affiliated with your medical provider for other short-term housing possibilities or discounts at nearby motels and hotels,
- **FINANCIAL ASSISTANCE, SUPPORT / COUNSELING / OTHER RESOURCES FOR CANCER PATIENTS:**
 - **LIMITED FINANCIAL ASSISTANCE** to assist with various expenses such as housing costs (rent/ mortgage / utilities, etc.), help towards out-of-pocket medical expenses and more. *Contact each organization to learn eligibility criteria and application procedures.*
 - **GREEK ORTHODOX LADIES PHILOPTOCHOS SOCIETY**
Available to Orthodox Christians in the USA regardless of immigration status for out-of-pocket expenses from providers/vendors in the USA:
 - Visit Philoptochos website (www.philoptochos.org), or mail socialwork@philoptochos.org for eligibility, application forms and referrals to local and Metropolis Philoptochos contacts.
 - **CHILDREN'S AGAPE FOUNDATION**
The Children's AGAPE Foundation of the Greater Washington Metropolitan Area Philoptochos Societies assists sick, needy children, up to age 21, in the payment of medical and other medical-related expenses not covered by insurance or public or private programs. (Assistance is not limited to pediatric cancer patients).
 - Find application at <http://www.agapefoundationdc.org/apply-for-assistance>
 - **CANCER CARE:** <http://www.cancercare.org/financial> (*available nationwide*)
 - **CANCER PATIENT SUPPORT FOUNDATION**
 - <http://cpspvt.org/our-program.html> for information about programs, eligibility and information about emergency funds.
 - **HEALTHWELL FOUNDATION**

Financial assistance to cover cost of prescription drug co-insurance, copayment, deductibles, health insurance premiums and other out-of-pocket health care costs. For more information about eligibility and list of covered diseases, go to: <https://www.healthwellfoundation.org/about/what-we-do/>

- **THE PAN FOUNDATION**

Helps underinsured people with life-threatening, chronic and rare diseases get the medications and treatment they need. <https://www.panfoundation.org/>

- **NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS (NAFC)**

Free & Charitable Clinics and Pharmacies across the U.S. provide health care access to medically underserved people in their communities. <https://www.nafclclinics.org/find-clinic>

- **GOFUNDME**

Although generally not a person's first choice, crowdsourcing to pay medical bills is an option. GoFundMe is the leader in online medical fundraising. With a free account, people can start getting relief immediately.

- <https://www.gofundme.com/start/medical-fundraising>

- **HELP WITH PRESCRIPTION DRUG COSTS:**

- **Rx ASSIST**.....<https://www.rxassist.org/patients>

- **Rx HOPE**.....<https://www.rxhope.com/Patient/Home.aspx>

- **OTHER AMENITIES FOR CANCER PATIENTS**

- **CLEANING FOR A REASON:** <http://www.cleaningforareason.org/>

- Limited, free house cleaning service for women undergoing treatment for cancer

- **WIGS FOR CANCER PATIENTS: FREE AND LOW COST**

- Go to: <https://breastcancerfreebies.com/wigs/>

- **OTHER HEAD GEAR (hats, turbans, etc.):**

- <https://breastcancerfreebies.com/head-gear/>

- **SUPPORT GROUPS, MESSAGE BOARDS, ONLINE & IN-PERSON RESOURCES:**

- **CANCER SUPPORT GROUPS** for patients & families, contact **local hospital social work department**.

- **Note:** periodically, National Philoptochos sponsors a telephone cancer patient support group. Contact socialwork@philoptochos.org to express your interest and be placed on a list.

- **IF FAMILY MUST PERMANENTLY MOVE OUT OF THEIR HOME AFTER CANCER DIAGNOSIS:**

- *Contact county department of social services to find out if can get into low-cost or government-supported housing programs. In some states this may be listed under the health department or welfare department.*

- **CANCER CLINICAL TRIALS**

Clinical trials are research studies that involve people and are an option to think about. Learning all you can about clinical trials can help you talk with your doctor and decide what is right for you.

- <https://www.cancer.gov/about-cancer/treatment/clinical-trials>

- **TO FIND / SEARCH FOR CLINICAL TRIALS** sponsored by or financially supported by **NCI-National Cancer Institute of the National Institutes of Health:**

- <https://www.cancer.gov/about-cancer/treatment/clinical-trials/search> (to find)

- <https://www.cancer.gov/about-cancer/treatment/clinical-trials/search/help> (search criteria)

- **MEDICAL TRANSPORTATION RESOURCES:**

- **LOCAL PARATRANSIT SERVICES:**

- *For local paratransit services contact your County Social Services, hospital social worker or oncology department for referrals and information.*

- *You also can contact a local car service/ taxi company to negotiate discounted fares to medical appointments*

- **LONG DISTANCE MEDICAL TRANSPORTATION RESOURCES / CHARITIES**

- **ANGEL FLIGHT CENTRAL:** <https://angelflightcentral.org/>

- **CHILDREN'S FLIGHT OF HOPE:** <https://www.childrensflightofhope.org/>

- MERCY MEDICAL ANGELS: <https://www.mercymedical.org/>
- MIRACLE FLIGHTS: <https://miracleflights.org/>
- PATIENT AIRLIFT SERVICES: <https://palservices.org/>

▪ **SECULAR AND SPIRITUAL LITERATURE AND RESOURCES FOR CANCER PATIENTS:**

- **PHILOPTOCHOS CANCER FACT SHEETS** (*Email socialwork@philoptochos.org for copies*)
 - Breast Cancer Fact Sheet
 - Ovarian Cancer Fact Sheet - *English*
 - Ovarian Cancer Fact Sheet - *Greek*
- **SUSAN G. KOMEN FOR THE CURE - FACT SHEETS:**
 - Breast Cancer Awareness (*In Greek*)
 - Mammograms (*In Greek*)
 - Make Healthy Lifestyle Choices

• **ARTICLES / RESOURCES / READING MATERIALS FOR CANCER PATIENTS:**

Available on Philoptochos website or by emailing socialwork@philoptochos.org:

- | | |
|---|--|
| ○ Religion and Spirituality | ○ Coping with Feelings |
| ○ Questions to Ask Your Doctor | ○ Choices for Care When Treatment May Not Be an Option |
| ○ Talking to Your Health Care Team | ○ Day-to-Day Life During Cancer |
| ○ Advance Directives | ○ Self-Image and Sexuality |
| ○ Eating Well During Treatment | ○ Support for Cancer Caregivers |
| ○ Nutrition and More | ○ Talking to Children About Your Cancer |
| ○ Cancer Related PTSD in Adult Patients | |
| ○ Coping with Changes in the Family | |

RESOURCES FOR YOUNG ADULTS WITH CANCER

Young adults (18 – 30) face different challenges than patients who were diagnosed earlier in childhood or later in adulthood.

• **YOUNG ADULT PROGRAM AT DANA-FARBER CANCER INSTITUTE**

430 Brookline Avenue, Boston, MA 02215
617.632.3000 | YAP@DFCI

- The Young Adult Program at Dana-Farber (YAP@DFCI) is part of its **Adult Psychosocial Oncology Program** (<https://www.dana-farber.org/adult-psychosocial-oncology/>) It is also part of an international initiative to recognize and address the unique circumstances related to lifestyle, work, school, family life, and emotional development that young adults face when living with cancer.
 - YAP@DFCI provides emotional support services, opportunities to meet other youth receiving treatment, and educational programs aimed at enhancing knowledge and self-advocacy skills.
 - Annual conference for **young adult patients** and caregivers to learn strategies to cope with cancer.

• **13 WEBSITES FOR YOUNG ADULTS WITH CANCER**

- DFCI compiled a list of 13 websites for young adults with cancer specific to their concerns, perspectives and needs – online support, college scholarships, free and fun outdoor activities, career coaching and more.
 - <https://www.dana-farber.org/for-patients-and-families/care-and-treatment/support-services-and-amenities/young-adult-program/>

• **KIDS 'N' CANCER / CAMP AGAPE**

MINISTRY OF THE SAN FRANCISCO METROPOLIS PHILOPTOCHOS

<https://www.sfphiloptochos.org/ministries/kids-n-cancer/>

- Annually sponsors week-long sleep-away camp for children with cancer and their families in a compassionate and caring environment in four locations within the San Francisco Metropolis
 - For information, contact

The Metropolis of San Francisco Ladies Philoptochos Society

ATT: Kids 'n' Cancer/ Camp Agape Ministry

PO Box 9954, Rancho Santa Fe, CA 92067

office@sfphiloptochos.org | 415.431.2600

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OLDER ADULT SERVICES & PROGRAMS:

Overview: Why Philoptochos should care . . .

People have always reached their 80's, 90's and even 100; however, because of medical advancements, better nutrition and healthier lifestyles, more people are living longer. For example, in 1950, about 8% of the population in America was 65 years old or over. By 2019, this percentage increased to nearly 17% percent, and by 2050, this figure is expected to reach 22% of the population. While the gender gap in life expectancy is narrowing, the distinct impact of growing older on women continues: more women are divorced compared with previous generations, and more older women than men are likely to live alone, especially as they grow older.

As people age, they are more likely to experience common health conditions including hearing loss, cataracts, back and neck pain and osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression, and dementia - whether Alzheimer's or caused by other conditions. Furthermore, as people age, they are more likely to experience several of these conditions at the same time. Taking each of these factors into consideration, we recognize that responding to their needs is complicated because of wide differences in older adults' physical, psychological, and cognitive abilities.

As we plan faith-based programs and responses

- we urge you to consider that we have the **young old** (60 to 69), the **middle old** (70 to 79), and the **very old** (80+). As a result, we cannot and should not plan programs and services with a "one size fits all" approach.

FINDING LOCAL RESOURCES, SERVICES AND PROGRAMS:

• ELDERCARE LOCATOR:

The Eldercare Locator is a searchable database that is a public service of the Administration on Aging (AoA), United States Department of Health & Human Services (HHS) that helps persons 60+ and their families (and advocates) find a range of resources at the state and community levels. The Eldercare Locator database includes State Agencies on Aging, Area Agencies on Aging, Title VI Native American Aging Programs, Aging and Disability Resources Centers, and aging information and referral programs. It also includes special purpose information and assistance resources for legal services, elder abuse prevention, the State Health Insurance Assistance Program, and the Long-Term Care Ombudsman Program. To ensure the integrity of the Eldercare Locator database, AoA does not accept unsolicited entries from organizations.

- Online - enter the older person's zip code, or city and state:
 - <https://eldercare.acl.gov/Public/Index.aspx>
- By telephone - speak with an Information Specialist, Monday-Friday, 9am - 8pm ET
 - **1.800.677.1116**
- Online Live Chat - Complete a "pre-chat" form providing older person's location, gender, age, relationship to person in need, whether a caregiver, and, why help is being sought. Submit form to be directed to the responder.
 - <https://home-c6.incontact.com/inContact/ChatClient/index.html>

• BENEFITSCHECKUP - ONLINE BENEFITS & ENTITLEMENTS SCREENING TOOL FOR PERSONS 55+

"BenefitsCheckUp" is a **free, confidential online screening tool** provided by the National Council on Aging (NCOA) that helps people 55+ research and identify **public and private benefit and entitlement programs** that could save them money and cover the costs of everyday expenses. It provides information about programs that help with the cost of medications, health care, income assistance, food and nutrition, housing and utilities, tax relief, veteran benefits, employment and more

- BenefitsCheckUp asks a series of questions after which the person gets a printout created just for them that describes the programs for which they may be eligible.
- EACH MUST BE APPLIED FOR SEPARATELY.
 - <http://www.benefitscheckup.org>.
- For questions about BenefitsCheckup, call the helpline at 1.800.794.6559, Mon-Fri, 9pm - 5pm ET

• MEDICARE RIGHTS CENTER:

The Medicare Rights Center is a national, nonprofit consumer service organization that helps people navigate the Medicare system. It works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public initiatives.

- **Online:** <https://www.medicarerights.org/>
<https://www.medicarerights.org/learn-medicare>
- **National Helpline: 1-800-333-4114**
Counselors are available Monday - Friday to answer questions about insurance choices, Medicare rights and protections, payment denials and appeals, complaints about care or treatment, and Medicare bills.

- **RESOURCES TO HELP OLDER ADULTS LIVE INDEPENDENTLY**

- **National Council On Aging | <https://www.ncoa.org>**

Works with nonprofits, governments, and businesses to help older adults find programs to assist with healthy aging and financial security.

- **AARP | <https://www.aarp.org/>**

Nonprofit, nonpartisan organization for persons 50+ that provides information about healthy living, senior discounts, products and news specific to seniors. The AARP Foundation (<https://www.aarp.org/aarp-foundation/>) is AARP's affiliated charity assists low-income seniors in getting necessities such as nutritious food, affordable housing, steady income, and social integration.

- **Programs of All-Inclusive Care for the Elderly (PACE®) | <http://www.pace4you.org/>**

Assists those 55+ by providing and coordinating types of care a senior living at home might need such as medical care, personal care, rehabilitation, social interaction, medications, and transportation.

- Contact PACE at 1-800-MEDICARE; TTY users should call 1-877-486-2048 or website.
- To qualify for PACE seniors must be certified by their state to need nursing home care and live in a PACE service area (over 230 PACE centers in 31 states).

- **Eldercare Locator (see section above)**

- **Area Agencies on Aging (AAA) | <https://www.usaging.org/>**

Network of organizations across America servicing local seniors (60+). Most serve a specific geographic area. Each AAA provides information and assistance with programs such as

- Nutrition and meal programs (counseling, home delivered or group meals)
- Caregiver support (respite care and training for caregivers)
- Information about assistance programs and referrals to administrators
- Insurance counseling to help seniors understand and maximize benefits of their insurance such as Medicare
- Transportation (information about coordinated shared, non-medical transportation services)
- Some agencies assist families to complete applications for programs such as Medicaid, respite care, and certain veterans' programs. Some provide case management services to seniors in the area.

- **National Institute on Aging (NIA) | <https://www.nia.nih.gov/>**

Conducts research on aging, health and well-being of older individuals. Provides information on nature of aging, the aging process, diseases and conditions associated with growing older. The NIA also runs a program called *Go4Life* (<https://www.nia.nih.gov/health/exercise-physical-activity>) which helps seniors at home start an exercise and physical activity routine.

- **Meals on Wheels | <https://www.mealsonwheelsamerica.org/>**

Operates throughout America through more than 5,000 independently run local programs to provide seniors with nourishing and healthy meals in their own homes.

- **Health Finder | <https://health.gov/myhealthfinder>**

Service of U.S. Department of Health and Human Services (HHS) that provides links to health-related websites, support, and self-help groups, and, to government agencies and nonprofit organizations that assist seniors.

- **Guide to Long-Term Care for Veterans | <https://www.va.gov/GERIATRICS/>**

For senior veterans living at home and enrolled in the VHA health care system, it provides resources and information about long-term care at home, community-based and residential care.

- **Resources for Older Adults Needing to Modify Their Homes for Accessibility:**

Home improvements and modifications can help older adults maintain independence and prevent accidents. Work can range from simple changes, like replacing doorknobs with pull handles, to major structural projects such as installing a wheelchair ramp. This website helps older adults evaluate their needs, find financial assistance, and gives tips when hiring a contractor

- https://eldercare.acl.gov/public/resources/factsheets/home_modifications.aspx

○ ALZHEIMER'S DISEASE / MEMORY LOSS / DEMENTIA

Overview: Why Philoptochos should care . . .

Many conditions – not only Alzheimer's Disease – can cause memory loss in older adults. While some degree of memory problems and a modest decline in other thinking skills is a fairly common part of aging, there is a difference between normal changes in memory, and memory loss associated with Alzheimer's disease and related disorders. Because some memory problems result from treatable and possibly reversible conditions, people with memory concerns should talk to their doctor – preferably a geriatrician or geriatric neurologist – to find out if symptoms are due to Alzheimer's or another cause.

Alzheimer's Disease (AD) is an irreversible, progressive brain disorder that slowly destroys memory and other important mental functions. At first, someone with AD may notice mild confusion and difficulty remembering. Eventually, they may forget important people in their lives and undergo dramatic personality changes.

Current medications and management strategies may temporarily improve symptoms and help people maintain independence for a little while longer. However, as there is no cure for AD, it is important to seek supportive services as early as possible.

○ **DIFFERENCE BETWEEN DEMENTIA & ALZHEIMER'S DISEASE**

- <https://www.alz.org/alzheimers-dementia/difference-between-dementia-and-alzheimer-s>

○ **CAUSES / RISK FACTORS:**

- <https://www.alz.org/alzheimers-dementia/what-is-alzheimers/causes-and-risk-factors>

○ **10 EARLY SIGNS:**

- https://www.alz.org/alzheimers-dementia/10_signs

• **CAREGIVER CARE OPTIONS:**

Adult Day Centers, In-home care, Residential Care, Respite Care, Hospice Care, Choosing Care Providers, Working with Care Providers, Creating Your Care Team, Long Distance Caregiving, Community Resource Finder.

- <https://www.alz.org/help-support/caregiving/care-options>

• **RESOURCES:**

• **NATIONAL INSTITUTE ON AGING**

- <https://www.nia.nih.gov/health/alzheimers-disease-fact-sheet>

• **ALZHEIMER'S ASSOCIATION:** www.alz.org

- 24/7 Toll Free Helpline: 1.800.272.3900

- To locate local resources: https://www.alz.org/local_resources/find_your_local_chapter

• **PHILOPTOCHOS ALZHEIMER'S DISEASE "FACT SHEET" (11 pages)**

- Contact Department of Social Services: 212.977.7782 | socialwork@philoptochos.org

• **AGING AT HOME: WHEN HOMECARE MAY BE NEEDED**

Aging at home is preferable for most seniors as it enables them to stay in a familiar home environment as they grow older. The following resources help people find appropriate homecare workers when needed.

- **AGING IN PLACE:** <https://www.aginginplace.org/>

Helps family members and caregivers prepare their homes and lives for successful "aging in place".

- **Six Steps to Finding In-Home Agencies That Are Right for You:**

<https://www.aginginplace.org/6-steps-to-finding-the-in-home-care-agencies-that-are-right-for-you/>

• **LGBTQ+ AGING**

It is estimated that there are about 3 million LGBTQ+ adults 50+ in America, and by 2030, this number will grow to about 7 million. This population is twice as likely to be single and live alone, four times less likely to have children, far more likely to have faced discrimination and social stigma and therefore, more likely to face poverty, homelessness and have poor health.

Source: SAGE & National Resource Center on LGBT Aging: Facts on LGBT Aging

- **NATIONAL RESOURCE CENTER ON LGBT AGING** <https://www.lgbtagingcenter.org/resources/>

- All older people need legal and financial plans and documents to ensure their healthcare, pensions, inheritance wishes are respected. As state laws vary widely, the Center provides state-by-state resources to help people find local help in their communities.

- **SAGE: SERVICES AND ADVOCACY FOR GLBT ELDERS** <https://www.sageusa.org/what-we-do/>

- National organization offering support services, consumer resources to LGBTQ+ older adults and their caregivers. <https://www.sageusa.org/programs/index.cfm>

• GRANPARENTS CARING FOR THEIR GRANDCHILDREN:

Overview: Why Philoptochos should care . . .

A fairly recent phenomenon in America is the increasing number of grandparents raising their grandchildren. The reasons vary and can include the parent has an addiction or difficulties with alcohol or drugs; the parent has mental health challenges or emotional problems; the child was neglected, abandoned, or abused; the parent is in prison; or the parent is too young or inexperienced to care for their child themselves. Bringing up of grandchildren by their grandparents is not an easy task, many of whom may have retired from their employment to take on these childcare responsibilities.

CHALLENGES GRANDPARENTS RAISING GRANDCHILDREN FACE INCLUDE:

- **FINANCIAL CONSTRAINTS** – they may be living on a fixed income or have no additional source of income to support the extra expenses.
 - Resources: http://www.raisingyourgrandchildren.com/Financial_Assistance.htm
 - For information about “Kinship Care” programs, including “Kinship Care Subsidy Program” go to: <https://www.childwelfare.gov/topics/outofhome/kinship/resourcesforcaregivers/>
- **HEALTH CONCERNS**
 - For some, their health issues may make it difficult to keep up with young children, and whose chronic conditions may warrant needing help with chores at home. For others, raising grandchildren can cause them to experience problems like hypertension, depression, insomnia, back and stomach problems, etc.
- **MENTAL STRESS**
 - They may be dealing with feelings of guilt and resentment towards their own grown-up child for being the cause of the state of their grandchildren. They may not be prepared to handle the anger, grief and sadness, or their own emotional reactions about what has happened. Sometimes, the grandchildren may act out because they don’t understand why they can’t live with their parents.
 - Joining a support group can help grandparents:
 - <https://www.dailystrength.org/group/grandparents-raising-children>
- **FAMILY ISSUES**
 - Trying to have a “normal” grandparent relationship with other grandchildren
 - Dealing with the child’s parents who may make unrealistic demands
- **SOCIAL ISOLATION**
 - It may be hard to find time for themselves and to take part in church and community activities.
- **HOUSING ISSUES**
 - The grandparents may not live in an apartment or house that can accommodate their grandchildren. Unfortunately, finding affordable housing – for any reason – is a tremendous challenge for all.
 - Grandparents who need to move/ modify their homes to accommodate grandchildren should contact Department of Social Services office (local, county, state) to find out options.
- **LEGAL ISSUES**
 - When grandparents take the custody of the grandchildren, obtaining their documents, going to court for adoption or to get guardianship can be a long, frustrating, and expensive process.
 - ***For information, go to:*** http://www.raisingyourgrandchildren.com/Legal_Issues.htm
 - *Contact your Department of Social Services office (local, county, state) for guidance.*
 - *Contact local chapter of the American Bar Association*
- **EDUCATION CONCERNS**
 - For help regarding enrolling grandchildren in school, finding tutors, homework help, special education resources, learning about individualized education plans and more, contact the local school district/ school.
- **ADDITIONAL WEBSITES TO HELP GRANDPARENTS RAISING GRANDCHILDREN:**
 - <https://www.helpguide.org/articles/parenting-family/grandparents-raising-grandchildren.htm>
 - <https://www.grandfamilies.org/>
 - <https://www.aarp.org/relationships/friends-family/info-08-2011/grandfamilies-guide-getting-started.html>
- **HOW PHILOPTOCHOS CAN HELP**
 - *Poll Philoptochos and parish stewards to find out if there are “grandparents raising grandchildren” in your community.*
 - If feasible, start a support group for this population.
 - Offer help: Arrange to have chapter members provide respite to grandparents by offering to babysit on occasion, picking up grandchildren from school/ other activities, taking children to the park, etc.

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CAREGIVING

Overview: Why Philoptochos should care . . .

Caregivers – whether paid or unpaid – assist other people who, because of physical disability, chronic illness, cognitive impairment, or injury, cannot perform certain activities on their own. Caregivers provide physical care and emotional support, and sometimes provide support with financial and legal affairs.

According to the Family Caregiver Alliance and the AARP, over 60 million people provide unpaid care for an aging loved one on a routine basis and almost 1/3 of family caregivers help two people- typically elderly parents. Family caregiving takes its toll on the caregiver – through loss of work time and career opportunities, stress-related illnesses, exhaustion, and out-of-pocket costs that usually turn out to be higher than they planned. That said, family caregiving is also not easy for those receiving care: they fear being a burden to their loved ones and are often reluctant to ask for the help they need. By and large, daughters shoulder most of the responsibility of providing care for an aging parent – bathing, toileting and dressing. 66% of family caregivers are female, with an average age of 48. When men are involved, it's usually with tasks such as paying bills and arranging homecare. The older the senior loved one, the more hours the caregiver contributes. With a family of her own to care for and a career to juggle, the impact on the family caregiver is significant. This phenomenon is called the 'sandwich generation'.

<https://www.wheretheyoulive.com/the-high-costs-of-caring-for-a-loved-one/>

• **ASSESSING A LOVED ONE'S HOME CARE NEEDS**

As people age, the likelihood that they may need help at home increases, and generally, it is up to the family to evaluate the status of elderly family members in relation to whether they need homecare, and if so, what type and level of care. Warning signs that need to be 'flagged' include forgetfulness, lack of house cleaning, a decrease in physical appearance, ability to manage medications and finances and more.

• ***Philoptochos' Fact Sheet: Assessing Your Loved One's Home Care Needs.***

This document provides a checklist using the five senses that provides key indicators or warning signs to help determine whether a family member needs assistance at home, and if so, what type – personal care, household care, health care and emotional care.

• Once needs are assessed, consider putting in place one or more of the following homecare services provided by a family caregiver, a paid homecare aide, volunteers, or a combination thereof.

• **Care from home health aides** –

- help with basic personal needs such as getting out of bed, walking, bathing, and dressing. Some aides receive specialized training to assist with more specialized care under the supervision of a nurse.

• **Homemaker or basic assistance care** –

- help with chores or tasks to maintain the household with meal preparation, laundry, grocery shopping, and other housekeeping items.

• **Companionship / Volunteers / Support services** –

- friendly visiting, telephone reassurance,
- paratransit transportation service, etc.

• **Nutritional support** –

- home delivered meals, such as through Meals-on-Wheels, etc.

• **Day Programs / Adult Day Care** –

- some are primarily recreational and socialization
- others provide limited health services or specialize in disorders such as early-stage Alzheimer's

◦ **FINDING HOMECARE SERVICES**

Full-service agencies usually come at a higher cost but provide prescreened applicants who have already had background checks. Since the caregiver works for the agency, they take care of billing and tax issues. They may also be bonded for issues such as theft. If a caregiver quits or is not working out, an agency can usually find a replacement quickly, and may also provide coverage if a caregiver calls in sick.

Independent providers usually come at a lower cost but require more legwork as the individual or family member will need to handle any tax requirements, perform background checks and identity verification. In the case of illness or sudden termination, the family member will be responsible for finding a replacement provider.

For help in finding homecare services: contact Area Agency on Aging (AAA): <https://www.usaging.org/> or Eldercare Locator: <https://eldercare.acl.gov/Public/Index.aspx> or call 1.800.677.1116

- **OTHER RESOURCES TO HELP FIND APPROPRIATE HOMECARE WORKERS AND SERVICES:**
 - **AGING IN PLACE:** <https://www.aginginplace.org/>
Helps family members and caregivers prepare their homes and lives for successful “aging in place”.
 - **Six Steps to Finding In-Home Agencies That Are Right for You:**
<https://www.aginginplace.org/6-steps-to-finding-the-in-home-care-agencies-that-are-right-for-you/>
 - **HELP GUIDE:** <https://www.helpguide.org/articles/senior-housing/home-care-services-for-seniors.htm>
 - **GUIDE TO FINDING AN IN-HOME CAREGIVER**
 - **NATIONAL PHILOPTOCHOS FACT SHEET:** (Email socialwork@philoptochos.org or call 212.977.7782)
 - **FAMILY CAREGIVER ALLIANCE - NATIONAL CENTER ON CAREGIVING**
 - <https://www.caregiver.org/>
 - **FAMILY CARE NAVIGATOR**
Helps locate public, nonprofit, private programs and services near their loved one who may be living at home or in residential facility, including government health/disability programs, legal resources, disease-specific organizations etc.
 - **State-by-State Help:** <https://www.caregiver.org/family-care-navigator>
 - **HIRING IN-HOME HELP**
 - **Fact Sheet:** <https://www.caregiver.org/hiring-home-help>
 - **ONLINE SUPPORT GROUP:**
 - <https://www.caregiver.org/support-groups>
 - **CAREGIVER EDUCATION:**
 - <https://www.caregiver.org/caregiver-learning-center>
 - **CARING.COM: In Home Care Costs & How to Pay**
 - <https://www.caring.com/senior-care/in-home-care/how-to-pay/>
- **PROGRAMS THAT ALLOW FAMILY MEMBERS TO BECOME PAID CAREGIVERS FOR THEIR ELDERLY LOVED ONES.**
 - Administered as part of Medicaid (*income-eligible public benefit*) the program is known nationally as “Cash and Counseling”, or “consumer directed care” or “self-directed services” because it allows the person receiving care to choose, in many cases, their own caregiver.
 - Each state has its own eligibility requirements and name for its program. If the older adult is accepted into the state’s program, the amount of money they receive will depend on a Medicaid assessment of need, and the average state wage for in-home care aides.
 - The Family Caregiver Alliance (FCA) has a state-by-state resource locator to help people find out what programs are available to become a paid family caregiver in each state:
 - For information, go to:
<https://www.caregiver.org/connecting-caregivers/services-by-state/?state=national>
or to your Area Agency on Aging (AAA) | <https://www.usaging.org/>

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CAREGIVER SUPPORT GROUPS: CAREGIVING FOR ELDERLY OR DISABLED LOVED ONE:

Overview: Why Philoptochos should care . . .

Evidence-based research, anecdotal information and practical experiences have shown that support groups improve caregivers' quality of life by helping participants recognize that they are not alone. Support groups enable participants to connect with others facing similar experiences, they provide participants with the opportunity to speak about and work through their feelings in a safe and non-judgmental setting, and they enable members to share information about their experiences including ways to communicate more positively with those around them whether the care receiver, other family members, neighbors or friends. As importantly, support groups are a forum for the provision of accurate information about resources, and broader and local referrals for services including financial, home health aides, appropriate facilities and programs, counseling options, caregiver resources and more.

Periodically, the National Philoptochos Department of Social Services conducts Caregiver Support Groups, accessible to members of our community throughout the country. To find out upcoming schedules or for information about how to organize a local support group, please contact the Social Services Department at socialwork@philoptochos.org.

• **RESOURCES FOR CAREGIVERS: (available on Philoptochos website)**

SPIRITUAL RESOURCES (Compiled by Fr. Harry Pappas, Church of the Archangels, Stamford, CT)

- Books for Caregivers
- Caregiving: Why Should the Church Care?
- Church Fathers and Saints - On Life and Suffering
- Elderly in Scripture Selections
- Pastoral Responses to Caregivers
- Recommended Psalms – English
- Recommended Psalms – Greek
- Spiritual Resources for Healing
- Spirituality of Eldercare

SECULAR RESOURCES

A. SELF-CARE

- 5 Self-Care Practices for Every Area of Life
- A Caregiver's Guide to Coping with Stress and Burnout
- Caregiver Stress Tips for Taking Care of Yourself (Mayo Clinic)
- Coping With Stress – Sandwich Generation (US News & World Report)
- Manage Anxiety & Stress – CDC (Re: COVID-19)
- Caregiver Mental Health
- Crisis Text Line – Anxiety

B. GENERAL INFORMATION / RESOURCES

- Aging Services & Resources (Association of Life Care Managers)
- Aging Services – Hiring Home Care
- Guide to Finding an In-Home Caregiver
- As Caregivers Get Younger, Planning for Long-Term Care is More Important
- Millennials: The Emerging Generation of Family Caregivers (AARP Public Policy Institute)
- Association of Life Care Managers – Description (formerly Geriatric Care Managers)
- Signs the Senior Needs Help at Home

C. CARING FOR SOMEONE WITH ALZHEIMERS OR DEMENTIA

- Guide to Alzheimer's Caregiving
- How to Help Aging Parents Manage Medications
- How Dementia Caregivers Can Practice Building Resilience
- Does the Full Moon Affect Alzheimer's Patients?
- Understanding and Minimizing Symptoms of Sundown Syndrome

D. SPECIAL SITUATIONS

- What to Do When a Senior Refuses to Bathe and Change Their Clothes
- How To Cope with a Crisis or Trauma
- Caregiving During the Holidays
- Grieving for a Dying Loved One During the Holidays
- Long-Distance Caregiving
- Caring for Aging Parents Who Didn't Care for You
- The Difference Between Palliative Care and Hospice

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AUTISM SPECTRUM DISORDERS:

The Māori word for autism is **Takiwatanga**: "In his / her own time and space."

Overview: Why Philoptochos should care:

Autism, or autism spectrum disorder (ASD), refers to a broad range of conditions characterized by challenges with social skills, repetitive behaviors, speech and nonverbal communication. According to the Centers for Disease Control, autism affects an estimated 1 in 54 children in the United States today. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), a publication by the American Psychiatric Association (APA) for the classification of mental disorders using a common language and standard criteria, people with ASD have:

- Difficulty with communication and interaction with other people
- Restricted interests and repetitive behaviors
- Symptoms that hurt the person's ability to function properly in school, work, and other areas of life.

Autism is known as a "spectrum" disorder because there is wide variation in the type and severity of symptoms people experience. The learning, thinking and problem-solving abilities of people with ASD can range from gifted to severely challenged. Some children and adults with ASD need a lot of assistance in their daily lives, others need less. Although ASD can be a lifelong disorder, treatments and services can improve a person's symptoms and ability to function.

Several factors may influence the development of autism, and it is often accompanied by sensory sensitivities and medical issues such as gastrointestinal (GI) disorders, seizures or sleep disorders, as well as mental health challenges such as anxiety, depression and attention issues.

Signs of autism usually appear by age 2 or 3. Some associated development delays can appear even earlier, and often, it can be diagnosed as early as 18 months. Research shows that early intervention leads to positive outcomes later in life for people with autism. The **American Academy of Pediatrics** recommends that all children be screened for autism. All caregivers should talk to their doctor about ASD screening or evaluation.

Source: <https://www.autismspeaks.org/autism-statistics-asd>

NOTES:

* In 2013, the American Psychiatric Association merged four distinct autism diagnoses into one umbrella diagnosis of autism spectrum disorder (ASD). They included autistic disorder, childhood disintegrative disorder, pervasive developmental disorder-not otherwise specified (PDD-NOS) and Asperger syndrome.

* Over the last two decades, extensive research has asked whether there is a link between autism and childhood vaccinations. Nine CDC studies plus those conducted by the Institute of Medicine (IOM) have shown no such link.

<https://www.cdc.gov/vaccinesafety/concerns/autism.html>

AUTISM FACT SHEETS (For copies, email socialwork@philoptochos.org or call 212.977.7782)

- **General information** <https://www.cdc.gov/ncbddd/autism/signs.html>
 - Includes: Definition / Signs and Symptoms / Possible Red Flags / Social Skills / Communication / Unusual Interests and Behaviors / Other symptoms / Development
- **11 Things Never to Say to Parents of a Child with Autism - and 11 You Should**
- **FACT SHEET IN GREEK: What is autism?**



AUTISM SPEAKS advances research into causes and treatments for ASD and related conditions through direct funding and collaboration; increasing understanding and acceptance of autism spectrum disorders; working toward solutions for needs of individuals with autism and their families across the spectrum and lifespan through advocacy and support.

- **For locations throughout the USA:**
 - <https://www.autismspeaks.org/about-us/contact-us>
- **State-by-State Guide:**
 - <https://www.autismspeaks.org/family-services/resource-guide>
- **Autism Response Team (ART)** connects people with autism, their families, and caregivers to information, tools, and resources.
 - **Contact the ART at 888.288.4762 or by email at familyservices@autismspeaks.org**
- **Autism Speaks Resource Guide:**
 - <https://www.autismspeaks.org/resource-guide>

RESOURCE:

- **CHRIST THE GOOD SHEPHERD SPECIAL NEEDS FAMILY CAMP
ATLANTA METROPOLIS PHILOPTOCHOS**
 - The Metropolis of Atlanta Philoptochos sponsors a faith-based special needs family camp for children and their families, focusing on Autism at the Metropolis' Diakonia Retreat Center.
 - For more information, contact the Atlanta Metropolis Philoptochos, 2480 Clairmont Rd NE, Atlanta, GA 30329, 1.404.634.9345.

INTERNATIONAL AUTISM ORGANIZATIONS: Greece and Cyprus

- **GREEK SOCIETY FOR THE PROTECTION OF AUTISTIC PEOPLE**
2 Athenas Street, 105 51 Athens, Greece
Phone: 30-210-321-6550 | Fax: 30-210-321-6549 | Email: gspap@autismgreece.gr |
Website: www/autism.greece.gr
- **ASSOCIATION OF PARENTS & FRIENDS OF THE AUTISTIC CHILD "ESPOIR"**
P.O. Box 48, 57013 Oreokastro Thessaloniki, Greece | Phone: 30-31-697-614 | Fax: 30-31-696-460
- **AUTISM - ASPERGER HELLAS**
Alatsaton 29 - Vyronas 16232 Athens, Greece
Email: info@autismhellas.gr. By phone: (0030) 210-672-8181 (0030) 210-672-8182 (0030) 210-762-7420
- **ASSOCIATION OF GREEK AUTISTIC ASPERGER AND HFA ADULTS**



Panepistimiou 67, 105 64 Athens, Greece
Email: info@aspergerhellas.org and
aspergerhellas@gmail.com
www.autismos-asperger.gr and www.aspergerhellas.org

- **SYNDESMOS GIA AOMA ME AFTISMO - CYPRUS**



Cyprus Autism Association Nicosia
Athinodorou 3, 2025
Nicosia, Cyprus
<http://www.autismsociety.org.cy/>
+35725343461

FAMOUS PEOPLE WHO WERE OR ARE ON THE AUTISM SPECTRUM:

Though autism did not become the mainstream diagnosis it is today until well into the 20th century, it is certainly not anything new. Indeed, history is full of people who many consider were or are on the autism spectrum.

- Dan Aykroyd – Comedic Actor
- Hans Christian Andersen – Children's Author
- Tim Burton – Movie Director
- Lewis Carroll – Author of "Alice in Wonderland"
- Charles Darwin – Naturalist, Geologist, and Biologist
- Emily Dickinson – Poet
- Albert Einstein – Scientist & Mathematician
- Bobby Fischer – Chess Grandmaster
- Bill Gates – Co-founder of the Microsoft Corporation
- Temple Grandin – Animal Scientist
- Daryl Hannah – Actress & Environmental Activist
- Thomas Jefferson – Early American Politician
- Steve Jobs – Former CEO of Apple
- James Joyce – Author of "Ulysses"
- Alfred Kinsey – Sexologist & Biologist
- Stanley Kubrick – Film Director
- Michelangelo – Sculptor, Painter, Architect, Poet
- Wolfgang Amadeus Mozart – Classical Composer
- Sir Isaac Newton – Mathematician, Astronomer, & Physicist
- Jerry Seinfeld – Comedian
- Satoshi Tajiri – Creator of Nintendo's Pokémon
- Nikola Tesla – Inventor
- Andy Warhol – Artist
- William Butler Yeats – Poet

PROTECTIVE SERVICES (CHILDREN/ ADULTS/ OLDER ADULTS/ LONG TERM CARE FACILITIES)

Overview: Why Philoptochos should care . . .

Protective services are provided by government sources to a vulnerable child, adult, or older person who is unable to care for themselves, who has been or is in danger of being abandoned, abused, financially exploited, neglected, or is in a state of self-neglect. For services to be provided, consent of that person or their legal representative generally is required. Because they may not understand what is happening or can't protect themselves, others – such as community members, family, etc., may be able to recognize events in order to report the maltreatment to the appropriate agency – oftentimes anonymously. When the “target” is a child, a report of suspected or actual abuse or neglect can get help for the family and may save the child's life.

The following section presents information related to adult protective services, child welfare/ protective services including protection of children in childcare programs, elder abuse, and protective services for persons in long-term care facilities.

ADULT PROTECTIVE SERVICES:

Adult Protective Services (APS) programs promote the safety, independence, and quality-of-life for vulnerable adults who are, or are in danger of, being abused, neglected by self or others, or financially exploited, and who are unable to protect themselves. APS is a social service program authorized by law in every state to receive and investigate reports of elder or vulnerable adult maltreatment and to intervene to protect the victims to the extent possible. **APS must always balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.** All vulnerable adults should be treated with honesty, caring, and respect.

WHAT DO ADULT PROTECTIVE SERVICES AGENCIES DO?

- Receives reports of alleged abuse, neglect, self-neglect, or financial exploitation; determines if client is eligible.
- Investigates allegations by interviewing client, collateral contacts, alleged abuser(s), examining evidence such as medical and bank records.
- Determines whether abuse is occurring.
 - **If it is**, addresses emergency needs for food, shelter, or law enforcement protection; develops case plan, with the client, to stop the abuse, and to address the client's health and safety needs through services such as medical or mental health treatment, housing assistance, family planning, legal assistance, financial assistance, personal care, and home delivered meals.
 - **If it is not**, the case is closed.
- **Commonly reported types of abuse:**
 - **Physical abuse:** may include slapping, hitting, beating, bruising or causing someone physical pain, injury or suffering. Could include confining adult against his/her will, such as locking someone in a room or tying him/her to furniture.
 - **Emotional abuse:** creating emotional pain, distress or anguish through the use of threats, intimidation or humiliation. This includes insults, yelling or threats of harm and/or isolation, or non-verbal actions such as throwing objects or glaring to project fear and/or intimidation.
 - **Neglect:** includes failures by individuals to support the physical, emotional and social needs of adults dependent on others for their primary care. Neglect can take the form of withholding food, medications or access to health care professionals.
 - **Isolation:** restricting visits from family and friends or preventing contact via telephone or mail correspondence.
 - **Financial or material exploitation:** misuse, mishandling or exploitation of property, possessions or assets of adults. Also includes using another's assets without consent, under false pretense, or through coercion and/or manipulation.
 - **Abandonment:** involves desertion by anyone who assumed caregiving responsibilities for an adult.
 - **Sexual abuse:** physical force, threats or coercion to facilitate non-consensual touching, fondling, intercourse or other sexual activities. This is particularly true with vulnerable adults who are unable to give consent or comprehend the nature of these actions.
 - **Self-neglect:** involves seniors or adults with disabilities who fail to meet their own essential physical, psychological, or social needs, which threatens their health, safety and well-being, e.g., failure to provide adequate food, clothing, shelter and health care for one's own needs.

Definitions of abuse vary from jurisdiction to jurisdiction. Contact local APS office for more information.

- **What to Look For/ When to Report Checklist:**

Call 9-1-1 for life-threatening situation. Contact local APS agency if you witness or suspect:

- Sudden inability to meet essential physical, psychological, social needs threatening health, safety, or well-being.
 - Disappearing from contact with neighbors, friends, or family
 - Bruising or welts on skin, especially those appearing on the face or lateral and anterior region of the arms (*physically abused elders are much more likely to display bruises than seniors injured by accident*)
 - Fingerprints or handprints visible on the face, neck, arms, or wrists
 - Burns from scalding, cigarettes, or in shapes of objects such as an iron.
 - Cuts, lacerations, puncture wounds
 - Sprains, fractures, dislocations
 - Internal injuries or vomiting
 - Appearing with torn, stained, bloody clothing.
 - Appearing disheveled, in soiled clothing or inappropriately attired for climate.
 - Appearing hungry, malnourished, disoriented, or confused.
- **To locate local APS agency, go to the website of the National Adult Protective Services Association:**
 - <http://www.napsa-now.org/get-help/help-in-your-area/>
 - **For more information:** <https://ncea.acl.gov/NCEA/media/publications/APS-Fact-Sheet.pdf>

PROTECTIVE SERVICES FOR CHILDREN:

Anyone can report suspected child abuse or neglect. Many states accept anonymous reports of alleged child abuse and neglect. Most states have a toll-free number to call to report suspected abuse. Child Welfare Information Gateway, a service of the Children's Bureau, provides a related organization list of state child abuse reporting numbers. v

- **Mandatory reporters**

- May include social workers, teachers and other school personnel, childcare providers, physicians and other health-care workers, mental health professionals, and law enforcement officers. Some States require any person who suspects child abuse or neglect to report.

- **Clergy and child abuse reporting:**

<https://www.childwelfare.gov/pubPDFs/clergymandated.pdf#>

- If learned with the context of confession or other similar communication required to be kept confidential under church doctrine or practice, members of the clergy are not required to report child abuse.
- When a clergy member receives information about child abuse from any other source, the clergy member shall comply with the reporting requirements of their state, even though the clergy member may have also received a report of child abuse from the confession of the perpetrator.

- **Abuse/ Neglect at a Childcare Program:**

- To report child abuse or a health and safety violation is happening at a **childcare program**, contact your state's Child Care Health and Safety Violation Report Hotline available at
 - <https://childcare.gov/Health-and-Safety-Reporting>

- **HOW TO REPORT:**

- **NATIONWIDE HOTLINE: 1-800-422-2253 (24 hours/ day, 7 days/ week)**

- Report can be made by person who suspects child abuse or neglect, or, by the child who is being mistreated.
 - Call ChildHelp National Child Abuse Hotline: **1-800-422-2253** immediately for information on how to make a report.

- **CHILD WELFARE INFORMATION GATEWAY**

State-by-state list of child abuse and neglect reporting numbers:

- https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=custom&rs_id=5
- **State Child Abuse and Neglect Reporting Numbers** list on childwelfare.gov.

PROTECTIVE SERVICES | ELDER ABUSE OR ELDER NEGLECT:

Overview: Why should Philoptochos care . . .

Elder abuse exists across all demographic cultural, ethnic, income and geographic boundaries as shown by documented cases involving Brooke Astor, Stan Lee, Mickey Rooney and Harper Lee, among others. Victims include frail elderly, developmentally disabled, those who are mentally ill or physically disabled, and substance abusers. The abuse can be one or more of the following: physical abuse, emotional abuse, neglect, abandonment, sexual or financial.

Elder abuse is an important issue for our community to learn about, particularly as the population ages and more individuals become susceptible to it. Elders who have been abused suffer from a variety of negative impacts on their health and well-being. Physical injury and pain are the most obvious impacts of abuse, but abuse can also worsen existing medical conditions or result in brand new illnesses. When the body wastes its resources fighting preventable injuries, it is more likely to suffer from other medical issues that would otherwise be manageable. The most severe cases of elder abuse, including emotional abuse and neglect, result in death.

Almost anyone can commit elder abuse, particularly individuals in a caregiving role. This includes caregivers in formal institutions, like nursing homes and assisted living facilities, as well as family or paid caretakers within the home. In fact, the most likely individuals to commit elder abuse are family members who feel obligated to become caregivers.

Who are the victims?

- Can include frail elderly, adults with dementia, adults 18+ with developmental or physical disability, chronic or acute mental illness, substance abusers.

How to identify whether someone is being abused:

- See section “Adult Protective Services” above entitled [What to Look For/When to Report Checklist](#)

Elder abuse is a hidden problem partly because the victim fails to report abuse and/or mistreatment:

- When the abuse is by a family member or friend, **guilt, shame, embarrassment, love** frequently prevents victim from reporting the abuse
- Victims **fear the loss of the caregiver** – even an abusive one
- **Fear of retaliation** from the accused abuser
- **Perceived lack of a safer alternative** to the current living situation
- **Impairments** may make it impossible for the victim to seek help for themselves
- Victims **may not know where or how to seek help**
- Victims are often **isolated**.

INFORMATION / RESOURCES:

- **THE NATIONAL CENTER ON ELDER ABUSE** of the Administration on Aging (AoA), US Department of Health and Human Services has an online resource that provides state reporting numbers, government agencies, state laws, state-specific data and statistics, and other resources.
 - It can be accessed at: http://ncea.aoa.gov/Stop_Abuse/Get_Help/State/index.aspx
- **ADULT PROTECTIVE SERVICES (APS): (See above)** Each state has its own APS division directly responsible for investigating suspected abuse that occurs within the community.
- **NATIONAL PHILOPTOCHOS “FACT SHEET ON ELDER ABUSE”** provides information about:
 - Who is at risk e.g., age, disability, mental status, etc.
 - Who the abusers are e.g., family, spouses, neighbors, caregivers (*paid and other*)
 - Forms of abuse/neglect: physical, emotional, financial, sexual, self-neglect, abandonment, isolation etc.

Call 212.977.7782 or email socialwork@philoptochos.org to obtain copies to post and distribute.

PROTECTIVE SERVICES / LONG-TERM CARE FACILITIES:

Overview: Why Philoptochos should care. . .

When an older adult enters a long-term care facility, they expect to receive the care needed to live safely and peacefully. While in most cases, they do, sometimes this does not happen. Some seniors are **physically abused** –whether intentional or unintentional (e.g., pushing, kicking, hitting); **emotionally abused** (e.g., being yelled at or taunted), or **sexually abused** (unwanted sexual activity). Some are victims of neglect: **medical neglect** (e.g., failing to administer meds when needed, improper care for existing illnesses or conditions); **emotional neglect** (e.g., isolating vulnerable residents); **neglect of personal care/hygiene** (unsafe or inadequate food or water; failure to change the senior’s clothes regularly and/or when they soil themselves), and more.

Signs & Symptoms of Elder Neglect in a Long-Term Care Facility

- Bedsores or infections
- Broken bones
- Bruises
- Burns
- Dehydration
- Insomnia
- Malnutrition
- New or untreated medical conditions
- Personal hygiene issues
- Significant personality changes
- Unexplained injuries.
- Bruising or bleeding around the genitals

RESOURCES:

• **NURSING HOME COMPARE**

Medicare’s official **Nursing Home Compare** tool allows people to check the ratings of every nursing home in the country that receives government funding. It ranks nursing homes on a five-star scale in categories like staffing, quality measures and more. It also provides reports on health inspections and statistics on citations for each home.

- <https://www.cms.gov/nursing-homes/patients-caregivers/finding-home>

• **LONG TERM CARE OMBUDS PROGRAM**

Administered by the Administration on Aging (AoA), long-term care ombudspersons are advocates for residents of nursing homes, board and care homes and assisted living facilities. Ombudsmen provide information about how to find a facility and what to do to get quality care. They are trained to resolve problems. They also can assist with complaints. However, unless you give the Ombudsman permission to share your concerns, these matters are kept confidential. Under the federal Older Americans Act, every state is required to have an Ombudsman Program that addresses complaints and advocates for improvements in the long-term care system.

• **WHAT A LONG-TERM CARE OMBUDSMAN DOES:**

- Resolves complaints made by or for residents of long-term care facilities.
- Educates consumers and long-term care providers about residents' rights and good care practices.
- Promotes community involvement through volunteer opportunities.
- Provides information to the public on nursing homes and other long-term care facilities and services, residents' rights and legislative and policy issues
- Advocates for residents' rights and quality care in nursing homes, personal care, residential care and other long-term care facilities
- Promotes the development of citizen organizations, family councils and resident councils.
- Long-term care Ombudsmen efforts are summarized in the National Ombudsman Reporting System: https://ltombudsman.org/omb_support/nors/nors-data

TIP: Before contacting a long-term care ombudsman, talk to the nursing home. Learn as much as possible about the situation you want to address and have specific questions ready. If the facility is not responsive, reach out to the ombudsman.

• **FOR MORE INFORMATION:**

National Long Term Care Ombudsman Resource Center at: [National Consumer Voice \(ltombudsman.org\)](http://NationalConsumerVoice.org)

• **FIND A LOCAL OMBUDS PROGRAM:**

- Eldercare Locator: <https://eldercare.acl.gov/Public/Index.aspx> or 1.800.677.1116
- AARP: <https://www.aarp.org/caregiving/health/info-2020/long-term-care-ombudsman.html>:

• **NURSING HOME ABUSE JUSTICE:**

Nursing Home Abuse Justice was founded to expose abuse and neglect in nursing homes and assisted living facilities, and “to give a voice to seniors who deserve to share their stories”. It educates seniors and loved ones to recognize warning signs of abuse and neglect, and helps them act, when warranted. Will discuss option of legal actions with seniors and families

- <https://www.nursinghomeabuse.org/>
- (855) 802-4093

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HOMELESSNESS, FOOD INSECURITY (HUNGER)

Overview: Why Philoptochos should care. . .

Over at least the last 40 years, city, state and federal officials, nonprofit organizations, public-private partnerships, grass-roots groups and concerned individuals have sought to address the challenge of homelessness and hunger. Regardless their efforts, too many of which are met with “NIMBY” responses from the community-at-large, homelessness remains a chronic – and visible – problem among many different populations and communities.

Why? Because there is no ‘universal’ cause, nor one ‘general purpose’ response:

Some people are catapulted into homelessness by a quirk of fate – a fire or flood that destroys their home; a life-threatening illness whose out-of-pocket costs have exhausted their savings, even among those with health insurance; life situation of domestic violence – a woman facing physical and sexual abuse from their partner frequently is left with no other choice but to leave their home; divorce; abandonment; deadbeat parent, or other crisis. Others slide into homelessness as their coping skills are overwhelmed by far too many cumulative losses such as the consequences of chronic mental illness or substance abuse that impedes their ability to access the services or networks that could have prevented their homelessness. And yet others are the “working poor” – people whose employment incomes, oftentimes full-time at minimum wage, are insufficient to rent a room or apartment anywhere in the country.

It is not easy living on the street, in a transportation hub, a short-term shelter, or doubled or tripled up with family or friends who quickly tire of playing ‘host’. It is hard being ignored, harassed, and almost always judged. It is a harsh punishment to lose all their belongings because they cannot be carried or are stolen. It is difficult but frequently the only choice to purposely stay filthy so as not to be assaulted. As we review this list, we realize that homelessness could fall upon any of us: “Fate [has] the potential to slap any of us.” (Dan Rather).

Many Philoptochos Chapters and Metropolises address the challenges of homelessness and hunger by honoring our name: “friend of the poor” through hands-on soup runs, seasonal clothing distribution, volunteer support at local shelters and food pantries, as well as through financial assistance to prevent evictions and more. Through such efforts, we recognize and promote the following: 1) homelessness is not “who” the person is, but rather, the current condition in which the person finds themselves; 2) people treated with empathy, dignity and respect are given hope that “someone” cares, and 3) we witness, first-hand, the resilience, inner strength, and persistence of those who are homeless that in return, powers our resolve to do more.

FINDING INFORMATION, TRAINING, PROGRAMS & SERVICES ADDRESSING HOMELESSNESS / HUNGER

• SAMHSA HOMELESS AND HOUSING RESOURCE CENTER (HHRC)

- The Homeless and Housing Resource Center (HHRC) was established by the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand the availability of high-quality training in evidence-based housing and treatment models focused on adults, children, and families who are experiencing or at risk of homelessness and have a serious mental illness, serious emotional disturbance, substance use disorders, or co-occurring disorders.
- Provides no-cost training for health & housing advocates on evidence-based practices that contribute to housing stability, recovery, and an end to homelessness.
 - <https://www.samhsa.gov/homeless-housing-resource-center>

• NATIONAL COALITION FOR THE HOMELESS

A national network of people who are currently experiencing or who have experienced homelessness, activists and advocates, community-based and faith-based service providers, and others committed to a single mission: to end and prevent homelessness while ensuring the immediate needs of those experiencing homelessness are met and their civil rights are respected and protected.

- Provides information and referrals to resources to individuals and families who are homeless or at risk of homelessness
- For more information go to: <https://nationalhomeless.org/>

• NATIONAL RUNAWAY SAFELINE

- Helps keep America’s runaway, homeless and at-risk youth safe and off the streets. Provides education and solution-focused interventions, offers non-sectarian, non-judgmental support, respects confidentiality, collaborates with volunteers, and responds to at-risk youth and their families 24 hours a day through phone, email, and live chat.
 - <https://www.1800runaway.org/> | 1.800.RUNAWAY

• NATIONAL DOMESTIC VIOLENCE HOTLINE

- 24 / 7 confidential help, information, resources and referrals for persons experiencing domestic violence or who may believe the relationship they are in is abusive.
 - 1.800.787.SAFE (7223) TTY: 1-800-787-3224
 - <http://www.thehotline.org/>

- **NATIONAL HOMELESSNESS LAW CENTER**
 - Nonprofit organization that uses the power of the law to end and prevent homelessness, through training, advocacy, impact litigation, and public education. Works to place and address homelessness in the larger context of poverty. Founded in 1989 by Maria Foscarinis and is based in Washington.
 - Note: The Law Center does not offer individual legal assistance
 - <https://homelesslaw.org/>
- **PATHWAYS HOUSING FIRST**
 - Founded by Dr. Sam Tsemberis, based on “housing is a right”- housing people directly from the street, without preconditions, then addressing factors of mental health, addiction, medical care, income, and education
 - Provides training, consultation of evidence-based practices to facilitate implementation of the model by agencies and community groups.
 - Pathwayshousingfirst.org
- **INTERACTIVE STATE-BY-STATE MAP OF FOOD PANTRIES:**
 - Directory of Food Banks, Soup Kitchens, and non-profit organizations committed to fighting hunger.
 - <http://www.foodpantries.org/>
 - Find free food – by zip code:
 - <https://www.freefood.org/>
 - For more information about programs regarding homeless prevention and homeless services (individuals and families), food pantries, soup kitchens, drop-in centers, shower and clothing resources specific to your community,
 - **Contact your local department of social services or if available, call 3-1-1 or 6-1-1.**
- **PHILOTOCHOS ‘FEEDING THE HUNGRY’ and OTHER HOMELESS / HUNGER SERVICE PROJECTS:**
 - Contact your **local chapter and/or Metropolis Philoptochos** to connect with local and regional Philoptochos sponsored programs and projects that aid people who are hungry and homeless.
 - Get information about how to participate in an existing program or how to start your own.
- **FOCUS North America**
FELLOWSHIP OF ORTHODOX CHRISTIANS UNITED TO SERVE
 - FOCUS North America is a national movement of Orthodox Christians, united in faith and joined by a desire to provide solutions to poverty in communities across America.
 - US based charity providing food, occupation, clothing, understanding, and shelter through community-based FOCUS centers. Programs: Operation: Lace Up which provides shoes to school-age children in need in various cities across the country, YES: a youth program to help youth and young adults better understand poverty and get involved in serving their communities. OCF partners with FOCUS North America to run Real Break Cleveland that provides volunteers at their center there, St. Herman’s House (a men’s homeless shelter).
- **PHILOXENIA, INC.**
 - Nonprofit organization that was founded to feeds and clothe persons who are homeless and hungry on NYC streets.
 - Expanded its reach to provide start-up funding to organizations throughout the United States to motivate them to initiate and/or operate their own grass roots projects in response to the daily needs of hungry, homeless, and low-income people with the goal of helping them achieve positive changes and independence in their lives.
 - For a copy of the grant application, go to:
<https://philoxenia.org/wp-content/uploads/2020/09/Philoxenia-Grant-Application-2020.pdf>
- **NATIONWIDE PAN ORTHODOX NETWORK OF MINISTRIES**
 - The Greek Orthodox Archdiocese’ Department of Inter-Orthodox, Ecumenical and Interfaith Relations brought together an informal network of Pan-Orthodox Christian ministries, parishes, clergy and laity working on homelessness in the United States.
 - For information about activities, a current list of network members and to include your organization in the network:
 - go to: ecumenical@goarch.org

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HUMAN TRAFFICKING

Overview: Why Philoptochos should care . . .

Human trafficking is a form of modern-day slavery. U.S. law defines human trafficking as the use of force, fraud, or coercion to compel a person including men and women, adults, and children - whether a US citizen, a lawful permanent resident, a visa holder, or undocumented immigrant into commercial sex acts or labor or services against his or her will.

The one exception involves minors and commercial sex. Inducing a minor into commercial sex is considered human trafficking regardless of the presence of force, fraud, or coercion.

Trafficking does not require physical restraint, bodily harm or physical force. Psychological means of control such as threats, fraud or abuse of the legal process of sufficient elements of the crime. Although poverty can be a factor in human trafficking because it is often an indicator of vulnerability, trafficking victims can come from a range of income levels, and many may come from families with higher socioeconomic status.

TO REPORT SUSPECTED HUMAN TRAFFICKING TO FEDERAL LAW ENFORCEMENT: 1.866.347.2423

TO GET HELP FROM THE NATIONAL HUMAN TRAFFICKING HOTLINE

- **Call 1.888.373.7888 OR TEXT HELP or INFO to: BEFREE (233733)**

• **DEFINITIONS:**

◦ **HUMAN TRAFFICKING**

- Involves the use of force, fraud, or coercion to compel a person - men and women, adults, and children - whether a US citizen, a lawful permanent resident, a visa holder, or undocumented immigrant into commercial sex acts or labor or services against his or her will.

◦ **SEX TRAFFICKING**

- Involves recruiting or taking victims for a commercial sex act. These sexual acts are not consensual and often involve individuals less than 18 years of age.

◦ **LABOR TRAFFICKING**

- Involves recruiting, obtaining, or harboring a person for labor or services. These victims may be subjected to involuntary servitude, debt bondage or slavery.

◦ **ORGAN HARVESTING**

- Involves trafficking of a person to use their internal organs for transplant. Kidneys are in high demand due to the high number of patients on transplant waiting lists.

(Department of Health and Human Services, n.d.; Interpol, 2018; National Crime Agency, 2018)

• **FACTS ABOUT HUMAN TRAFFICKING:**

◦ **Human trafficking is not the same as human smuggling.**

- "Trafficking" is based on exploitation and does not require movement across borders.
- "Smuggling" is based on movement and involves moving a person across a country's border with that person's consent in violation of immigration laws.

- Although human smuggling is very different from human trafficking, human smuggling can turn into trafficking if the smuggler uses force, fraud, or coercion to hold people against their will for the purposes of labor or sexual exploitation.

- Under federal law, **every minor induced to engage in commercial sex is a victim of human trafficking**

◦ **Human trafficking is often a hidden crime.**

- Victims may be afraid to come forward and get help
- They may be forced or coerced through threats or violence
- They may fear retribution from traffickers, including danger to their families
- They may not be in possession of or have control of their identification documents.

◦ **INDICATORS OF HUMAN TRAFFICKING**

Recognizing key indicators of human trafficking is the first step in identifying victims and can help save a life. Download or order the **Blue Campaign indicator card** - a 3.5" x 2" card that fits in a wallet, pocket or glove compartment - that explains human trafficking, details the classical presentations found in trafficking victims, lists several common indicators of trafficking, and provides information on how to report suspected trafficking, which is a small plastic card that lists common signs of trafficking and how to report the crime.

- Does the person appear disconnected from family, friends, community organizations, or houses of worship?
- Has a child stopped attending school?

- Has the person had a sudden or dramatic change in behavior?
- Is a juvenile engaged in commercial sex acts?
- Is the person disoriented or confused, or showing signs of mental or physical abuse?
- Does the person have bruises in various stages of healing?
- Is the person fearful, timid, or submissive?
- Does the person show signs of having been denied food, water, sleep, or medical care?
- Is the person often in the company of someone to whom he or she defers? Or someone who seems to be in control of the situation, e.g., where they go or who they talk to?
- Does the person appear to be coached on what to say?
- Is the person living in unsuitable conditions?
- Does the person lack personal possessions and appear not to have a stable living situation?
- Does the person have freedom of movement? Can the person freely leave where they live? Are there unreasonable security measures?

Not all of the above indicators are present in every human trafficking situation, and the presence or absence of any of the indicators is not necessarily proof of human trafficking.

INFORMATION and RESOURCES:

- **TO REPORT SUSPECTED HUMAN TRAFFICKING TO FEDERAL LAW ENFORCEMENT: 1.866.347.2423**
- **TO GET HELP**
 - **NATIONAL HUMAN TRAFFICKING HOTLINE:**
 - **1 (888) 373-7888: National Human Trafficking Hotline Hours:**
 - 24/7 days | Languages: English, Spanish and 200 more languages
 - **Text "HELP" or "BEFREE" to 233733 | Website: humantraffickinghotline.org**
 - **HUMAN TRAFFICKING 101 - INFORMATION SHEET**
 - https://www.dhs.gov/sites/default/files/publications/ht_101_one-pager_.pdf
 - **HUMAN TRAFFICKING IN THE UNITED STATES:**
 - While human trafficking is a global epidemic, it doesn't only take place in foreign countries. The US is a top "source, transit and destination country for men, women and children – both US citizens and foreign nationals."
 - Due to the clandestine nature and under-reporting of human trafficking, it is often difficult to determine just where in the United States these crimes occur the most.
 - Nevertheless, the Department of State lists the top three states with the most human trafficking activity as **CALIFORNIA, NEW YORK, and TEXAS.**
 - **For information on a state-by-state basis, go to:**
 - <https://humantraffickinghotline.org/states>
 - <https://worldpopulationreview.com/state-rankings/human-trafficking-statistics-by-state>
 - <https://deliverfund.org/blog/facts-about-human-trafficking-in-the-us/>
 - **BLUE CAMPAIGN** (Department of Homeland Security strategy to end human trafficking)
 - Blue Campaign is a national public awareness campaign, designed to educate the public, law enforcement and other industry partners to recognize the indicators of human trafficking, and how to appropriately respond to possible cases.
 - Blue Campaign works closely with DHS Components to create general awareness interactive training and materials for law enforcement and others to increase detection of human trafficking, and to identify victims.
 - Offers free downloadable resources
 - For more information: <https://www.dhs.gov/blue-campaign>
 - **HUMAN TRAFFICKING ASSESSMENT FOR RUNAWAY AND HOMELESS YOUTH:**
 - <https://humantraffickinghotline.org/resources/human-trafficking-assessment-runaway-and-homeless-youth>
 - **NATIONAL HUMAN TRAFFICKING ONLINE REFERRAL DIRECTORY**
 - Provides access to critical emergency, transitional, and long-term social services for victims and survivors of human trafficking.
 - Connects individuals with training and technical assistance, and opportunities to get involved in their communities.
 - **Access the directory: <https://humantraffickinghotline.org/training-resources/referral-directory>**
 - **HUMAN TRAFFICKING DOWNLOADABLE AWARENESS MATERIALS**
 - <https://humantraffickinghotline.org/get-involved/downloadable-resources>

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CHALLENGES FACED BY VETERANS:

Overview: Why Philoptochos should care. . .

The following is partially excerpted from *Issues Facing Today's Female Veterans- 'Feeling Invisible and Disconnected'* by Valerie L. Dripchak, PhD, LCSW, Social Work Today, Vol 18 No 6 p. 24.

Relative to veterans of earlier conflicts, post 9/11 service members and veterans experienced longer and more frequent deployment, many of which have relied heavily on members of the reserves (National Guard and the Reserves). As a result, many such military personnel live in civilian communities removed from military installations and their associated resources. Although many families have displayed resilience in relation to deployment, a substantial minority has experienced wounds or injuries, mental health challenges, and other difficulties. Post 9/11, veterans tend to have more trouble transitioning to civilian life – even more so than those from the Vietnam or Korean conflicts. The difficulty increases if the veteran had a traumatic experience during his or her service or was in a war zone.

Women's Issues

MSA: Military Sexual Assault: Whether male or female, veterans may 'come home' with PTSD (post-traumatic stress disorder), other mental health disorders (depression, anxiety, etc.) and physical disabilities such as loss of limbs and more, women veterans have a myriad of under-addressed, gender-related concerns from their time in the military that follow them after discharge. Although women are the fastest growing group of veterans, their issues are not discussed as often. Women in the military are victims of sexual assault – frequently unreported, out of wanting to forget it happened, shame or embarrassment, fear of reprisals, or concerns their accusations would not be believed.

Bias against mothers: Women members of the military who are mothers experience biases within that setting, along with needing to deal with the delicate balance between work and family. Once they return home, the gaps in time of not being with one's family while being deployed are more fully realized when they try to reintegrate into family life. There may be personal crises with guilt, and they may be confronted with additional social biases. Even today, societal norms seem more accepting of fathers than mothers being away from their families due to deployments.

Health concerns: Caused by wearing ill-fitting uniforms and equipment designed for men, prevalence of chronic urinary tract infections because of anatomic differences, need for more training for military medical providers on topics such as contraception, cervical cancer screening, and sexually transmitted infections.

Homeless Female Veterans: Women veterans are nearly twice as likely to be homeless as non-veteran women. They are more likely to be single parents, and as with all veterans, may experience unemployment, poor mental and/or physical health, and substance use disorders.

Suicide: One of the most critical issues facing women veterans, a 2017 VA report stated that the suicide rate among women who have served in the U.S. military is more than twice as high as that of adult civilian women. Many attribute these alarming statistics to MST, sexual harassment, homelessness, mental health concerns such as PTSD and depression, reintegration into their families, and general societal biases. Related factors such as hopelessness, powerlessness, isolation, and alienation are key indications known to contribute to depression and suicide.

All veterans: Along with addressing mental and physical health needs, veterans returning to civilian life face other challenges:

- Transition to family life must be re-learned and roles must be re-developed
- Learning how to look for a job – for some veterans, they never held a job other than the military or never gained the skills needed to search for a job.
- Some, for the first time, must learn how to provide the necessities of life – food, clothing, shelter, and more – themselves – items that the military had provided them before
- Competition in the civilian work environment

VETERAN PROGRAMS AND SERVICES: FINDING INFORMATION & RESOURCES

- **VETERANS ADMINISTRATION Website:** <https://www.va.gov/>
 - **Veterans Benefits:** 1-800-827-1000
 - **Health Care:** 1-877-222-VETS (8387)
 - **VETERANS CRISIS LINE** (For veterans, family members, friends):
 - 1-800-273-8255, Press 1 | <https://www.veteranscrisisline.net/>
 - Toll-free, 24/7 confidential resource that connects callers with qualified Department of Veterans Affairs (VA) responders.
- **BURIAL BENEFITS FOR VETERANS**
 - Burial Benefits for Veterans of the American Armed Forces http://www.cem.va.gov/burial_benefits/
 - Link to FAQs: <http://www.cem.va.gov/faq.asp>

▪ **HOMELESSNESS AMONG VETERANS:**

- National Center on Homelessness Among Vets:
 - <https://www.va.gov/HOMELESS/nchav/index.asp>
- VA Programs for Homeless Veterans:
 - https://www.va.gov/HOMELESS/for_homeless_veterans.asp
- VA Programs to End Homelessness Among Women Vets
 - https://www.va.gov/HOMELESS/for_women_veterans.asp
- VA Programs for At-Risk Veterans and Their Families:
 - https://www.va.gov/HOMELESS/for_at_risk_veterans.asp

• **EDUCATIONAL and OTHER BENEFITS FOR VETERANS**

○ **GI BILL:**

- <http://www.benefits.va.gov/gibill/> or call 1-888-442-4551 (1 888 GI BILL 1) from 7AM - 6PM CT.
- FAQs: <https://gibill.custhelp.va.gov/>

• **GREEK ORHODOX PHILOPTOCHOS**

OPERATION HOUSEWARMING - BOSTON METROPOLIS PHILOPTOCHOS:

- *Operation Housewarming is a ministry of the Metropolis of Boston Philoptochos in partnership with VA New England Healthcare System. Its mission is to assist homeless veterans of the VA New England Healthcare System as they transition to independent living.*
 - *Through **Operation Housewarming**, household items are donated by Philoptochos Chapters, Parishes, and individuals to create **a welcome basket** for each veteran including **plate ware, cleaning supplies, towels, and more**. The items are then brought to the local Veterans Affairs programs and distributed.*
 - *Monetary contributions or gift cards that are donated to Operation Housewarming are used by the Metropolis Philoptochos to purchase items from veterans' **Wish Lists**.*
 - *The program is promoted on an on-going basis with an emphasis on Memorial Day; National Independence Day; Veterans Day and Christmas Holidays.*
 - **Focus on Homeless Women Veterans:**
 - *A recent focus of the program helps homeless women veterans with or without children transition to independent living.*
- Please contact the Boston Metropolis Office for more information (617) 277-4742.

• **TEN ORGANIZATIONS THAT HELP VETERANS TRANSITION TO CIVILIAN LIFE:**

www.vistacollege.edu/blog/military/10-organizations-help-veterans-transition-civilian-life/

- **Iraq and Afghanistan Veterans of America (IAVA)** – Connects veterans to one another and educates them on mental illnesses, health care, education benefits of the GI Bill and more.
- **National Association of American Veterans** – Offers network of support to wounded, disabled, single parents.
- **American Legion** – Offers many programs for youth and veterans; provides resources to help veterans understand their benefits; offers a career portal with job search tools; provides monetary assistance to veterans and their families
- **Wounded Warrior Project** – Combat Stress Recovery; Physical Health and Wellness; Alumni program
- **Veterans of Foreign Wars (VFW)**
- **AMVETS (American Veterans)** – advice and assistance to veterans with claims regarding compensation; educational scholarships America Wants You
- **Veterans Support Organizations (VSO)** – provides veterans with skills needed to find employment.
- **VetJobs** – online military jobs board and more
- **USO** – assorted socialization and employment programs
- **Vista College** – educational programs in industries that are growing and are projected to continue to grow

NOTE: *This is NOT a complete list.*

*Prior to partnering with or supporting these or any other nonprofit organization, go to **CHARITY NAVIGATOR** to obtain an **independent evaluation and rating** of the group.*

- <https://www.charitynavigator.org>

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PERSONAL FINANCIAL MANAGEMENT / BUDGETING / DEBT COUNSELING

Overview: Why Philoptochos should care...

Most of the individuals and families who turn to us for help have limited or low incomes. While Philoptochos willingly assists by contributing to some of their documented out-of-pocket expenses – housing, utilities, health care, transportation and more – we can help such people on a **longer-term basis** by assisting them to develop the skills and tools needed to be able to manage on their own in the future.

Budget management:

For many of our clients, we can do this by helping them to learn and re-learn how to manage their limited income in relation to their expenses as best as possible.

Debt counseling:

And since many of those who seek our help must use their credit cards to – for example - keep a roof over their heads or pay for oil to heat their homes - our 'clients' can benefit from debt counseling.

SUGGESTED NATIONAL NON-PROFIT RESOURCES:

- The **NATIONAL FOUNDATION FOR CREDIT COUNSELING (NFCC)**
 - Founded in 1951, NFCC is the nation's largest and longest-serving **nonprofit financial counseling organization**. Its member agencies provide financial reviews, education, and comprehensive money management services over the phone, or online based on individual needs.
 - **Free and affordable services** include
 - credit and debt counseling
 - bankruptcy counseling
 - housing counseling
 - reverse mortgage counseling
 - student loan debt counseling
 - debt management plans
 - credit report reviews and
 - financial education.
 - As one third of its members are community-based agencies, they can assist with other social service needs as well. **TO LOCATE AN NFCC AGENCY NEAR YOU:**
 - **Online:** <https://www.nfcc.org/agency-locator/>
 - **By phone:**
 - Connect with an NFCC Certified Consumer Credit Counselor at 1.800.388.2227
- **GREENPATH**
 - GreenPath is a national nonprofit that seeks to empower people to lead financially healthy lives. For nearly 60 years it has guided people through financial crises: overwhelming debt, foreclosure, bankruptcy, or credit challenges.
 - Through individual counseling, online classes, webinars, worksheets, and guides, GreenPath provides
 - debt counseling and management
 - bankruptcy support
 - student loan counseling and more.
 - GreenPath has locations in several parts of the country.
 - For FAQs go to:
 - <https://www.greenpath.com/resources-tools/faq/>
 - To contact GreenPath go to:
 - <https://www.greenpath.com/contact-us/>

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