

Elderly abuse and neglect in India

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■ **ABSTRACT** : Elderly abuse is a widespread and serious universal problem. It is not limited to any one gender, religion, culture or income group but may occur in many different settings, including private homes, residential care settings and hospitals. The abuse, neglect and mistreatment of elderly cause a range of long-term physical and psychological health problems. With the rapidly increasing number of aged compounded by disintegration of joint families and ever increasing influence of modernization and new life styles, the care of elderly has emerged as an important issue in India. Providing care for the aged has never been a problem in India where a value- based joint family system was dominant. However, with a growing trend towards nuclear family set-up, the vulnerability of elderly is considerably increasing. The paper highlights an overview of elderly abuse and neglect in India.

■ **KEY WORDS**: Abuse, Elderly population, Neglect

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Aging population is the most challenging demographic phenomenon worldwide and elderly is the final stage of the normal life span (Anjaneyulu, 2002). A projected increase of the elderly population in many countries is a subject of growing concern for public policy (Kinsella and Velkoff, 2001). United Nations recommended 60 years as the age of transition to the elderly segment of the population. The elderly constitutes nearly 8.25 per cent of India's population (Census of India, 2011). It is estimated that by 2050 almost 50 per cent of the Indian population will comprise of elderly people (Help Age, 2012).

Old age consists of ages nearing or surpassing the average life span of human beings and thus, the end of the human life cycle. Terms for old people include seniors, senior citizens, older adults and the elderly. Conventionally, "elderly" has been defined as a chronological age of 65 years old or older, while those from 65 through 74 years old are referred to as "early elderly" and those over 75 years old as "late elderly" (Orimo *et al.*, 2006). According to the World Health Organization, most countries have selected an arbitrary chronological age of 60 or 65 as a definition of 'older person' (WHO, 2007). Old age is usually associated with declining faculties, both mental and physical, and a reduction in social

commitments. The precise onset of old age varies culturally and historically (Birren and Schair 2001).

The elderly are the nation's precious asset and represent a vital human resource. If properly utilized, elderly might help to compensate the efforts of youngsters. But unfortunately this important asset is neglected (Challa, 2004). It is commonly known that in old age, individuals depend on their children because they often have no other alternative but the effects of modernization and urbanization of the society are evident, in part, in the weakening of the traditional bonds of the joint family system. This breakdown of the joint family system is more common in urban areas because it is rapidly evolving into a nuclear family system. The elderly are the main victims of changing social values and family system (Gaur and Kaur, 2004).

The young are able to adjust to the fast paced life and move on perfectly with it, but it is the old who are left in a lurch due to the sudden shift from a traditional to a modern society. This sudden transition has left them alone to fend for themselves. The nuclear family has indeed been a potent factor in the marginalisation of the elderly in India (Richard, 2005). The degeneration of the joint family system, dislocation of cultural and familial bonds, have resulted in declining

possibilities of family care and greater need for self and formal care, hence co-residence has become difficult and a separate existence is challenging due to issues of access to basic facilities and physical security (Devi, 2005).

Old age presents its special needs and unique problems which vary significantly according to their age, socio-economic status, health, living status and other such background characteristics (Siva, 2002). Problems associated with ageing are numerous such as physical strength deteriorates, mental stability diminishes; money power becomes bleak coupled with negligence from the younger generation (Ansari and Ahmed, 2002). Some of the psychosocial problems include impaired memory, rigidity of outlook, adjustments, irritability, jealousy, inner withdrawal, depression, harassment, exploitation, mistreatment, neglect, abuse, separation from the dear ones, living alone and none to help. Besides, elder abuse and neglect represent widespread, largely undiagnosed problems (Park, 2007).

Elder abuse and neglect are increasingly acknowledged as a social problem internationally and India is no exception. The responsibility of caring for elderly in India is traditionally borne by the immediate family and most often by sons. However, with a trend towards nuclear family setup, the vulnerability of elderly is considerably increasing. Due to lack of care and interaction between younger generation and elderly, there is friction within the family which often is the cause of abuse and neglect of elderly (Sebastian and Sekher, 2010).

Abuse of older people is a hidden, and often ignored problem in society and difficult to quantify. However, it is now recognized as a global social and public health problem threatening older people (Lachs and Pillemer, 2004). Elder abuse is a term referring to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult (National Centre on Elder Abuse, 2008). The abuse of the older people has been defined as 'A single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person' (World Health Organisation, 2008). Abuse may be physical, psychological and emotional in nature. Physical abuse is inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving them of a basic need, emotional abuse is inflicting mental pain, anguish, or distress on an elder person through verbal or non-verbal acts. Wherever, neglect is refusal or failure by those responsible to provide food, shelter, health care or protection for a vulnerable elder and abandonment is the desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person. Elder abuse may be domestic; taking place in the home of the abused or in the home of a caregiver, or it may be institutional, taking place in a residential facility for the elderly (Wolf, 1997).

It is difficult to detect victims of abuse because both older men and women are at risk for being abused. Evidence from empirical and clinical studies confirms that a large proportion of elder abuse takes place in shared living arrangements. Abuse of the elderly takes place in various settings including their homes, hospitals, assisted living facilities and nursing homes. However, those who live alone are more prone to financial abuse. Further, elder patients with dementia are at higher risk for physical abuse. Social isolation, pathological characteristics of perpetrators such as mental illness and alcoholism, and total dependency of the victim are other factors that lead to abuse of the elderly (Lachs and Pillemer, 2004).

Elderly people are encountering both physical and psychological distancing in families. They feel isolated and side tracked (Bajpai, 1998) and such type of changes at the family level and unhealthy approaches hurt them and sometimes encourage them to relocate themselves in old age homes. Many a times their family members force them to shift to old age homes. But, elders usually prefer to derive a sense of meaning of connectedness to their homes, their neighborhoods and their natural environment (Prakash, 2004). For this they are usually ready to make compromises, which tax their physical and mental well being. Depression and emotional shocks are common among them. They develop negative emotions towards themselves due to lack of employment, low income and failing health, the newly added worries and feeling of neglect, loss of importance in the family, feeling of inadequacy, loneliness and of being unwanted (Bose, 1990).

Risk factors associated with elder abuse have been found to be certain socio-demographic characteristics. Areas with higher incidence of substantiated elder abuse are correlated with demographic factors of population density and child poverty. The greater the population density and the number of children living in poverty in a given area, the more likely is the elder abuse (Jogerst *et al.*, 2000). Elderly women face the same health, economic, and social issues that all elderly people face, but often encounter more challenges compared with men and are more prone to abuse (Cadmus *et al.*, 2012). Victims of elder mistreatment had significantly higher levels of psychological distress than non-victims (Comijs *et al.*, 1999). Appearing fearful, withdrawn, nervous, agitated, angered, passive, embarrassed, dissociated, or depressed, along with the quality of interaction with caregivers indicate the possibility of elder abuse.

The prevalence rate of elder mistreatment was 14 per cent in Chennai city. Among the abused elderly almost half of them reported they had experienced more than one type/form of abuse (Chokkanathan and Lee, 2006). More women than men complain of maltreatment in terms of both physical and verbal abuse. The prevalent patterns of elder abuse include mainly psychological abuse in terms of verbal assaults, threats

and fear of isolation, physical violence and financial exploitation (Rao and Raju, 2002). The health profile of the elderly victims indicates that a person suffering from physical or mental impairment and dependent on the caretakers for most of his or her daily needs is likely to be the victim of elder abuse. Though a large section of victims of elder abuse are less educated and have no income of their own, old people with high educational background and sufficient income are also found to be subjected to abuse.

Elderly men are at risk for elder abuse and provide a typology based upon high-risk lifestyles, domestic living arrangements, belonging to a racial minority group, quality of care in institutions and self-neglect (Kosberg, 1998). High-risk lifestyle was found to be associated with living alone due to recent widowhood, never marrying, or divorce. Elderly men who live alone tend to have shorter life expectancies related to physical and emotional problems resulting from self-neglect. They are also potential victims of abuse from spouses, life partners, adult children, and grandchildren, especially in cases of physical and mental disabilities.

There are three main reasons why elderly women remain in an abusive home environment: cohort effects, (that is, lack of job skills, lack of finances, lack of accommodation); period effects, (that is, unsuccessful attempts earlier in life to gain help); and finally, ageing effects wherein physical, emotional and functional challenges increase with age and ageing decreases options for changing relationships (Beaulaurier *et al.*, 2008). Elderly women also have a generational understanding that their role is to keep peace and order in the household and that it is their duty to be obedient to their spouse even when their spouse is physically violent, and that they need to keep their families intact in spite of danger to themselves and their children. Domestic violence also increases feelings of powerless, self-blame, shame, hopelessness and the need to keep abuse secret in order to protect their family.

Language barriers, social isolation, financial and emotional dependency, socio-cultural factors, dysfunctional family dynamics, caregiver stress and personal characteristics of the victim and the perpetrator may lead to elder abuse (Podnieks, 2008). Jain (2008) revealed that with increasing individualism, family member seem to assert for individual freedom. Their life style does not allow them to care for personal, physical and emotional needs of elders. Many times they actively or passively abuse them.

Carceles *et al.* (2009) in their study found that the extent of suspected abuse was 44.6 per cent. Female who were of 75 years, widows, living alone or with children, accommodation in house of relatives and income were associated with socio-demographic variables. The risk factors associated with abuse were worsening of health, living with mentally ill person, excessive consumption of alcohol or drugs, arguing frequently with relatives or the dependency on someone to carry out a

daily activity.

Strategies for intervention to tackle elder abuse:

Elder abuse and neglect need to be addressed on both the 'macro' and 'micro' levels. On the macro level, value-system which results in ill-treatment of the elderly can be influenced through increased effort in public education. Greater awareness and thus more accurate identification of the problem of the elderly victims can lead to the re-shaping of the attitudes and the broadening of knowledge about abuse and the required services. Finding a working definition for elder abuse appropriate to the Indian society is a priority, if the problem is to be successfully addressed.

On the micro level, successful preventive and curative intervention require professionals like psychiatrists, clinical psychologists, doctors and social workers and lay-persons to acquire adequate knowledge of this phenomenon. They need to require knowledge of self, of the dynamics of ageing, of abuse within and outside of the family, of cultural and societal influences, of appropriate helping strategies and the skills to implement such knowledge.

HelpAge India strongly recommended the following actions be taken to prevent elder abuse:

Nationwide programmes to be organized in schools and colleges for sensitizing the children and youth towards ageing and aged. HelpAge has been working towards this through its Student Action for Value Education (SAVE) Programme which aims at inculcating values of care and respect for the elderly in school going children, Prepares today's children and youth for their old age and creating an age friendly society.

Secondly, a robust social security system that not only ensures income security for the elderly, but also gives them opportunities for income generation.

And involvement of society at large in prevention of elder abuse.

Conclusion:

Elder abuse has to be taken as an urgent issue. Elder abuse is in part a consequence of the relationships between the elderly victims and their carers, but there are also societal and structural problems that encourage elder abuse. Elderly people are not regarded as capable human beings who can contribute to society. They are regarded as frail, vulnerable people who are on a similar level in society as children. The government really needs to introduce various social packages for the elderly, apart from increasing the literacy level and employment opportunities for the aged, making the older persons real assets rather than liabilities. The nations of the world must create an environment in which ageing is accepted as a natural part of the life cycle, where antiageing attitudes are discouraged, where older people are given the right to live

in dignity – free of abuse and exploitation – and are given opportunities to participate fully in educational, cultural, spiritual and economic activities.

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