

## RECOGNITION

### Module 2: Indicators of violence

In this module:

- Recognizing signs of violence;
- Difficulties in recognizing violence against older persons;
- Indicators of violence;
- Quick reference to possible signs of violence against an older person;
- Stories from the front lines; and,
- Questions for reflection.

#### Recognizing signs of violence

Module 1 described nine types of violence that can hurt older persons: physical, psychological, emotional, verbal, sexual, financial, neglect, spiritual or religious, and cultural. People who come into contact with older persons need to know how to recognize the signs of violence perpetrated against older persons. A **perpetrator** is someone who injures or harms another person, and can include anyone in a position of trust, control or authority. In this module, we focus on the observable signs - also called indicators - of violence against an older person. These may occur whether the older person lives in his or her own home, or with family or friends in the community.

#### Difficulties in recognizing violence against older persons

Sometimes violence against an older person is missed because:

- The perpetrator may try to hide the evidence of violence;
- The perpetrator may prevent access to the older person;
- The older person may hide evidence to protect the perpetrator (for example, the older person may be afraid to lose the support of a caregiver who is violent);

- The older person may not complain, due to illness, injury or threats by the perpetrator; and,
- Some signs of violence, such as changes in behaviour, can be signs or symptoms of other illnesses or diseases, or can be side effects of medications.

Service providers, volunteers, family and friends need to be alert to signs and subtle changes in the older person's behaviour and activities. Violence may be an issue for an older person with unexplained injuries.

## Indicators of violence

Below you will find a list of indicators for each of the nine types of violence that can be committed against older persons, followed by questions to help you explore further whether or not you should be concerned. These indicators are not always proof that violence has occurred, but they may provide clues that a problem exists. Remember that *any* type of violence causes pain, whether it is physical harm, emotional or mental suffering, or damage to the spirit. Whatever the form, violence affects a person's health and well-being.

## Physical violence

### *Indicators*

- Broken bones, fractures, sprains
- Broken teeth or dentures
- Grip marks (bruising shaped like fingers and thumbs)
- Hypothermia (from prolonged exposure to cold)
- Hyperthermia (from prolonged exposure to heat)
- High blood pressure, asthma or other medical conditions affected by stress
- Unexplained:
  - old and new bruises at the same time
  - scratches, bites, cuts, swelling, new scars
  - head, hand, arm, leg injuries
  - burns, punctures

### ***Behavioural indicators***

- Frequent visits to Emergency, history of “accidents”
- “Doctor hopping” (changing doctors often to avoid injury detection)
- Depression
- Upset or agitation

### ***Medication abuse***

- Drowsiness, confusion, disorientation, incoherence
- Hyperactivity
- Poor balance, frequent falls
- Abnormal blood/urine tests
- Reduced or heightened effects from medications
- “Pharmacy hopping” (changing pharmacies often to avoid detection of medication abuse)

### ***Excessive restraint use***

- Rope-burns or gag marks
- Bruises, tearing of skin, welts that keep reappearing in same places on body
- Bilateral bruising (bruising on opposite sides of body)
- Confinement to one area of the home for no apparent reason

### ***Questions for deeper exploration***

1. Does the older person appear fearful or anxious (cowering, trembling, clinging) around a certain person?
2. Is there a lack of needed medical aids? (For example, the older person does not have a required walker, hearing aid, glasses or dentures.)
3. Is the older person wearing more clothing than usual (possibly hiding injuries)?
4. Does someone other than the older person manage his or her medications?

**Psychological violence**  
**Emotional violence**  
**Verbal abuse**

***Indicators***

- Agitated, irritated, angry, anxious, flat, resigned, withdrawn, passive, unresponsive
- Disoriented, confused
- Too much or too little sleep
- Crying
- Depression, sadness
- Silence, secrecy, evasiveness, denial
- Reports feelings of hopelessness, helplessness
- Speech is hesitant, unusually quiet or loud, fast or slow
- Low self-esteem, shame, self-blame
- Significant changes in weight
- Has no privacy

***In the presence of the caregiver***

- Psychosomatic complaints (complaints that are caused or aggravated by stress)
- Fearfulness around a certain person (trembling, clinging)
- Wants to avoid contact with a certain person
- Waits for others to answer questions from health or other professionals

***Questions for deeper exploration***

1. Are there sudden changes in the older person's behaviour? For example, does the person suddenly seem to be anxious most of the time?
2. Does the older person's behaviour change when a certain person enters or leaves the room?
3. How do family members, friends, service providers, volunteer visitors or caregivers behave toward the older person? Are they verbally abusive? Do they always speak *for* the older person?

## Sexual violence

### *Indicators*

- Pain, bruising, bleeding, redness or swelling in vaginal/rectal area
- Bloody, stained or torn underwear
- Trouble sitting or walking
- Frequent urinary infections
- Unexplained sexually transmitted infection or disease
- Refusal to be washed in genital area
- Withdrawal, fear, depression, anger, insomnia
- Upset or agitation around a certain person

### *Questions for deeper exploration*

1. Besides sexual violence, is there evidence of other violence?
2. Has the older person been tested for a sexually transmitted disease?
3. If there is a history of sexual violence, are safety plans for the older person in place?
4. Does the older person not want to be alone with a certain person?

## Financial abuse

### *Indicators*

- Confusion about finances
- Needing permission from others to spend money
- Signing a legal document without understanding
- No money for necessities
- No receipts for funds spent on the older person's behalf
- Signature on documents and cheques does not match older person's signature
- Caregiver, friend or family members moving in against older person's wishes or without sharing costs
- Poor care or living conditions, despite adequate funds
- Visitors only on cheque days
- Unexplained or sudden:

- trouble paying bills, overdue household bills
- withdrawal of money from accounts
- transfer of assets to others; other names being added to bank accounts
- changing of a will or power of attorney
- missing possessions
- changes in banking habits; access to bank or credit cards by someone else

### ***Questions for deeper exploration***

1. Does someone else manage the older person's finances for no clear reason?
2. Do others living with the older person seem to have more possessions than they should, given their income?
3. Does the older person seem to have a lower standard of living than others living in the same house?
4. Has there been a sudden *change* in standard of living, residence, or living arrangement?
5. Does the older person have a close family member with a substance abuse or gambling problem?

## **Neglect**

### ***Physical neglect***

- Immobility, weakness, bed sores
- Restlessness, drowsiness, too much or too little sleep
- Unexplained weight loss, malnourishment, dehydration
- Mouth sores, cracked lips, decayed teeth
- Body odour, lice, urine burns
- Unkempt, uncut nails, unshaven
- Wearing same clothes each day, wearing inappropriate clothing
- Hypothermia (from prolonged exposure to cold)
- Hyperthermia (from prolonged exposure to heat)
- Poor physical condition, missing doctor appointments, receiving few or no needed health services

### ***Environmental neglect***

- Soiled bed sheets and clothing
- Lack of needed medical aids such as hearing aids, cane, walker, dentures, glasses
- Lack of safety, left alone even though supervision or assistance required
- Older person worse off than others in home
- Confinement to one area of the home
- Filth in the home, pest infestation
- Locks on fridge or kitchen cupboards
- Little or no food in the home

### ***Questions for deeper exploration***

1. Does the individual living with the older person appear not to care about the person's needs?
2. Is the older person left alone for long periods with nothing to do and no visitors?
3. Does the older person have access to a phone or the internet?
4. Does the older person live in a basement while the rest of the family lives upstairs? Can the older person climb the stairs? Is there easy access to a bathroom?

## **Spiritual violence**

### ***Indicators***

- Denied access to spiritual or religious items such as sacred books, prayer shawl, beads
- Forced attendance at religious services
- Forced to eat foods not permitted by her or his religion (such as pork or beef)
- Sudden lack of interest in religion
- Spouse of older person will not grant separation or divorce, citing religious law
- No longer participating in or attending a preferred religious or spiritual community's events

### ***Questions for deeper exploration***

1. Does the older person have the freedom, access and tools to express and practice her or his religion?
2. Is the older person being forced to take part in someone else's religion?

## **Cultural violence**

### ***Indicators***

- No access to traditional healers or medicines
- Denied foods of his or her culture, even if those foods are available locally
- Not allowed to take part in cultural events or celebrations
- Not allowed to speak the language that is most familiar
- Being isolated, injured or murdered for:
  - loving the “wrong” person
  - seeking divorce
  - adultery
  - being raped
  - having a same-sex relationship

### ***Questions for deeper exploration***

1. Does the older person have cultural beliefs or past negative experiences that relate to social services or police? Might these affect his or her decision or willingness to seek help?
2. Are there cultural gender issues? Might these issues prevent access by service providers or police to older women most likely to experience violence?
3. How do those whose English language skills are limited access resources?
4. What do you know about family relationships, family customs and violence in the culture of the older person? What can you learn?



**ALERT!**  
**QUICK REFERENCE GUIDE TO POSSIBLE SIGNS OF  
VIOLENCE AGAINST AN OLDER PERSON**

***Possible Indicators of Violence***

- An older person reports being injured or harmed in some way
- Unexplained injuries
- Sudden changes in behavior
- Conflicting accounts of events between an older person and significant others
- Lack of food, water or utilities
- Sudden drop in cash or assets
- Family suddenly shows up, moves in
- Fear of a family member, friend, caregiver or service provider

***Possible Indicators of Violence on the Part of a Significant Other***

- Lack of concern, anger, aggression toward the older person
- Reports that conflict with those of the older person
- Flirting with the older person
- Past substance abuse, criminal acts or family violence
- Lack of affection toward the older person
- Preventing the older person from using the phone, internet or having visitors
- Deserting an older person at a shopping mall, hospital or other institution
- Refusing to cooperate with health care providers in planning for care.

## STORIES FROM THE FRONT LINES

### Charles and Helen

Charles, 85, had been living with Helen, 60, for 25 years. They never married, but Helen took good care of him. Charles had a safe and loving home.

Charles became ill and was taken to hospital. Upon his release, he was admitted to a long-term care home by his adult children. Charles had not had a relationship with them for the 25 years he was with Helen.

Helen was not allowed to see Charles in long-term care. Charles' family told Helen that he was incompetent and could not make decisions. She was told to forget Charles.

The family gave the staff at the home details of what they wanted for Charles' care. He was not permitted to go outside. Charles was not allowed to accept any of the items brought to him almost daily by Helen (favourite foods, underwear or socks). The staff told him that he had to "move on" without Helen. Charles told them that he was going to leave the home on his own to be with her. The staff said they would have him arrested if he tried to leave.

## QUESTIONS FOR REFLECTION

1. On the chart below, identify types of violence from Charles' story. Next to each type, write down any indicators that correspond to the type of violence.

✓	Type	Indicators
	Physical violence	
	Psychological violence	
	Emotional violence	
	Verbal abuse	
	Sexual violence	
	Financial abuse	
	Neglect	
	Spiritual or religious violence	
	Cultural violence	

2. Use Charles' story to answer the following questions:
  - What might you ask to establish whether Charles is a victim of violence? Who would you ask? Who do you think are the perpetrators in this story?
  - How might you react if you were Charles? If you were Helen? If you were the family? If you were staff in the home?
  - What feelings came up for you as you read about the signs of violence in this story?
3. In your interactions with older persons, here are some questions to ask yourself that may help identify possible violence:

- Why does this situation concern me?
- What am I seeing?
- What are the person's rights in this situation? Are these rights being violated?