

Elder Abuse: Conceptual Framework & Observations in Indian Context

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ABSTRACT

Ageing is emerging as a problem of crucial importance in India. India's over 60 years senior citizens are growing at a pace that is disconcerting. At the same time, elder abuse is growing across the country. Research studies conducted by Help Age India and releases in 2012 and 2013 have shown marked increase of abuse, both, verbal and physical in all parts of the country. It also needs to be seen in the context of growing violence across the country especially in the Family arena.

In India, like in many other parts of the world, the number older people 60 years and older is steadily increasing, Along with the trend, there is a very realistic fear that safety, dignity and quality of life of elders may get compromised. The reported figures of prevalence may vary; but, there no doubt that violence against elders is on the rise. Elder abuse to actions that harm an older person or negatively affect his/her well-being, preventing elder abuse is one of the key concerns for service providers and organizations that support elderly. While, no one age group is really safe from abuse and violence, older adults may be vulnerable due to a combination of factors i.e. personal, familial, economical, psychological and social. Therefore Understanding the complexity of abuse is the first step to addressing the problem effectively. Creating awareness among all stakeholders is a very important initiative in dealing with this issue.

The need to bring out awareness on the issue speaks volumes about the current care and protection scenario vis-à-vis older people in India. Interpersonal violence is not really new; but, the scale of violence and the rapidity with which it is increasing is a matter of concern. Also worrying is the fact that institution that should be safe havens may fail to provide succor to the elders. The magnitude of elder abuse is still a matter of speculation, given the difficulty in defining and identifying it. The 'Hidden nature' of this phenomenon makes interventions particularly difficult. One indisputable fact that emerges from the accumulation literature on this subject is-elder abuse

exists, it manifests in many ways and in many different setting and is being increasingly reported.

INTRODUCTION

Ageing is emerging as a problem of crucial importance in India. India's over 60 years senior citizens are growing at a pace that is disconcerting. At the same time, elder abuse is growing across the country. Research studies conducted by Help Age India and releases in 2012 and 2013 have shown marked increase of abuse, both, verbal and physical in all parts of the country. It also needs to be seen in the context of growing violence across the country especially in the Family arena.

In India, like in many other parts of the world, the number older people $\frac{1}{4}$ 60 years and older $\frac{1}{2}$ is steadily increasing. Along with the trend, there is a very realistic fear that safety, dignity and quality of life of elders may get compromised. The reported figures of prevalence may vary; but, there no doubt that violence against elders is on the rise. Elder abuse to actions that harm an older person or negatively affect his/her well-being, preventing elder abuse is one of the key concerns for service providers and organizations that support elderly. While, no one age group is really safe from abuse and violence, older adults may be vulnerable due to a combination of factors i.e. personal, familial, economical, psychological and social. Therefore Understanding the complexity of abuse is the first step to addressing the problem effectively. Creating awareness among all stakeholders is a very important initiative in dealing with this issue.

The need to bring out awareness on the issue speaks volumes about the current care and protection scenario vis-à-vis older people in India. Interpersonal violence is not really new; but, the scale of violence and the rapidity with which it is increasing is a matter of concern. Also worrying is the fact that institution that should be safe havens may fail to provide succor to the elders. The magnitude of elder abuse is still a matter of speculation, given the difficulty in defining and identifying it. The 'Hidden nature' of this phenomenon makes interventions particularly difficult. One indisputable fact that emerges from the accumulation literature on this subject is-elder abuse exists, it manifests in many ways and in many different setting and is being increasingly reported.

Elder abuse reduces the quality of life of older people drastically and is a basic violation of their human rights. National and international efforts are now aligned to prevent abuse and intervene to improve the condition of the abused it is clear that it will not be an easy task, Families, Communities, Governments, Non-governmental organizations and seniors themselves have to act together to tackle this problem. Change often starts with awareness; Armed with a clear understanding of the situation people can seek out solutions and strategies. While the state has a mandate to protect the elderly, the mechanisms may not be in place, may be inadequate or uncoordinated. The onus then falls on other agencies and stakeholders to take the initiative to create a knowledge and skill base conducive to effective action.

India has been in the forefront fighting to ensure dignity and safety to seniors. Manual is yet another effort of Voluntary Organizations in this direction. It is

designed to raise awareness about elder abuse among people in general and trainer's particular guided by the philosophy that community along professional service providers should be empowered to address human problems that are encountered.

Since the problem of elder abuse has multiply facets, the solution also has to be multi-pronged. Sensitizing and skill-building of ordinary citizens is as important as honing the skill of professionals. The community and social networks can be as preventive and therapeutic as formal health and legal agencies. Families need to be strengthened so that their primary nurturing and protective role extends to all the members regardless of age, sex and vulnerability

What is Elder Abuse?

We hear and read about elder abuse almost every day. It is important to have a clear idea of what is Elder abuse. We should also know the situation that could be considered as 'abusive'

Elder abuse has been variously defined but all of them are similar in content. A **World Health Organization** document defines Elder abuse as "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there expectation of trust which causes harm or distress to an person" The **International Network for the prevention of older people INPEA** adds: 'Abuse also reflect intentional or unintentional neglect of an older adult by the caregiver" **The working group for prevention of Elder abuse in Ontario** states: 'Elder abuse refers to actions that harm an older persons and the organizations that support them;

Most Indian researchers agree that Elder abuse is: 'deliberately causing physical, emotional/psychological, sexual or financial harm to an older adult who is one's care. If one intentionally or unintentionally neglects the needs of elders that can also be viewed as abuse'

In simple terms, Elder abuse refers to mistreatment of older people by those who are supposed to care for them. If a person harms elders, or neglects them it is called abuse. It is any act of omission or commission that harms the senior person.

Omission means not doing something that is needed. For example-not giving food, not providing medical care, etc. Commission here refers to doing something harmful for example -beating or throwing the elder out of house etc. Abuse take place where elder are expected to be taken care of or protected.

The type of harm or neglect may be of many kinds. But in all types of abuse or neglect, wellbeing and rights of older person are compromised.

Where does Abuse Take Place?

Now that we have understood what is elder, let us where it can happen.

Like other forms of abuse, elder abuse is a complex problem. There misconceptions that abuse happens only when elders live alone or live in institutions, some think that only elders form low socio economic class or certain community get abused. This is not true. Elder abuse is reported in all countries, social classes and communities.

Like any other domestic violence, Elder abuse mostly takes place at home. It is a majority of elders live with spouse, children or relatives; home is the setting where most of the abuse is likely to occur.

There are also equally shocking reports of older residents being abused by staff of the old age home or long term care facilities, Hospitals or nursing home are also the venues for such abuse may occur.

Resident to resident abuse can occur in institutional setting resident to resident aggressions are “negative and aggressive physical, sexual, or verbal interactions between long-term care residents. This is perceived as unwelcome and cause physical and psychological distress to the recipient.”

In institutional setting, elder abuse can take on a different meaning. Since there are more people and more interactions in Institution, there greater potential for abuse/neglect to occur. The nature of the interactions may create very strong tensions among administrations, staff, and residents.

In the West, estimates of elder abuse prevalence are available from a variety of sources, such as adult protective service agencies. We do not have such services prevalent in India as yet. Other places where abuse can possibly occur are Day care services and geriatric care services. Elder do report being mistreated in public places, In public transport, government offices, Banks etc., All such incidents may not come under the ambit of Elder Abuse.

What are the Types of Elder Abuse?

The National Center on Elder Abuse (NCEA) broadly defines three categories of abuse as:

- 1) domestic abuse/maltreatment by someone in the home, including family members or paid caregivers
- 2) Institutional abuse/maltreatment in a facility such as a nursing home, assisted living facility, or group home, etc, typically by someone under contractual agreement to provide care, but it can be abuse inflicted by another resident of the facility and
- 3) self-neglect or self-abuse when individuals are a threat to themselves by inability to care for themselves and their care daily needs, for someone with a chronic illness who is unable to care for him/herself

The most common way of classifying different types of abuse are:

- a) Physical Abuse
- b) Verbal, Emotional or psychological
- c) Sexual Abuse
- d) Financial Abuse and Exploitation
- e) Medical Abuse, This could be under physical abuse.
- f) Caregiver Neglect
- g) Self-Neglect

Some researchers consider three other separate categories. Abandonment, isolation and legal abuse.

- **Abandonment**-dissertation of an older person by an individual who is responsible for providing care.
- **Isolation**-cutting off the older person from family, social, and community activities. This could easily be grouped under social or psychological abuse.
- **Legal Abuse**-which is often included under economic or financial abuse. A distinction is sometimes made between:

Criminal abuse and non-criminal abuse-Some times of elder abuse as criminal acts for example, physical and sexual abuse. Others, such as some forms of financial misuse may not reach the level of criminality, but still require redress through other measures. The acts or omissions that constitute abuse can range from harm resulting from a poor understanding of an older person's need to harm resulting from aggression and serious physical assault.

A. Physical Abuse

Basically, it is causing physical harm to an elder.

It may range from, slapping, the restraining the elder one place to severe beating and chaining them. Even a caregiver or other person uses to cause unnecessary pain or injury, even if the reason is to 'help' the older person, the behavior can be regarded as abusive. Action such as hitting, beating, pushing, shoving, kicking, pinching, burning or biting is also reported. Inappropriate use of medications and physical restraints and physical punishment of any kind that prevent free movement of elders is also abuse.

Medication abuse is the misuse of an older person's medications and prescription, including withholding medication, over-medication or not complying with instructions.

B. Emotional/psychological or verbal Abuse

Behavior of a family member or care giver that causes emotional upset to an elder comes under this category. It may be calling names, accusing the person, threatening, using derogatory remarks, belittling the person and insulting him or her. Even 'silent treatment'-not talking or responding to a person's repeated queries amounts to abuse. When a family member, a caregiver or another person behaves in a way that causes fear, mental anguish or emotional pain or distress, the behavior can be regarded as abusive.

Verbal and emotional abuse can include yelling, swearing and making insulting or disrespectful comments.

Psychological abuse involves any type of coercive or threatening behavior that sets up a power differential between the older adult and his or her family member or caregiver. It can also include treating the older person like a child and isolation the person from family, friends and regular activities-through force, threats or manipulation behavior. Threatening to throw the person out of house or send them to old age home, intimidation them to submission are all abusive behaviors. Verbal abuse is very common in India sometimes resulting in an abusive exchange of words elder and the younger caregiver.

C. Sexual Abuse

It can range from sexual exhibition to rape. Sexual abuse can include inappropriate touching, photographing the person in suggestive poses, forcing the person to look and pornography, forcing sexual context with a third party or any unwanted sexualized behavior, It also includes rape, sodomy or coerced nudity. Sexual abuse is perhaps the least reported type of elder abuse.

D. Financial or Economic abuse

Old people are often dependent on care givers. Sometimes they are not physically or intellectually capable of managing their finance. This situation may be exploited by others. Financial abuse can range from misuse of an older person's funds to embezzlement. Cheating the older person of pension or savings, taking money under false pretenses, forgery, forced property transfers, purchasing expensive items with the older person's knowledge are all examples. Denying the older person access to his or her own funds or home is also abuse. It includes the improper use of legal guardianship arrangement, power of attorney or conservatorship. Sometimes the signature of older person may be obtained on blank checks by care givers.

Economic fraud can include a variety of Internet, telephone and face-to-face scams perpetrated by sales people or even by so-called friends, people providing health-related services, home repair services, mortgage companies and financial service.

E. Neglect

In neglect the care giver may actively or passively deny needed care to the older person, it may be not meeting the physical, social or emotional needs of the person. Not providing food, clothing, medication and assistance needed for daily living. It may be failure to attend to requirements of the elder. If the caregiver is responsible for paying bills for the older person, neglect can also include failure to pay the bills or manage the older person's money responsibly.

Sometimes family members may inadvertently neglect their older relatives because of

- Their own lack of knowledge. They may not know how to care for elders
- They may lack resource or maturity
- They may be overburdened and stressed out.

It is not uncommon for multigenerational families to give low priorities to needs of elders. Often their social, medical and physical needs are considered less important than that of children or adults. If this causes distress to the elder, it has to be considered abusive behavior.

F. Self-Neglect

Sometimes older adults harm themselves through self-neglect *e.g.* not eating, not going to the doctor for needed care, compulsive hoarding or alcohol or drug abuse. Depressed elders also start neglecting their nutrition and health needs. Lonely and bereaved elders sometimes lose interest in daily activities. Older adults who show signs of dementia may become abusive as part of the disease process. One of the most

difficult problems family members face is achieving a balance between respecting an older adult's autonomy any intervening before self-neglect becomes dangerous.

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