

RECOGNITION

Module 7: Impact and effects of violence against older persons

In this module:

- **The far-reaching impact of violence against older persons;**
- **The problem with statistics;**
- **Impact of violence against older persons;**
- **Family, intergenerational and community impacts;**
- **Societal impacts of violence, and the influence of ageism;**
- **Coping strategies;**
- **What do older victims of violence want;**
- **Stories from the front lines;**
- **Learning activity; and,**
- **Questions for reflection.**

The far-reaching impact of violence against older persons

All forms of violence can have damaging effects on people's physical, emotional, mental and spiritual well-being. Later in life, the impact of violence can be especially serious. Violence among older adults can lead to:

- **Poor physical and mental health;**
- **Depression;**
- **Loss of will to live; and/or,**
- **Suicide.**

The populations who are even more likely to experience violence include older persons who:

- **Are female;**
- **Are immigrants or refugees;**
- **Are Aboriginal;**
- **Have disabilities;**
- **Are lesbian, gay, bisexual or transgender;**

- Are members of any group outside the dominant culture;
- Live in rural or isolated regions; and/or,
- Live with poverty.

The impact of violence against older persons is a concern for all people in this province. *Preventing violence against older persons is everybody's responsibility.*

The problem with statistics

A statistic that is commonly quoted is that between four and 10 per cent of older persons in Canada have suffered some form of violence.³⁷ It is likely that these numbers are higher due to under-reporting. Often called a hidden crime, much of the violence against older persons is never reported. This may be because people do not know the signs of violence. It may be because many older adults do not, or can not, talk about the problem with someone who can help.

The problem with under-reporting of violence against older persons is that we do not know the real size of the problem. This makes it difficult to know when and how to respond.

For more information on barriers to reporting incidents of violence against older persons, see Module 15, *Barriers and risks in reporting violence.*

Impact of violence against older persons

Violence in later life can affect a person's:

- Emotional health;
- Physical health;
- Sexual health;
- Spiritual health; and,
- Financial well-being.

³⁷ Government of Newfoundland and Labrador. (no date). *Provincial Healthy Aging Policy Framework*. Retrieved from: http://www.health.gov.nl.ca/health/publications/ha_policy_framework.pdf.

Emotional health

- Depression is much more common among older adult victims of violence than among other older adults.
- Depression or anxiety may be mistaken for memory loss or illness, when they are often the emotional effects of stress.
- The stress of living with violence may make other health problems worse.
- An older person who has been injured or harmed often loses trust in the person who causes the violence.
- Sometimes, when older people report violence, the person they report it to might disbelieve it or think that the story was exaggerated. This may then add to the older person's stress.
- An older person may feel shame, guilt or embarrassment from being injured or harmed by family or someone close.
- Other mental health effects of violence against older persons may include learned helplessness, alienation, humiliation, anger, fear, denial and post-traumatic stress syndrome.
- Older victims of violence may also experience low self-esteem, self-degradation, self-abuse, acute anxiety, uncontrolled anger, chronic stress, phobias, flashbacks, problems sleeping, nightmares, passivity, memory loss, or loss of concentration and productivity.
- Some older persons who have been victims of violence turn to alcohol or prescription drugs to help with sleep or anxiety. They may also use these to cope with physical or mental pain. This can lead to addiction.
- Older adult victims of violence may lose interest in life. They may become withdrawn and suicidal.

Physical health

- Living with violence can increase an older person's chances of illness or death from injuries.
- Older person's bones break more easily. Injuries take longer to heal in an older person.
- These injuries can lead to serious consequences. Physical violence, for example, may result in a hip fracture, which would mean surgery and possibly deformity or even death if there are complications.

- Older persons may lack the physical strength to defend themselves.
- Injuries from violence may make existing health problems worse. This may make it harder for an older person to function independently.

Sexual health

- Effects of sexual violence on older women may include:
 - Sexually transmitted diseases;
 - Pelvic, genital or uterine pain;
 - Vaginal or urinary infections;
 - Bruising or tearing of the vagina or anus;
 - Hysterectomy; and,
 - Sexual addiction and/or withdrawal.
- Effects of sexual violence on older men may include:
 - Sexually transmitted diseases;
 - Pelvic or genital pain;
 - Urinary infections;
 - Bruising or tearing of the anus; and,
 - Sexual addiction and/or withdrawal.

Spiritual health

- Violence against older persons can happen in any faith community. It may not be talked about because of shame, embarrassment, stigma or the idea that “it doesn’t happen here.”
- Health of the body, emotions and the mind are all interconnected. Each impacts a person’s spiritual health. Violence can affect all four of these factors in an older person who is living with violence or the threat of violence.
- Older persons who suffer violence may begin to question their faith. They may struggle to understand the violence in terms of their religious or spiritual beliefs.
- Faith can help to support victims of violence. An older person’s faith may provide comfort and strength in dealing with the stress associated with violence.

Financial well-being

- Financial abuse is the most common form of violence against older adults. It can destroy their quality of life.
- Many older people have limited incomes. The loss of even a small sum of money can have a major impact. Being alone or ill may make an older person more likely to experience fraud or theft.
- Many older persons who are financially abused are also victims of emotional violence. This can lead to stress and financial strain.
- Someone may take wrongful control of an older person's funds. The older person may not receive enough money for food, household items, social outings or transportation.
- Older persons whose funds have been used up or who have lost access to their money suffer reduced quality of life. They may even be in danger if they cannot get needed medical supplies (such as medications, glasses, hearing aids, dentures, walkers or guardrails for the bath).
- Financial abuse can be especially difficult for women because they are more likely than men to live in poverty in old age.

Family, intergenerational and community impacts

- Living with violence can damage an older person's sense of self-worth and dignity. It may also lead to social isolation. This is especially true for those who are poor, have disabilities, have language barriers or are isolated by geography.
- Older victims of violence may have health issues that make them more dependent on help from family and community services.
- Poor family communication and coping skills (for example, anger management) put older persons at risk.
- Young people who do not learn to treat older family members with respect may come to see negative attitudes and behaviour toward their elders as "normal". This is how the intergenerational cycle of family violence is reinforced.

Societal impacts of violence, and the influence of ageism

- The impact of violence against older persons is costly to our social, health, and justice systems.
- Due to widespread denial or lack of information, violence against older persons is sometimes considered to be "rare".
- Authorities may not believe older persons who complain about being harmed or they may not consider the harm serious.
- Older persons may not be believed because they may be assumed to have poor memory.
- Ageism is the belief that older persons have less value than younger people. This can result in social policies that assume all families are able to provide care to aging relatives. The truth is that some family relationships may be difficult or even dangerous. In these cases, it is best to arrange for care from outside the family.

Coping strategies

A person living with violence sometimes develops coping strategies for protection. These coping strategies may make it difficult for others to know the extent of the harm or even see that violence is happening. Here are some ways that older persons who are living with violence try to manage their situations:

- Silence and denial
 - Older persons may remain silent or deny violence for fear of consequences to themselves or their loved ones.
- Minimization
 - An older person may try to reduce any feelings of shock, threat, fear and powerlessness when there appears to be no escape. Real feelings are "held in".
 - Minimization can also occur when the older person thinks that the incident was not as bad as it could have been, or not as bad as the suffering of other victims of violence.

- Rationalization
 - Rationalization involves excusing or accepting bad behaviour. The older person takes on the blame for being harmed, believing that the only reason they were harmed is because of something they themselves did or did not do.

What do older persons who are victims of violence want?

All older victims of violence want:

- The violence to stop;
- To feel safe;
- To be heard and believed;
- Adequate funds;
- Reliable, available, respectful medical care;
- Housing that meets their needs;
- Access to support and counselling;
- To be a part of their family, community and society;
- To feel respected and valued for their wisdom, knowledge, and life experiences; and,
- Information on law and human rights.

Older persons who live in their own homes or with their families or friends in the community also want:

- To have age-appropriate safe houses and shelters in their community; and,
- Home support services provided by trained, compassionate workers.

STORIES FROM THE FRONT LINES

Olive

Olive, 80, lives in a very rural area. She was born there. Olive has no children. All her family and friends have died or moved to larger towns and cities. Olive is very alone. She would like to get out of her home from time to time for groceries, church and to socialize. However, transportation cannot be arranged because Olive “lives out in the boonies”. There is no bus service where she lives. There is no money for taxis. Olive lives on tea and toast, because she has no way to get to the local store to buy food. A neighbour, a few years younger than Olive, sometimes brings vegetable soup which they share.

Margaret

Margaret, 82, lives alone and has no close family. She receives daily help with personal care and meals. This allows her to live in her own home. Margaret has had two caregivers for a number of months. Over the past month, increasing amounts of money have gone missing from her home. Margaret is hesitant to question the caregivers. She is afraid she will lose her help and will no longer be able to stay in her home. Margaret worries that she may have misplaced the funds. Margaret would always wake up each morning and get dressed and washed with her caregiver’s help. She would spend hours reading or watching TV in her living room. Now, she spends most of the day in her nightclothes in bed. Margaret’s appetite has decreased. She only wants to sleep.

LEARNING ACTIVITY

Using the previous stories, read and respond to the following questions using the table provided on the next page. See what other questions come up for you as you go through this exercise.

1. In each story, are the primary issues? Decide whether each story involves violence.
2. For each story, list the types and indicators of violence (refer to Modules 1 and 2).
3. List the possible effects of violence on the two women.
4. For each case, what would your next steps be?

Learning Activity Table

	Margaret	Olive
Primary issues		
Type of violence		
Indicators of violence		
Possible effects of violence		
Next steps		

QUESTIONS FOR REFLECTION

1. Think about any instance of violence that has affected you personally. You may have been a victim or a witness. What has been the impact of violence on your life in the following areas?
 - Physical health;
 - Emotional health;
 - Mental health;
 - Spiritual health;
 - Financial well-being; and,
 - Feeling safe.
2. If you have been touched by violence, did you use any of the coping strategies mentioned in this learning module? If so, which ones?
3. How can you apply what you have learned from this module to your relationships at home, in the community or in your workplace?