Chapter 1
Introduction
The aging process is of course a biological reality which has its own dynamic largely beyond human control. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries, is said to be the beginning of old age. In many parts of developing countries, chronological time has little or no importance in the meaning of old age. Old age in many developing countries is seen to begin at the point when active contribution is no longer possible (Gorman 2000).

Old age is characterized by the gradual changes in appearances such as graying of hair, loss of teeth, sagging skins, wrinkles and impairment of sensing functions. Aging is a continuous process from birth to death, which encompasses physical, social, psychological, and spiritual changes. Although aging is an ongoing process, the value of aging is seen differently at different points in the process. Some of the changes are greeted with less positive response, such as grey hairs that appear (Hunt, 2004). These changes could be cumulative due to other age related crisis like widowhood, marital problems, retirement and susceptibility to disease (Chadha & Chao, 2006). The medical study of the aging process is called Gerontology and the study of diseases that afflict the elderly is called Geriatrics.

1.1 Demographic profile of Elderly Population in India

Population ageing, or demographic ageing, refers, in simplistic terms, to the process by which the older population (60 years or older) become a proportionally larger component of the total population. It is a global phenomenon. The age structure of Indian population has been undergoing an unprecedented shift towards a growing proportion of people aged 65 and older during the last two decades. According to the estimates projected by the Census Bureau, the 65 and older age group is expected to almost double from 71 million in 2001 to 173 million by 2026. The projected population aged 60+ by sex as on 1st March 2001-2026, as per the report of the technical group on population projections constituted by the National Commission on Population May, 2006 published by the Office of the Registrar General, India as under -
Table 1.1  Shows the projected number of elderly men and women in millions in the age group of 60& above in the Indian population

<table>
<thead>
<tr>
<th>Year</th>
<th>Males</th>
<th>Females</th>
<th>Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>34.95</td>
<td>35.75</td>
<td>70.69</td>
</tr>
<tr>
<td>2006</td>
<td>40.75</td>
<td>42.83</td>
<td>83.58</td>
</tr>
<tr>
<td>2011</td>
<td>48.14</td>
<td>50.33</td>
<td>98.47</td>
</tr>
<tr>
<td>2016</td>
<td>58.11</td>
<td>59.99</td>
<td>118.10</td>
</tr>
<tr>
<td>2021</td>
<td>70.60</td>
<td>72.65</td>
<td>143.24</td>
</tr>
<tr>
<td>2026</td>
<td>84.62</td>
<td>88.56</td>
<td>173.18</td>
</tr>
</tbody>
</table>

Table 1.2  Shows the projected number and proportion of elderly in the age group 60 & above in the Indian population (2011-2051)

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2021</th>
<th>2031</th>
<th>2041</th>
<th>2051</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers in Millions</td>
<td>96</td>
<td>133</td>
<td>179</td>
<td>236</td>
<td>301</td>
</tr>
<tr>
<td>% to the total population</td>
<td>8.2</td>
<td>9.9</td>
<td>11.9</td>
<td>14.5</td>
<td>17.3</td>
</tr>
</tbody>
</table>

(Projections made by Rajan and Mathew (2008) based on Indian Census Population in 2001)

The demographic transition is attributed to high fertility declining mortality and due to the availability of better health care services during the twentieth century. This has resulted in large and rapid increase in elderly population. It has been observed that reduction of mortality is higher as compared with fertility. There has been a sharp decline in the crude death rate from 28.5 during 1951-1961 to 8.4 in 1996 while the crude birth rate for the same period fell from 47.3% to 22.8% in 1996. In fact, worldwide population of individuals older than 65 years will surpass 1 billion people in 2030. This trend reflects a drastic increase in the global population. Even in many third world countries the life expectancy has increased to 80 years. By 2040, the
elderly will comprise 20% of the world's population. The estimated number of individuals 80 years of age and older, will double or triple (Rutty, 2008)

1.2 Elder abuse paradigm

What constitutes elder abuse is debated perhaps more than in other areas of family violence. There is, for example, the aspect of needing to specify age parameters of what constitutes “elderly” as well as expanding the general family violence description to include a greater variety of acts against the victim e.g. financial abuse (Sengstock and Barrett 1993). The traditional description of elder abuse typically found in previous literature has been summarized as, “Elderly people become frail, difficult to care for, and sometimes demanding. These characteristics cause stress for their caregivers; as a result of this stress, the caregivers become abusive or neglectful toward the elder” (National Research Council 2003, p. 98).

As the above description reveals, elder abuse has been characterized along the lines of child abuse and protection, and conceptualized within a healthcare paradigm where the older adult is seen as dependent and vulnerable. There is an underlying assumption that elder abuse victims are unable to speak for themselves. In addition, elder abuse has almost exclusively been discussed from a caregiving/receiving perspective. Parallel with this focus are discussions that have suggested that elder abuse be considered from a domestic violence angle applying a feminist perspective of power and coercion in a relationship (Straka and Montminy 2006). In all attempts to conceptualize and define elder abuse it is considered vital to include the perspectives of older persons and family members (McDonald and Collins 2000; National Research Council 2003). Yet in contrast to definitions of domestic violence which have grassroots origins, older persons have not been involved in the definitional process for elder abuse (Penhale 2003; Straka and Montminy 2006). A challenge for elder abuse research is to link these top down (elder abuse paradigm) and grassroots (domestic violence paradigm) approaches in a model that best explains and describes abuse of older persons and includes perspectives of all involved parties, both the directly involved dyad as well as potential witnesses
1.2.1 Theoretical frameworks connected to Elder Abuse

The lack of consensus on a definition, together with the resulting lack of comparable research results, data sets, and testing has complicated the process of theory formulation (Ansello 1996). Nevertheless a variety of explanations and theories have been proposed accounting for elder abuse. Three theories that have been perhaps most visible in elder abuse research are the theory of symbolic interaction, the social exchange theory, and situational theory (Glendenning 1997). Especially situational theory has garnered much attention in connection to caregiver stress and burden. Today many consider that although stress and burden are contributing factors they do not completely explain elder abuse. More recent discussions have linked elder abuse to broader societal issues and include ecological frameworks as appropriate theories explaining elder abuse (Nahmiash 2002; National Research Council 2003; Schiamberg and Gans 2000). This horse and cart problem of proposing theories explaining abuse, while lacking a consensus on a definition, is characteristic of the definitional challenges in the field of elder abuse. Quandaries include for example, that development of overreaching definitions or frameworks has been based on reported cases of elder abuse. Yet these reported cases were, in turn, originally identified using a variety of definitions.

1.2.2 (Not) Defining Elder Abuse

One issue agreed upon in elder abuse literature is that there is no agreement on one, comprehensive, uniform definition of the term “elder abuse” (Anetzberger 2005; National Research Council 2003). Definitions seem to vary according to the purpose for which they are needed (Glendenning 1997). This situation has been described as “definitional disparity” and “definitional disarray” (Pillemer and Finkelhor 1988, p 52). Despite the absence of consensus on any one definition and the frequently described difficulties to define elder abuse (Bennett 1990), there remains a plethora of definitions. This lack of agreement has been considered a problem as evaluating or building knowledge in the field is impossible in the absence of a common definitional framework (Hudson 1991; National Research Council 2003). These description difficulties are indicative of a definitional dichotomy among authors where some
seem to consider “elder abuse” as a definable concept while others instead seem to be describing “abuse of older people.”

*The power of the paradigm is that it shapes, in neatly unconscious and thus unquestioned ways, perceptions and practices within disciplines. It shapes what we look at, how we look at things, what we label as problems, what problems we consider worth investigating and solving, and what methods are preferred for investigations and action. Likewise, a paradigm influences what we choose not to attend to; what we do not see.*

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1.2.3 Types of definitions

It has been proposed that the essential elements in an elder abuse definition include the intentionality of the action, documentable harm, assignable responsibility/laying blame, and vulnerability of the abused (Hudson 1996). Other authors argue that such an approach is too simplistic and assert the need for a thorough description of each case that takes context and morality into consideration (Hardwig 1996; Murray 1996). Elder abuse definitions generally entail typologies and taxonomies reflecting the heterogeneity of elder abuse. In the absence of research studies exploring that heterogeneity, elder abuse definitions are considered to be influenced by legal distinctions, less informed by scientific classification and rather on the level of common sense classes (National Research Council 2003). Typologies typically include a wide variety of categories that lack conformity and easily become too inclusive (McDonald and Collins 2000). Most commonly these categories are physical abuse, psychological abuse, financial abuse, and sexual abuse (Glendenning 1997; Lachs and Pillemer 2004; National Research Council 2003). Three basic approaches to defining elder abuse have been located in the literature; connotative, structural, and denotative approaches. It is the consequences of abuse that are focused in connotative definitions. Structural criteria look to the actions and behaviors in order to define abusive actions. Denotative definitions include descriptive lists (Stones 1995) of the principle factors that have been associated with elder abuse.
1.2.4 Some general definitions of Elder Abuse

The following are some general definitions of elder abuse that may be useful to policymakers when dealing with the issue. Abuse may be described as physical, sexual, psychological or financial. It may be intentional or unintentional or the result of neglect. It causes harm to the older person, either temporarily or over a period of time. (Social Services Inspectorate of the (UK Department of Health)). Elder abuse is 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. (Action on Elder Abuse 1995). Abuse is the physical, psychological or financial mistreatment of an older person by an individual, who has a relationship with them. The abuse is a violation of a person’s human and civil rights causing distress. The violation can manifest itself once or repeatedly. (SAVE Project, Lewisham Social Services 1995).

Elder abuse is defined as 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 (Elder abuse/Mistreatment Defined, 2006). There are three standard elder abuse categories, which are domestic elder abuse, institutional elder abuse, neglect or self abuse (Elder abuse/Mistreatment defined by NCEA, 2006).

Like any other form of abuse, elder abuse is a violation of human rights and a significant cause of injury, illness, lost productivity, isolation and despair. The study "Missing voices views of older persons on elder abuse" (WHO/INPEA, 2002a) indicated that older people perceive abuse under three broad areas neglect (isolation, abandonment and social exclusion), violation (of human, legal and medical rights) and deprivation (of choices, decisions, status, finances and respect).

1.2.5 Types of Elder Abuse

The major types of elder abuse are physical abuse, sexual abuse, domestic violence, emotional or psychological abuse, neglect, abandonment and financial or material exploitation (Major types of elder abuse, 2006).
**Physical abuse** is any impact to the body of an elder that causes harm, injury or pain. Examples of physical abuse include striking (with or without an object), hitting, beating, pushing, shoring, shaking, slapping, kicking, punching, physical restraints, face feeding and physical punishment of any kind (Major types of elder abuse, Physical abuse, 2006)

Signs and symptoms of physical abuse include-
- Black eye, welts, lacerations and rope marks
- Bone fractures, broken bones and skull fractures
- Open wounds, cuts and untreated injuries
- Sprains, dislocations and internal injuries
- Broken eyeglasses
- Signs of being restrained
- Laboratory findings of medication overdose
- An Elder’s report of being hit, slapped, kicked or mistreated
- An elder’s sudden change in behaviour
- The caregiver’s refusal to allow visitors to see an elder alone
- Burns from cigarettes or hot water and bruises
- Sign of traumatic hair and tooth loss

**Sexual abuse** – Sexual abuse is any type of forced sexual contact with an elder. Examples include unwanted touching, all types of sexual assault, such as rape and sexually explicit photographing, signs and symptoms of sexual abuse include-

- Bruises around the breasts, genital area
- Unexplained genital infections
- Unexplained vaginal or anal bleeding
- Torn, stained under clothing
- An elder’s report of being sexually assaulted
- Genital pain, irritation or bleeding
- Difficult walking or sitting
**Emotional or Psychological abuse** is any verbal or non-verbal act that causes harm to an elder (Major types of elder abuse, 2006). Examples of emotional or psychological abuse include verbal assaults, insult, isolating an elderly from his friends and enforced social isolation.

Signs and symptoms of emotional/psychological abuse-
- Being emotionally upset or agitated
- Being extremely withdrawn and non-communicative
- An elder’s report of being verbally or emotionally mistreated
- Significant weight loss or gain
- Stress related conditions including elevated blood pressure
- Has sleeping problem

**Neglect** happens when in individual such as caregiver fails to provide for financially or otherwise an elder (Major types of elder abuse, 2006, Neglect and Self-neglect). Examples of neglect include the rejection or denial to pay for necessary home care services and provide an elderly person with life necessities such as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety and other essentials included in an implied or agreed upon responsibility of an elder. “Active” neglect happens when a caregiver purposely rejects or deny an elderly individual care or necessities (Neglect and Self-Neglect, 2003).

Sign and symptoms of neglect include-
- Dehydration, malnutrition, untreated bed sores and poor personal hygiene
- Unattended or untreated health problems
- Hazardous or unsafe living conditions
- Elder’s report of being mistreated (Major type of Elder Abuse, 2006)

**Abandonment** is ‘the desertion’ of any elder by the person that cares for the elder on a daily basis (Major Types of Elder Abuse, 2006).
Sign and symptoms include-
- The desertion of an elder at a hospital
- The desertion of an elder at a shopping (entire/or other public location)
- An elder’s own report of being abandoned (Major Types of Elder Abuse, 2006)

Financial and Material Exploitation is the unlawful or inappropriate usage of an elder’s finances or property. Examples of financial exploitation “cashing an elderly person’s checks without authorization or permission forging an older person’s signature, misusing or stealing an older person’s money and improper use of power attorney.”

Sign and symptoms of financial exploitation include-
- Sudden changes in bank account, withdrawal of large sum of money
- The inclusion of additional names on elder’s bank signature card
- Unauthorized withdrawal of elder’s fund using his ATM Card.
- Abrupt change in a will
- Disappearances of valuable possessions
- Sudden appearance of previously uninvolved relatives aiming their right to an elder’s possessions.
- An elder’s report of financial exploitation

1.3 Reporting abuse & Providing support

Today Reporting abuse and providing support were also major discussion topics. To report or not to report abuse was discussed as a moral dilemma (Harrell et al. 2002 and Wilson 2003; Saveman et al. 1996; Wilson 2002). Several articles concluded that in an abuse situation one had to take the whole context into consideration (Anetzberger et al. 1996; Brownell et al. 2003; Hirst 2000; Hudson 1994; Limandri and Tilden 1996). Contextual elements included considering potential for harm, intention of the abuser (Hirst 2000; Hudson 1991; Hudson 1994; Moon and Williams 1993; Saveman et al. 1993), not seeing the abuser as malevolent (Brownell et al. 2003; Saveman et al. 1996; Saveman et al. 1996), and the responsibility of the abused
person for the abuse (Brownell et al. 2003; Moon et al. 2001; Saveman et al. 1996) i.e., victim blaming.

Moral dilemmas regarding likelihood to report, take action or provide assistance were described in the actions/inactions of different professional groups. Wilson (2002) in her study among social workers found avoidance to be an important professional strategy. Elder abuse was considered too complex and time consuming when the case loads were already excessive. These social workers described being able to choose whether to ignore suspicions of elder abuse as long as abuse had not already been officially identified. Physicians in contrast responded that they were likely to take action and make referrals to service agencies (Harrell et al. 2002; Krueger and Patterson 1997). It is interesting to note that when compared to physicians with actual experience of elder abuse cases, physicians who had never seen a suspected case of elder abuse were much more confident in their ability to identify elder abuse (Krueger and Patterson 1997). Faith leaders surveyed by Podnieks and Wilson (2003) responded that they would take action if they suspected abuse. Worthy of note in faith leaders’ responses was that they were more inclined to actively react if they suspected abuse themselves. Abuse disclosed by others was feared to sometimes be untrue and resulted in faith leaders less often using active intervention strategies (Podnieks and Wilson 2003). Some nurse respondents also expressed wanting to know “for sure”. Nurses described fear of being wrong and that taking action could result in increased harm. This concern led to nurses taking a “wait and see” attitude (Limandri and Tilden 1996; Saveman et al. 1996). Perceptions expressed by the representatives of the general public were that help should be offered at first suspicion of abuse (Hudson 1996). This variety of best strategies for providing help, i.e., ignoring the situation, “wait and see”, or reacting immediately at first suspicion, gives clues to the diversity of perceptions of elder abuse among potential witnesses with a stakeholder role. Most of the reviewed articles discussed resources for providing help, support, and/or intervention in elder abuse cases, and reporting to social services was often named (Brownell et al. 2003; Krueger and Patterson 1997; Moon and Williams 1993; Wilson 2002). A variety of sources for support were described such as respite care, geriatric assessment, institutional care, and social services. Social workers (Brownell et al.
2003; Wilson 2002) described themselves as support providers. Physicians (Krueger and Patterson 1997) and faith leaders (Podnieks and Wilson 2003) implied in their responses that they also considered themselves as support providers. However, Saveman and co-workers (1996) found that nurses did not trust their ability to provide support. Several sources of help were mentioned only by older person participants for example, banks, telephone companies (Moon and Williams 1993), schools, support groups, elected officials (Brownell et al. 2003), and family (Brownell et al. 2003; Moon and Williams 1993). That family was listed as a source of support is paradoxical considering that “family” was specified in many of the reviewed article’s background, purpose statement, and/or method sections as the abusive dyad itself, i.e., older persons/care receivers and their care givers (cf. Anetzberger et al. 2004). Participants’ perceptions of “family” diverged from this description and included both the abusive dyad and a family system of potential support. Considering such perceptions it seems crucial to include not only the abused elder and the abuser in elder abuse research, but other family members as well. Through research with families, one can gain understanding of individual family members (e.g. in the role of witnessing abuse) (cf. Ericksen and Henderson 1992), and increase understanding of elder abuse in the family unit as well. More explication on family relationships and elder abuse is required. Yet the role of family is another area in elder abuse literature that needs further study. Anetzberger and co-workers (1996) indicate that the focus of elder abuse research cannot remain centered on individual and intra-psychic considerations but must start to include cultural and family contexts

1.4 Prevalence and incidence of Elder abuse in India

Prevalence refers to the number of cases in the population at any one time and is usually expressed in terms of the number of cases per 1,000 persons. The statistics regarding elder abuse prevalence and incidence do not paint an accurate picture of elder abuse due to significant non-reporting (Ramsey-Klawsnik,1993)Elder refrain from reporting abuse due to a number of complicating factors. Elder often believe that they have lost control of their lives ( Payne)2002Brownwell (1998)states that victim fear of future abuse from the perpetrator because advance age can be correlated with physical and mental frailty. Dolon (1989) Payne(2002).Elder abuse is frequently
underreported. Without empowerment, out of shame and guilt, family member often conceal elder abuse. Prevalence rates/estimates exist only in selected countries and have so far generally been restricted to a few developed nations. Where there are prevalence studies on elder abuse, rates range between 1% and 35% (Pillemer & Finkelhor, 1988), However, may represent only the tip of the iceberg, and some experts believe that elder abuse is underreported by as much as 80%. Estimates of the number of elder abuse cases reported range from 1 in 15 cases to 1 in 6 cases. These low rates may be due to the isolation of older people, the lack of uniform reporting laws and the general resistance of people – including professionals – to report suspected cases of elder abuse and neglect. In developing countries, although there is no systematic collection of statistics or prevalence studies, crime and social welfare records, journalistic reports and small-scale studies provide that abuse, neglect and financial exploitation of older people appear to be widely prevalent. Serious research of elder abuse in India has just made a beginning and sociologists and anthropologist have accepted that hard realities of its prevalence and that it is an important issue. Older people have started viewing old age with anxiety and fear, not only because of worsening poverty but due to increasing dependency on others and consequent vulnerability to physical and psychological abuse. Increasing media coverage filed by journalists (Mitra 1998) newspaper clipping, T.V. coverage in serials, discussions, news films, some published auto-biographical account and small scale quantitative studies indicate elder abuse. Interview of 2020 elderly residing in Delhi revealed that nearly 3 to 5% of the elderly accepted of having been abused by their family members (Tandon, 1997). Studies in India indicate that (Rao1995, Siva Raju, 2002) that more women than men complain of maltreatment in terms of physical and verbal abuse. The prevalent pattern of elder abuse include mainly psychological abuse in terms of verbal assaults, threats and fear of isolation, physical violence and financial exploitation. National media reported that after 1998 Kumbh Mela held at Haridwar nearly 2000 elderly were left behind, abandoned by their relatives accompanying them. Times of India recently reported that an 86 year old man from Kohlapur was confined into a dark bare room in a lodge for more than 20 days because of his body odour. His daughter living in Mumbai refused to take him for the same reason (Jan., 2010). Choklanathan and Lee (2006) found that the prevalence rate of elderly mistreatment
was 14% in Chennai City. A study among 384 elderly persons in Delhi revealed that 31% of the respondents experienced mild physical abuse and 6% reported moderate physical abuse. This study also indicates that physical abuse increases as we move down in the social ladder (Khan and Handa, 2006). A study by Srinivas and Vijayalakshami (2001) found that about 80% of the respondents experienced verbal abuse, 17% some sort of physical abuse and 37% felt that their family members neglected them. In Haryana around 70% of the elderly were abandoned and 68% felt that they were humiliated by their family members (Mahajan, 1997). In Tamil Nadu, almost all respondents reported some form of abuse had been directed towards them at one time or other. It has been seen that 57.3% of abuse against elders is committed by adult caregivers, partners or family members. 48.7% of all abuse case indicate neglect of an elderly person, abandonment, physical or financial abuse. The accused son was Jagmander Singh - a Barber by caste, killed his mother and cut both the legs to take out the ornaments she had worn in her legs. In other case one of the sons broke the legs of his father for the dispute of ancestral land. Dara Singh (Head of the family) has divided the land into two sons and his wife Gurdaso Bai. He was demanding the share from his mother also, the accused has broken both the legs of his father with the help of iron rod when he was working in the fields and ran away from the fields leaving his father suffering alone. Loneliness, neglect, physical and financial infirmities are just some of the companions of seniors in India. We are forgetting our moral ethics of respect towards our elders. 9/10 cases pertain to property related issues (Chadha & Harpreet Bhatia). Results revealed by a study on human right of older persons in the capital and NCR by Agewell Foundation (2011). The survey carried out 7,700 elderly persons including 4,200 women and 3,500 men from Delhi and NCR, is a part of a nationwide study by the NGO, which takes into account a sample size of 50,000 people. According to a study 78% of the elderly persons reportedly living in inhuman condition either alone or in nuclear/small families. Older men suffer more in comparison to older women. 69% respondents, 78.8% men and 60.8% women agreed that they faced a crisis or lived in abject condition due to age. 885 out of 7,700 respondent said they did not get proper food. Around 18% elderly did not get proper medicine and health care. 66% said that they did not get respect
from family, 72% said they were discriminated against because of age (Agewell Foundation, 2011).

According to Help Age India’s research report on the issue of elder lonely& neglected was released on the eve of world elder abuse awareness day 2012. In a nation-wide survey they took a sample 5600 people. There has been a dramatic rise in the number of abuse cases in the city while last year only 12% of those surveyed reported abuse, this time the figure stood at 30%. Interestingly, the son has assumed the role of the primary abuser in over 60% cases, followed by the daughter-in-law in 24% cases. In 51% cases the reason for abuse was property related. Around 12% reported verbal abuse. 79% said that they preferred not reporting abuse because they wanted to uphold family honour. In 60% of the cases, the son was the main abuser while in 24% it was daughter-in-law. Around 35% of the elder economic dependence on their children made more vulnerable to abuse. All over India, members of family look after their aged by way of their moral responsibility. Because of adherence to the principle of moral responsibility of looking after elderly members of families, a strong need for non-family institutions for provision of social security has not been felt in India in the past. However, in recent times, their children are not maintaining a large number of parents. Because of this, the union legislature has enacted the Maintenance and Welfare of Parents and Senior Citizen Act. This law makes taking care of elderly by their children mandatory besides directing the state governments to provide adequate medical facilities to older persons and take steps for the protection of their life and property. This law also make provision for setting up of old age homes. A large number of elderly (12 per cent) live alone. Their number is increasing day by day. They live alone for a variety of reasons including lack of support from children (33 per cent) and children living in other cities (20 per cent). These elderly present soft targets to criminals. In a survey it was revealed that 51 per cent elderly did not prefer to live with their children. They prefer to live nearby their children. Significantly, a Report by United Nations Secretary-General Kofi Annan released at the Second World Assembly on Ageing, Madrid, Spain 8 -12 April 2002 (United Nations, 2002) revealed that in India, in a sample of 1,000 older persons, 4% claimed to be physically abused and in another smaller sample of 50 persons aged 70 years and over living in
an urban area, 20% said they had been neglected in their households. However, there are no systematic, methodologically sound studies to give a national level extent of the problem. As part of understanding the “Global Response to Elder Abuse” in 2001 a qualitative national study was commissioned by WHO-INPEA, which was conducted by Help Age India. It was the first of its kind, but it has certain limitations as it is based on focus groups of a sample population and is exploratory. It cannot be undermined that a database is necessary for policy, planning and practice to combat elder abuse. In India there is need for statistics on the incidence and prevalence of elder abuse and neglect not only in private dwellings, but also in institutions and in society at large. There is need for solid knowledge on assessing the nature of abuse and the extent of it and who the perpetrators research to understand the magnitude of the problem under estimations arising due to un reporting because of shame, guilt or fear needs to be cautiously dealt with. In order to understand the prevalence of elder abuse, the first step is towards clarification of definition and recognition of it in different settings and circumstances (Shankardass, 2004 ). The need to develop parameters for identifying abuse requires concurrence. What kind of behavior and action can be termed as abuse, given the variability of factors in providing care, such as poverty, lack of education and awareness of old age problems, economic and social constraints. Gender inequality and structural disadvantages add another aspect which requires consideration. There is a need for dialogue, consciousness and societal response to tackle the issue.

It has to be recognized that adults do need supports and services to provide them with options to end the abuse. These solutions need a holistic and integrated perspective. It does not justify a service or system taking over the older adult's life and removing their right of choice, which the model of adult protection legislation usually does. Forced maintenance allowance to ageing parents and senior citizens from children and relatives does not address the root cause of the abuse. Adult protection legislations alone in no country have been able to make children more caring about their ageing parents and relatives. Nor, no matter how attractive it may appear, adult protection legislations cannot be the appropriate response to the complex and difficult problems that arise in cases of neglect and abuse of ageing parents and older adults. At its best they can
effectively provide financial security, but urgent needs of emotional and long term permanent social security which is the right of ageing people are difficult to be met.

1.5 Initiatives taken by the Government

The Indian Government has taken several initiatives to deal with the issue of the increasing number of the gray population. Even before independence, the Adarkar Commission has prepared a report in 1944 related to these issues. Article 41 of the Indian Constitution also exhorts the State to make effective provisions for the elderly along with the sick and disabled. Section 125 of the Code of Criminal Procedures orders maintenance of wives, children and parents who cannot look after themselves. The National policy for older persons was announced, it is yet to be implemented. Recently, the Maintenance and Welfare of Parents and Senior Citizens Act, was approved by the Union Cabinet. This Act provides for more effective provisions for Maintenance and Welfare of Parents and Senior Citizens by their children and relatives who inherit the property of the aged. This Act applies to the people of whole of India, except the State of Jammu & Kashmir. It is applicable to all citizens of India, those living in India as well as abroad.

The different aspects of the Act are clearly defined-

- “Maintenance” in the act includes provision for food, clothing, residence and medical care
- “Children” includes son, daughter and grand children but does not include a minor
- “Parent” means father or mother whether biological, adoptive or step-parents, whether or not the mother is a senior citizen
- “Property” means property of any kind, whether movable or immovable, ancestral or self-acquired, tangible or intangible and includes rights or interest in such property
- “Relative” means any legal heir of the childless senior citizen who is not a minor and is in possession of or would inherit his property after his death
• “Senior citizen” means any person being a citizen of India, who has attained the age of 60 years or above and includes whether or not a senior citizen.

1.5.1 Highlights of the Act

- The Maintenance and welfare of Parents and Senior citizens Act, seeks to make it a legal obligation for children and heirs to provide maintenance to senior citizens. It also permits State Government to establish old age homes in every district.

- Senior citizens who are unable to maintain themselves shall have the right to apply to Maintenance Tribunal seeking monthly allowance from their children or heirs.

- A childless Senior citizen can claim maintenance from his relative who is in possession of, or would inherit the senior citizen’s property.

- State Government are to constitute Maintenance Tribunals at the Sub-Divisional Level to decide the level of maintenance. Appellate Tribunal may be established at the District level.

- If a senior citizen is incapable of making an application himself, any other person or registered voluntary organization authorized by him / her can file the application on his behalf. State Governments are also to designate the District Social Welfare Officer or an equivalent officer as Maintenance Officer who can then represent a parent, on request, before a Maintenance or Appellate Tribunal.

- Maintenance Tribunals can award up to Rs.10,000/- per month as maintenance allowance payable to the senior citizen by his child/relative. They have to decide an application for maintenance within 90 days.

- Transfer of property by senior citizen in favour of a child/relative, done after the commencement of the Act, can be declared void by the Tribunal in case of negligence by child/relative in looking after the senior citizen.

- Appeal against an order of a Maintenance Tribunal can be filed with the District level Appellate Tribunal.
- Parties cannot be represented by legal practitioners before Maintenance or Appellate Tribunals
- Abandonment of a senior citizen is punishable with imprisonment up to 3 months, or fine up to Rs. 5,000/- or both.

### 1.5.2 Drawbacks of the Act

Though the act's genuine concern for the senior citizen cannot be overlooked, the act has the following demerits also.

1) The Tribunal is not manned by a person with a judicial qualification or acumen or experience. It is not known how they will adjudicate into the matter in accordance with the procedure followed by a civil court.

2) Complete exclusion of the professional lawyers from the purview of the Tribunal simply defies logic and reasoning.

3) The Act entrusts the entire responsibility of establishing Tribunals, enacting rules etc to the concerned state.

4) The presiding officer of the Tribunal has no power of discretion in awarding the maintenance amount and the power is vested with the state government.

5) Imposing liability on a person who happens to be a relative of the senior citizen on the ground that he will inherit the property of the senior citizen is illogical and unreasonable because the senior citizen may sell his property to any third party before his death and there is no guarantee that the relative will definitely inherit the property of the senior citizen.

6) It seems that most of the state governments are not serious in implementing the provisions of the act and only a few states like Andhra Pradesh have so far come forward to notify the act in their gazette.

7) The Act doesn't address the needs of those parents who do not possess any property

Therefore, in order to implement the act more effectively and render justice speedily, the central government should come forward to remove the above mentioned
drawbacks. Otherwise, the real purpose of enacting the above act to rescue the senior citizens may not be fulfilled.

1.5.3 Key features of the Act

The Act has taken in the account three areas-

- Maintenance
- Care
- Protection

“Maintenance” in the Act includes-

- Financial
- Health
- Protection of life and person
- Recreational and spiritual needs
- Grievance redressal

“Care” of elderly include”-

- Housing requirement
- Clothing requirement
- Health requirement
- Companionship requirement

“Protection” covers protection of life and property of the old against exploitation including physical and mental abuse.

1.5.4 Legislations regarding Elder care in other countries

Some other countries have enacted laws related to the protection and security of the elderly. In U.S. Congress developed and financed a new title VII, to prevent neglect, abuse and exploitation in 1992 Older Americans Act Title VII vulnerable Elder Right Protection and Title II, Elder Abuse Prevention and Service, 2006. This Act provides long term care programs and the progression of State Legal Assistance. In 2006, new terminology that stressed the importance to evolve programme and strategies for legal
system to combat elder abuse. And for the first time “Elder Justice” and “Self-neglect” are defined in the “Older Americans Act”. In conclusion Title VII has been a driving force in educating individuals

**United States of America** According to the National Centre on Elder Abuse, every state has laws relating to elder abuse and neglect. These laws allow the state provisions of Adult Protected Services (APS) to act in case of elder abuse. Adult Protective Laws often cover elderly residents living with family members. Some States add institutional abuse laws to protect senior living in nursing homes and other elder care facilities. APS laws includes statutes that prohibit the use of physical restraints, monitor the way elder patients service care and encourage seniors to be involved in their own care. Adult Protective State Laws also support a person’s right to be free of emotional and physical abuse, receive mail and manage one’s own affairs. Violation of Adult Protected Laws usually result in penalties and fines. With the signing of the Elder Justice Act (EJA) as part of the landmark Affordable Care Act on March 23, 2010, President Obama culminated a decades-long effort to bring national action to a national disgrace the abuse, neglect, and exploitation of America’s most vulnerable citizens. The EJA is the first federal law “to specifically state that it is the right of older adults to be free of abuse, neglect, and exploitation.” With the adoption of the EJA, we hope that a cohesive, comprehensive, and sustained national campaign to prevent and treat elder abuse, neglect, and exploitation will be set in motion. Congress defined “elder abuse” in 1987 as the domestic and institutional abuse of persons over age 60 involving physical, sexual, and emotional/psychological harm, as well as neglect, self-neglect, abandonment, and financial exploitation elder abuse. Intervention and prevention requires a wide system of community involvement, from family members, to social workers, to health care, legal and financial professionals, to concerned neighbours. Most states have mandatory reporting laws and most provide protection for all family or household members threatened with physical harm. To date, the ability to provide services to victims and prosecute perpetrators has been hampered by mandates, differing definitions and disparate funding streams. Studies consistently show that elder abuse is far more widespread than the number of cases actually reported. The National Elder Abuse
Incidence Study estimated that at least half-a-million older persons in domestic settings were newly abused, neglected, and/or exploited, or experienced self-neglect in 1996. The study also that for every reported incident of elder abuse, neglect, exploitation, or self-neglect, approximately five go unreported. A 2009 report estimated the annual financial loss by victims of elder financial abuse to be at least $2.6 billion. The extent of elder abuse is of such epidemic proportions that a national strategy is sorely needed. Unfortunately, efforts to galvanize national leadership to address elder abuse have been on a tortuous path of slow progress for more than 60 years. The EJA itself, took more than eight years become law. The Older Americans Act Amendments of 2000 required coordination with state and local law enforcement agencies, and the courts concerning elder abuse. The 2000 Amendments added caregivers in elder abuse education and training.

Legislation in UK

Older people with impairments, (physical and/or cognitive) may be vulnerable and at risk of abuse from others. They may also put others at risk of harm by their actions. It is important to note, however that there is no single piece of legislation that concerns the protection of vulnerable adults (of any age) in the UK, although this may develop in future. Instead there are a number of different pieces of legislation, different parts (or specific ‘sections’) of which may be used by individuals who are in need of protection. At times another person, for example a professional practitioner, can use legislation on behalf of an individual. There is legislation designed to protect people with mental illness from harm or harming others. The legislation concerning mental health also extends to adults with severe learning disabilities, and includes such provision as guardianship and arrangements for the Court of Protection to assist in the management of a person’s finances. The Mental Health Act is currently under review and an announcement has been made concerning revision of the Court of Protection to include personal and welfare decisions as well as finances. A new act concerning Mental Capacity is also in the process of passage through Parliament, covering those older adults who lack the capacity to take decisions and this includes some provision relating to protection from abuse. A new act relating to domestic violence, the Domestic Violence, Crime and Victims Act, which was enacted in November 2004,
included a new offence of familial homicide, which covers Elder Abuse in the
domestic setting including being killed by family members. The government agenda
for the modernization of social services also includes explicit recognition of the need
to both promote independence and to increase measures of protection for vulnerable
individuals. These changes, which are being gradually implemented, are occurring
over the period 2000-2006. In terms of existing legislation, adults with a range of
needs are to quite a large extent protected from life’s difficulties by entitlement to an
assessment and services to meet identified needs to assist them to remain living in the
community with support. This provides a range of measures that might be used,
including non-molestation and ouster orders (concerning abusers/perpetrators) in
certain situations. The scope of this legislation was widened when it was introduced in
order to include a broader range of individuals living together, not just spouses or
those people in a cohabitation relationship. There is also the possibility of a third
party such as professional practitioners taking action on behalf of an individual, so it
is therefore worthy of consideration within situations concerning the safety and
protection of vulnerable older people. Within the UK, there is no legislation
comparable to the Children Act 1989, which specifically concerns the abuse of adults.
At the present time, legal remedies to the abuse and harm of a vulnerable adult
include use of the above-mentioned laws, and may include use of legislation to
remove the person in need of protection to a place of safety. Of course, general legal
measures, using both the criminal and the civil law, may also be used to protect older
individuals. These would concern such situations as assault or theft. In relation to
financial abuse, general legislation concerning theft is often applicable, but it would
seem not often used. Additionally, it is important to acknowledge that within the UK
there is no mandatory reporting law concerning Elder Abuse, or indeed, adult
protection more generally. Although this is a requirement concerning matters of child
protection, this is not the case in relation to the protection of vulnerable adults. The
focus has been on development of multi-agency protocols to protect vulnerable adults
from abuse (UK Department of Health 2000). Introduction of a protection of
vulnerable adult scheme of pre-employment screening and more recently a decision to
move to licensing for all residential and domiciliary care workers. In Canada
(Saskatchewan & Manitoba) Parents Maintenance Act, 1993. It mandates children to
pay maintenance to dependent parents up to $20 per week. Adult protection policies and procedures represent a system for managing the risk of abuse perpetrated towards vulnerable adults. Abuse is understood as a ‘violation of an individual’s human and civil rights by another person or persons’ and can take a number of forms physical, sexual, psychological, financial, discrimination and persistent neglect (Department of Health, 2000). A ‘vulnerable adult’ is defined as a person who is ‘by reason of mental or other disability, age or illness unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation’. Harm and exploitation can take place in the context both of formal care delivered by health or social care services and family or informal care.

**South Africa** Older Persons Act No.13 of 1996. It provides strict controls for registered old-age facilities, mark abuse of the elderly a criminal offence, created social and cultural community based services for elderly.

**China** Law of the people’s Republic of China on protection of rights and interests of the elderly, 1996. It places responsibility on families to care for elderly, establishes a state based old age insurance system, increases legal protection of elderly with speedy court procedure.

**Sri Lanka** Protection of Right of Elderly Act, 2000. it establishes National Older Persons Council, requires children to provide care for their parents and makes provisions for parents to obtain maintenance from children, requires state to provide appropriate residential facilities to destitute elderly without children. So Sri Lanka and China require children to take care of their elderly and the state to take care of childless senior citizens.

New Zealand, Australian Capital Territory, Queensland and South Australia have founded specialist state wide information and education services to provide telephone assistance and referral support in dealing with cases of abuse. The services also provide community education and a central point for dissemination of research and materials on good practice. A number of Australian States have worked on guidelines or training packages for workers and model policies and procedures for service provider Advisory Committee on Abuse of Older People 1995, Ageing & Disability
Department 1995. In Australia currently there is no definitive act that protects the autonomy of our most vulnerable seniors in the community. There is the Age Discrimination Act which offers some protection for older Western Australians but goes little way to ensuring this. In addition, there are numerous acts in which elder abuse can be prosecuted under the current legal system thus presenting issues with the trial of perpetrators of elder abuse. Models of international legislation have enacted such Seniors’ Acts to protect the independence of seniors. Many countries in the Asia Pacific region China, India, Sri Lanka, Australia, New Zealand, Europe, Germany, U.S.A., Canada and Africa have Adult Protection legislation and require children to provide care for their parents, put mechanism in place for parents to receive maintenance from children as well as authorize government to provide services for senior citizens including that of old age facilities and make neglect and abuse of older persons, a criminal offence. However, despite the welfare intentions as well-being orientation, the adult protection legislations often have been seen as against response to a couple problem as per instance in Britain, Canada and the U.S.A. where by have been critically reviewed.

A Review of Significant Government Legislations that will make an impact the situation of the Filipino Senior citizens

In view of the ever-increasing population of older persons, as well as the challenges that this demographic transition brings about, an evaluation of past achievements with regard to legislative issues involving Filipino senior citizens is hereby discussed. To date, two significant laws for the older persons sector have already been passed in the Philippine Congress. These are

Republic Act 9257 enacted on 26 February 2004 entitled “An Act Granting additional benefits and privileges to Senior Citizens amending for the purpose. Republic Act 7432 (An Act to Maximize the Contribution of Senior Citizens to Nation Building, Grant Benefits and Special Privileges and for Other Purposes) In February 2004, Republic Act 9257 was enacted to grant additional benefits and privileges to senior citizens amending for the purpose Republic Act 7432, otherwise known as “An act to maximize the contribution of senior citizens to nation building, grant benefits and
special privileges and for other purposes.” This motivates and encourages them to contribute to nation building and to mobilize their families and the community they live with and to reaffirm the valued Filipino tradition of caring for the senior citizen giving them full support to the improvement of their total well-being and their full participation in the society. As this law provides, a senior citizen is defined as “any resident citizen of the Philippines at least sixty (60) years old, including those who have retired from both government offices and private enterprises. The good thing about this law is that it carries the compelling clauses that would guarantee its enforcement compared to the previous laws. Amazingly, still, numerous complaints were filed against those who disobey this law particularly the granting of the discounts. As a centerpiece provision of this law, senior citizens are entitled to

**Free for the following**

- Medical and dental service, diagnostic and laboratory fees in all government facilities
- Training fees for socio-economic programs
- Educational assistance to senior citizens to pursue Post- Secondary, Tertiary, Post-Tertiary

**Grant of 20% discount on the following**

- All transportation means (air, sea, land)
- Establishments relative to utilization of services in hotels and similar lodging establishments
- Medical and dental service, diagnostic and laboratory fees including professional fees of attending doctors in all private hospitals and medical facilities
- Restaurants and recreation centers, theaters, cinema houses and other similar places of culture, leisure, and amusement
- Funeral and burial services for the death of the senior citizen
Older Persons and Development

- Promote/institutionalize intergenerational learning projects
- Ensure organization and functionality of the Office of Senior Citizens Affairs in 100 local government units (municipalities and cities)
- Establish and operationalize a volunteer program for senior citizens concerns
- Develop anti-poverty program for senior citizens or include them as a focused target group in poverty alleviation programs
- Enhance support for family and caregivers to promote quality home care for the senior citizens
- Develop/strengthen data banking on senior citizens with particular emphasis on geographical and sex-disaggregated data collection in every local government unit including researches
- Increase the number of pensioners by year 2010 by 10% of the total population of senior citizens
- Provide accessible microcredit/finance to senior citizens
- Develop program for retiring overseas workers who are senior citizens
- Provide enabling support for the passage of new senior citizens legislative agenda or Executive Orders by 2010 to address population ageing in relevant policy planning areas
- Pass/adopt/fully implement enabling ordinances for the implementation of RA 9257 by the local government unit
- Establish pre-retirement orientation program in every government and private agencies (to include orientation for younger people to help them prepare for old age)
- Ensure tri-media campaign in promoting positive images of senior citizens at national and regional level and strengthen advocacy to ensure that their concerns are responded to.
Advancing Health and Well-Being into Old Age

- Conduct for a workshop, seminar and short talk on ageing which is the process of optimizing opportunities for health, income, participation and security in order to enhance the quality of life as people age
- Establish Geriatric wards in every government and private hospitals

Elder Abuse Prevention Act in Japan

Japan’s Elder Abuse Prevention Act, which became law in April 2006, was the first national law created in direct response to the elder abuse prevention movement that had previously emerged in countries throughout the world. The important feature of the Japanese act was that it regulated the practices of hospital workers, doctors, health center employees, lawyers and other health professionals throughout the country. The Act requires that these individuals must make efforts to intervene in suspected cases of elder abuse through early detection and reporting, meaning those individuals who discover elder abuse are required to report their suspicions to the appropriate agencies (Ikeda, 2005). In addition, the act looks beyond elder abuse committed by family caregivers in the home and targets elder abuse committed by workers in nursing homes as well. This expanded view of abuse demands that workers report instances of elder abuse perpetrated by their co-workers or administrators. The protection of the reporter was also guaranteed by the act. One unique aspect of the act was that it valued support services for family caregivers and defined this support as an essential measure for the prevention of abuse of elderly care recipients. In conjunction with the previously mentioned regulations regarding the abuse detection and the duty of reporting, the new act emphasized the roles of local government in receiving and investigating reports of elder abuse, as well as the roles and responsibilities of the state and the citizens of Japan; standards of support for family caregivers; expectations of collaboration among elder abuse agencies, including the police; expectations of coordination among different municipalities regarding elder abuse issues; requirements for the training of workers who will investigate and intervene in elder abuse cases; uses of the adult guardian system for elder abuse cases; and the recommendation for further elder abuse research (Takasaki, 2005a). The successful
enforcement of this ambitious act depends on effective and comprehensive community support centers, which have been established as the central agencies responsible for managing elder services in the community

1.6 The Indian Value System

Values can be defined as certain attitudes and beliefs that a person follows in his conduct. Those standards as per which an individual judges his own actions, whether he is right or wrong can be called as values. Value system comprises of all those beliefs and viewpoints that the parents pass on their next generation, they further pass it on to their offspring and so, the legacy goes on and on. Now let us come to the 'Indian Family Value System' - what is it and how does it influence individuals. In the Indian culture, there are certain rules and regulations that each and every child is taught right from his childhood. India is a rich country in its family customs. It fosters living togetherness in all ages. India strongly believes that children will take care of their parent in their old age. The beauty of the Indian culture lies in its age-long prevailing tradition of the joint family system. It is a system under which even extended members of a family like, children’s spouses and their offspring, etc live together. The elder most, usually the male member is the head in the joint family system, who makes all important decisions and rules, where as other family members abide by it dutifully with full respect. A major factor that keeps all members united in love and peace in a joint family system in India is the importance attached to protocol. This feature is very unique to Indian families and very special manners like respecting elders, touching their feet as a sign of respect, speaking in a dignified manner, taking elders advice prior taking important decisions etc, some thing that Indian parents take care to inculcate in their kids from very beginning. The head of the family responds by caring and treating each member of the family the same. Individualism is more of a western value. Indian society has always focused more on paying your debt to society and being responsible for one's family and rather than breaking away to pursue your own individual desires. However, recent changes in the size and structure of families have caused the re-arrangement of the roles and functions of the members in the families. The rate of value change appears to have speeded up to the point at which major shifts in the value system of a society become apparent with in the span of a
single life time and with in shorter periods. Trub and dodder, 1990 investigated college students in terms of value norm acceptance. Findings indicate that youth and adults did not accept the same values. Especially in the Indian context the factors like globalization exposure to western culture through mass media, changing political and economic scenario not only in the country but the whole world, are bringing about unprecedented changes in the value system of the population at large(Dr. salma seth.2009).