Chapter I
Introduction

No society is untouched by violence. Images and accounts of violence pervade the media; it is on our streets, in our homes, schools, workplaces and institutions. Violence is a universal scourge that tears at the fabric of communities and threatens the life, health and happiness of us all. Each year, more than 1.6 million people worldwide lose their lives to violence. Some people die as a result of violence, many others are injured and some suffer from a range of physical, sexual, reproductive and mental health problems (World Report on Violence and Health, WHO, 2002).

Ageing is a natural phase of human beings life. One should accept this phase in life, which will in turn help an aged person to remain mentally happy and to make close family members happy. Accepting the lifestyle of younger generation and their values by the elderly people would facilitate good interpersonal relationship with younger family members and indirectly it would enhance the acceptability of elderly people to younger or next generation. At the same time, elderly people should be respected by the younger generation. However, abuse of elderly people by their relatives or other caregivers is increasingly being recognized as a serious social problem. It is also a problem that may continue to grow as many countries experience rapidly ageing populations. Between 1995 and 2025, for example, the number of people over the age of 60 years worldwide is expected to double from 542 million to about 1.2 billion (Randal and German, 1999). Like child abuse, abuse of the elderly includes physical, sexual and psychological abuse, as well as neglect. Elderly people are especially vulnerable to economic abuse, in which relatives or other caregivers make improper use of their funds and resources. Information on the extent of abuse in elderly populations is scant.
Increasing number of older persons in the population is leading to a dramatic increase in academic and professional interests in gerontology - a field for study of ageing, which is still developing its own scientific basis. One of the great successes of modern times is that in worldwide terms, more people are living longer, there are fewer early deaths and there is greater prosperity.

1.1 Elderly Population: Global Scenario

1.1.1 Magnitude and Speed of Population Ageing

The number of older persons is increasing day by day as it has tripled over the last 50 years; it will be more than triple again over the next 50 years. In 1950, there were 205 million persons aged 60 or over throughout the world. At that time, only 3 countries had more than 10 million people 60 or older: China (42 million), India (20 million), and the United States of America (20 million). Fifty years later, the number of persons aged 60 or over increased about three times to 606 million. In 2000, the number of countries with more than 10 million people aged 60 or over increased to 12, including 5 with more than 20 million older people: China (129 million), India (77 million), the United States of America (46 million), Japan (30 million) and the Russian Federation (27 million). Over the first half of the current century, the global population 60 or over is projected to expand by more than three times to reach nearly 2 billion in 2050.

By then, 33 countries are expected to have more than 10 million people 60 or over, including 5 countries with more than 50 million older people: China (437 million), India (324 million), the United States of America (107 million), Indonesia (70 million) and Brazil (58 million).

The older population is growing faster than the total population in practically all regions of the world—and the difference in growth rates is increasing. In the period 1950-1955, the global average annual rate of increase in the number of
persons aged 60 years or over was only slightly higher than the rate for the total population (both around 1.8%).

Currently, the growth rate of the older population (1.9%) is significantly higher than that of the total population (1.2%). In the near future, the difference between the two rates is expected to become even larger as the baby boom generation starts reaching older ages in several parts of the world. By 2025-2030, projections indicate that the population over 60 will be growing 3.5 times as rapidly as the total population (2.8% compared to 0.8%). Even though the growth rate of the 60 or over age group is expected to decline to 1.6% in 2045-2050, it still will be more than 3 times the growth rate of the total population (0.5%) by the end of the second quarter of this century.

The proportion of older persons is projected to more than double worldwide over the next half Century. As the older population has grown faster than the total population, the proportion of older persons relative to the rest of the population has increased considerably. At the global level, 1 in every 12 individuals was at least 60 years of age in 1950, and 1 in every 20 was at least 65. By the year 2000, those ratios had increased to 1 in every 10 aged 60 years or older and 1 in every 14 aged 65 or older. By the year 2050, more than 1 in every 5 persons throughout the world is projected to be aged 60 or over, while nearly 1 in every 6 is projected to be at least 65 years old.

More developed regions have relatively high proportion of older persons. The more developed countries are in general in a more advanced stage of the demographic transition; thus, the proportion of older persons there are projected to remain significantly higher than the proportion in the less developed regions well into the twenty-first century. Almost one fifth of the population in the more developed regions, but only 8% in the less developed regions, was aged 60 or older in 2000, up from 12% and 6% respectively in 1950. Although the regional differences in the percentage of older people are expected to decrease over the next 50 years, the difference will remain large through mid-century. By 2050, one in every three persons living in the more developed regions is likely to be
60 or older and about one in every four is projected to be 65 or older. In the less developed regions, nearly 1 in every 5 is projected to be over 60, while one in every seven is projected to be over 65.

High proportion of older persons has been living in Europe while their proportion is less in Africa. Europe is currently the world's major area with the highest proportion of older person and is projected to remain so for at least the next 50 years. About 37% of the European population is projected to be 60 or over in 2050, up from 20% in 2000. Almost 30% is projected to be 65 or over, up from 15% in 2000. In contrast, only 10% of the population of Africa is projected to be over 60 in 2050, up from 5% in 2000. The proportion 65 or over is projected to raises from 3% in 2000 to 7% in 2050.

More than two in five persons will be 60 or over in some countries. People aged 60 or over currently constitute from one fifth to nearly one fourth of the population of Austria, Czech Republic, Greece, Italy, Japan, Slovenia and Spain. By 2050, more than two in every five persons are projected to be at least 60 years of age in those seven countries. Except for the Czech Republic, more than one in every three people in these countries is projected to be aged 65 or older in 2050. In addition to these countries, persons over 60 will constitute more than one third of the population in another 30 countries, including 6 from the less developed regions, while individuals 65 or over will constitute between one fourth and one third of the population of 39 additional countries, including 10 from the less developed regions.

The older population is growing at a faster rate in the less developed regions. In contrast with the slow process of population ageing experienced in the past by most countries in the more developed regions, the ageing process in most of the less developed regions is taking place in a much shorter period of time, and it is occurring on relatively larger population bases. In 1950-1955, the average annual growth rate of persons aged 60 years or over was practically the same in the more and in the less developed regions (near 1.8%).
From that time on, the rates have tended to decline in the more developed regions and to increase in the less developed regions. Currently, the average annual growth rate of the population of persons 60 years or over in the less developed regions (2.5%) is almost three times that of the more developed regions (0.9%). Over the second quarter of this century, the growth rate of people over 60 is expected to decline in both more and less developed regions. Still, in 2045-2050, the growth rate in the less developed regions (2%) is projected to be ten times as high as in the more developed regions (0.2%). In the least developed countries, the growth rate of the older population is projected to continue increasing at least until the end of the coming half-century. In 2045-2050, the population 60 years or older in this group of countries is projected to be growing at a rate (3.7%) more than eighteen times as high as the corresponding age group in the more developed regions (0.2%).

The older population will be increasingly concentrated in the less developed regions. Although the percentages of older persons are significantly greater in the more developed regions, the number of older people is increasingly larger in the less developed regions. Over the last half century, the number of people aged 60 or older increased globally by an average of 8 million persons every year. Of this increase, 66% occurred in the less developed regions and 34% in the more developed regions. As a result, the proportion of the world’s population over 60 living in the less developed regions rose from slightly over half (54%) in 1950 to 62% in the year 2000.

Over the next half century, this trend will intensify. In the more developed regions the number of persons aged 60 or over will increase by about 70%, from 231 million in 2000 to 395 million in 2050. In contrast, in the less developed regions the older population will be more than quadruple during this same period, from 374 million to 1.6 billion. By 2050, nearly four fifths of the world’s older population will be living in the less developed regions.
1.1.2 Demographic Determinants of Population Ageing

Underlying global population ageing is a process known as the ‘demographic transition’ in which mortality and then fertility decline from higher to lower levels. Decreasing fertility along with lengthening life expectancy has reshaped the age structure of the population in most regions of the planet by shifting relative weight from younger to older groups. The role of international migration in changing age distributions has been far less important than that of fertility and mortality (Lesthaeghe, 2000).

A. Fertility Decline

Fertility decline has been the primary determinant of population ageing. Over the last half century, the total fertility rate decreased globally by almost half, from 5.0 to 2.7 children per woman. Over the next half century, it is expected to drop to the replacement level of 2.1 children per women.

Fertility is well below the replacement level in the more developed regions. As a result of the sustained decline that occurred during the twentieth century, the average total fertility rate in the more developed regions has dropped from an already low level of 2.8 children per woman in 1950-1955 to an extremely low level of 1.5 children per woman in 2000-2005. Presently, the total fertility rate is below the replacement level in practically all industrialized countries. In 19 of those countries the rate is under 1.3 children per woman.

Fertility decline in the less developed regions started later and has proceeded faster. Major fertility educations in the less developed regions occurred, in general, during the last three decades of the twentieth century. Over the last 50 years, the average total fertility rate in those regions dropped by more than 60%, from 6.2 children per woman in 1950-1955 to 2.9 in 2000-2005.
However, great disparities persist. In the least developed countries, the average total fertility rate is now 5.2 children per woman. In particular, in Eastern, Western and Middle Africa, it remains in excess of 5.5 children per woman. Meanwhile, current rates are 2.5 children per woman or less in South-central Asia, South America and the Caribbean. In 18 developing countries, the total fertility rate is estimated to be under replacement level already.

Regional differences in fertility are expected to decrease. As the transition towards lower fertility levels continues in the less developed regions, and as levels in the more developed regions are projected to increase slightly, differences in fertility among regions will tend to decrease in the future. The average total fertility rate in the less developed regions is expected to drop from the current 2.9 children per woman to 2.4 by 2025-2030, and to 2.2 by 2045-2050. The average total fertility rate in the more developed regions is projected to rise from the current 1.5 children per woman to 1.7 and 1.9 children per woman by those same periods. A particularly sharp reduction is expected for the least developed countries, where the average total fertility rate may reach 2.5 children per woman in 2045-2050, down from 5.2 in 2000-2005 and 3.6 in 2025-2030.

B. Mortality Decline

As fertility rates move towards lower levels, mortality decline, especially at older ages, assumes an increasingly important role in population ageing. Particularly in developed countries, where low fertility has prevailed for a significant period of time, relative increases in the older population are now primarily determined by improved chances of surviving to old ages (Grundy, 1996; National Research Council, 2001).

People are living longer, but large variations remain. Over the last five decades, life expectancy at birth increased globally by almost 20 years, from 46.5 years in 1950-1955 to 66.0 years in 2000-2005. On average, the gain in life
expectancy at birth was 23.1 years in the less developed regions and 9.4 years in the more developed regions. Nevertheless, a considerable advantage still persists in favour of the latter. On average, at current mortality rates an individual born in the more developed regions is now expected to outlive by almost 12 years an individual born in the less developed regions. If the individual is born in the group of least developed countries, the disadvantage doubles to more than 24 years.

Great variations in life expectancy exist within the less developed regions. While in some countries and areas of the less developed regions, such as Israel, Martinique and Macao Special Administrative Region (SAR) of China, life expectancy at birth is around 79 years, in others, such as Botswana, Mozambique and Swaziland, it does not surpass 39 years. In many countries, mostly in the group of the least developed countries, low levels of life expectancy at birth are in part due to the spread of HIV. On average, life expectancy in the least developed countries lengthened by 16 years over the last half century, which is substantially less that the average for the less developed regions.

Within the more developed regions, variation in life expectancy is significantly lower than in the less developed regions. Apart from the Eastern European countries, where life expectancy at birth is currently, on average, lower than 69 years, the range in life expectancy within the more developed regions is only 11 years, from 71 years in Latvia to 82 years in Japan.

Regional differences in life expectancy at birth are expected to decrease. Over the next 50 years, life expectancy at birth is projected to increase globally by 10 years, to reach 76 years in 2045-2050. As mortality becomes more concentrated at older ages of the population, the gap in life expectancy among regions will tend to decrease. By the end of the next quarter century, life expectancy at birth is expected to reach, on average, 80 years in the more developed regions and 71 years in the less developed regions. By 2045-2050 it is expected to have risen to 82 years in the more developed regions and to 75 years in the less developed
regions. Thus, an interregional gap of about 7 years is expected by 2045-2050, down from approximately 9 years in the period 2025-2030 and from almost 12 years at present.

More people will survive to older ages. As a result of the generalized shift in the age distribution of mortality towards older groups, the survival curve is expected gradually to approach a more rectangular shape in all regions of the world. Under current mortality conditions, almost 3 of every 4 newborns in the world will survive to age 60, and about 1 of every 3 to age 80. Under the mortality conditions projected for the period 2045-2050, approximately 7 of every 8 newborns would survive to age 60, and more than half to age 80.

In proportional terms, gains in life expectancy are expected to be higher at older ages. Not only are more people surviving to old age, but once there, they tend to live longer. Over the next 50 years global life expectancy at age 60 is expected to increase from 18.8 years in 2000-2005 to 22.2 years in 2045-2050 (an 18% gain), from 15.3 to 18.2 years (19%) at age 65 and from 7.2 to 8.8 years (22%) at age 80. Those figures show that, in fact, the older the age group, the more remarkable are the expected relative gains in life expectancy. In the more developed regions, average life expectancy at age 80 is projected to increase by 27% over the next half century as compared with 19% at age 60 and 9% at birth.

Average life expectancy at age 80 in the less developed regions is expected to increase by 28% as compared with 22% at age 60 and 17% at birth. In the case of the least developed countries, where mortality levels at young ages remain high, proportional improvements in life expectancy during the next 50 years are still expected to be higher at birth than at older ages.

The female advantage in life expectancy at birth has widened; future trends are expected to follow different paths. Except for a small number of countries, where cultural factors have contributed to lower female life expectancy, reductions in mortality have been substantially higher among females than
males, in practically all age groups. As a result, the female advantage in life expectancy at birth increased from 2.7 to 4.2 years globally over the past 50 years. By the end of the next 50 years, the global gap is expected to increase slightly to 4.8 years.

In the more developed regions, where women currently outlive men by 7.4 years, the gender gap is expected gradually to decline to 6.1 years over the next half century. In the less developed regions, where the gender gap has been significantly smaller, the gap is expected to continue to increase, from the current 3.2 years to 4.4 years by the middle of the century. In Japan, the near 85 years' life expectancy at birth for women is currently the highest in the world. In 30 other countries female life expectancy at birth now exceeds 80 years, including eight countries and areas from the less developed regions: Hong Kong Special Administrative Region (SAR) of China, Israel, Macao SAR of China and Singapore in Asia, Guadeloupe, Martinique and Puerto Rico in the Caribbean, and French Guiana in Latin America. Over the next 50 years, female life expectancy at birth is expected to surpass 92 years in Japan and 85 years in 26 other countries. Under the mortality conditions projected for the middle of this century for the world as a whole, 59% of the world's female newborns would survive to the age of 80, up from 41% under current mortality conditions. In 40 countries, including 14 from the less developed regions, this proportion is projected to exceed 70%. However, in 20 countries, mostly in Eastern and Western Africa, this proportion is expected to remain lower than 40% by the year 2050.

1.1.3 Socio-Economic Characteristics of the Older Population

A. Labour Force Participation

Over the last decades labour force participation of the older population has declined worldwide. Older people today are significantly less likely to participate in the labour force than they were in the past. Over the past 50 years, labour force participation of persons aged 65 or over declined by more than
40% at the global level. In 1950, about 1 in every 3 persons aged 65 or over was in the labour force. In 2000, this ratio decreased to just less than 1 in 5.

Among men, the reduction in labour force participation was from 55% in the labour force in 1950 to 30% in 2000. Among women, the reduction was considerably smaller, from 14% in the labour force in 1950 to 10% in 2000. By 2010, the total participation rate is projected to decrease slightly to 18%, owing to the drop in the male rate to 28%. Among older women, the participation rate is projected to remain stable over the next 10 years.

The female share of the older work force is increasing. Traditionally, the proportion of older men who are economically active has been notably higher than the proportion of older women. However, as participation in the labour force at older ages has dropped faster among men than among women, the female share of the older labour force has steadily increased over the last decades, especially in the more developed regions. In 1950, 26% of the workers aged 65 or over were women in both the more and less developed regions. By 2000, this proportion had increased to 29% in the less developed regions and to 41% in the more developed regions. At the global level, the percentage of older workers who were women increased from 26 in 1980 to 31 in 2000.

Participation rates of older persons are higher in the less developed regions. Old-age support systems in the form of pension and retirement programmes are much less prevalent in the less developed regions than in the more developed regions. It is not surprising, therefore, to find higher proportions of older persons in the labour force in the less developed regions. In 1950, the labour force participation rate among people 65 or older was about 40% in the less developed regions and 23% in the more developed regions. Over the following 50 years, the participation rate decreased considerably faster in the more developed regions (by about 64%) than in the less developed regions (by about 35%). By 2000, the rate in the less developed regions (26%) was more than triple the rate in the more developed regions (8%).
The employment rate is lowest in Europe and highest in Africa. Among the world’s major areas, Africa has by far the highest proportion of economically active people among those 65 or older, while Europe has the lowest. Between these two extremes, labour force participation rates among the older population are lower in Oceania and Northern America and higher in Asia and in Latin America and the Caribbean. Over the half-century from 1950 to 2000, the gap in participation rates between major areas has increased, as those with the lowest rates in 1950 have experienced sharper reductions. In Europe, the rate declined by three fourths, from 22% in 1950 to 5% in 2000. The reduction between 1950 and 2000 was nearly two thirds in Oceania, (from 20 to %) and Northern America (from 26 to 10%). Over the same period, the participation rate decreased by half in Latin America and the Caribbean (from 40 to 20%); by more than one third in Asia (from 38 to 24 per cent) and by over one fourth in Africa (from 55 to 40%). In all major areas, the reduction in labour force participation rates was greater for males than for females.

In some developed nations, less than 1 per cent of persons aged 65 or over are in the labour force. In at least 21 countries in 2000, fewer than 5% of people over 65 were currently working; in two of them (Hungary and Belgium) this figure was under 1%. At the other end of the scale, more than half of all people above 65 years continued to work in at least 24 countries. The participation rate in Mozambique was particularly high, where more than three in every four persons aged 65 or over were reported to be in the labour force. For older men, the rates in the year 2000 ranged from less than 2% in some European countries (Austria, Belgium, Hungary and Luxembourg) to more than 80% in some African countries (Central African Republic, Guinea-Bissau, Malawi, Mozambique and United Republic of Tanzania). For women, the rates ranged from less than 0.5 per cent in Belgium, Hungary, Kuwait and Netherlands, to more than 60 per cent in Central African Republic, Ghana, Malawi and Mozambique.

Some countries show dramatic declines in the labour force participation of older people. Labour force participation of older people has declined in practically all
countries of both more and less developed regions. In 35 countries, the participation rate of persons aged 65 or over dropped by more than 70% over the last half-century; in 11 countries the reduction was over 90%. The rate for Hungary dropped the most, from 39% in the labour force in 1950 to less than 0.5% in 2000. By contrast, the reported participation rates in 9 other countries increased over this 50-year period.

B. Illiteracy Rates

In the more developed regions, literacy among the older population is nearly universal. The widespread attainment of at least primary education has been established for a long time in the more developed regions. As a result, literacy in these regions is assumed to be nearly universal even among the older population, and most countries no longer produce statistical information on this subject. In some of the small number of developed countries for which age specific data on literacy are available, however, the illiteracy rates are quite high at older ages. In Portugal, for instance, more than 1 in 4 persons aged 70 or over were illiterate in 2000, and for those aged 60 to 64 the ratio was more than 1 in 7. In Malta, the illiteracy rate in that same year was 14% among those aged 60-64 and 23% for those above 70. For the remaining developed countries with available data on illiteracy rates, the figures for 2000 ranged from 0.2% in Latvia for both age groups 60-64 and 70 or over, to 5% for persons aged 60-64 and 9% for persons aged 70 or over in Greece.

Illiteracy remains high among older people, especially women, in the less developed regions. Although illiteracy among older persons has consistently declined in most of the less developed regions over the last two decades, it still remains generally high. Combining the data from the 105 less developed countries for which information is available, 56% of persons aged 60 or over were illiterate in 2000, down from 75% in 1980. Over the decade 2000-2010, the illiteracy rate among older people is projected to continue decreasing in virtually all countries. By 2010, the aggregate rate for the 105 less developed countries with available information is expected to decrease to 43%. 
The reduction in illiteracy rates among older persons in the less developed regions was greater among males than females; as a result, the gender gap in literacy increased over the last 20 years. In 1980, the illiteracy rate among women aged 60 or over (85%) was 22 percentage points higher than among men at the same age (63%). By 2000, this difference increased to 28% points as the aggregate rate decreased to 69% among older women and to 41% among older men. Over the next decade, however, the gap is projected to decrease to 25% points, as the aggregate rate decreases to 55% among older women and to 30% among older men.

Illiteracy among older people increases with age. In general, education levels have improved for each generation over the last century. Therefore, it is common to find important differences in the educational attainment of younger and older segments of the older population. Not surprisingly, illiteracy among older people in the less developed regions is particularly high among those in the most advanced age groups.

Considering the aggregate population of the 105 less developed countries for which literacy rates are available, 62% of persons aged 70 or over were illiterate in 2000, compared with only 49% of persons aged 60 to 64. In 1980, the corresponding illiteracy rates were 78% and 71%. In 2010, the rates are projected to be 49% and 36% respectively for persons aged 70 or over and for persons aged 60 to 64.

Variations in illiteracy rates are marked within the less developed regions. Huge differences in illiteracy levels among older persons exist among the less developed countries for which information on illiteracy is available. In some African countries such as Benin, Burkina Faso, Gambia, Mali and Niger, more than 90% of persons aged 60 to 64 and more than 95% of persons aged 70 or over were illiterate in the year 2000, compared with less than 6 per cent of persons aged 60 to 64 and less than 8% of persons aged 70 or over in such countries as Argentina, Tajikistan and Uruguay. This disparity between
countries is expected to decrease in the future as educational attainment continues to improve.

1.2 Elderly Population: National Scenario

Elderly or old age consists of ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. People can be considered old because of certain changes in their activities or social roles. Also old people have limited regenerative abilities and are more prone to disease, syndromes, and sickness as compared to other adults. The medical study of the aging process is called gerontology and the study of diseases that afflict the elderly is geriatrics. The United Nations World Assembly on Ageing, held at Vienna in 1982, formulated a package of recommendations which gives high priority to research related to developmental and humanitarian aspects of ageing (United Nations, 1982). The plan of action specifically recommended that “International exchange and research cooperation as well as data collection should be promoted in all the fields having a bearing on ageing, in order to provide a rational basis for future social policies and action. Special emphasis should be placed on comparative and cross-cultural studies in ageing”. The phenomenon of population ageing is becoming a major concern for the policy makers all over the world, for both developed and developing countries, during last two decades. But the problems arising out of it will have varied implications for underdeveloped, developing and developed countries (Situation Analysis of The Elderly in India, 2011).

In India with majority of its population aged less than 30, the problems and issues of its grey population has not been given serious consideration and only a few studies on them have been attempted in our country. To reap the advantage of demographic dividend, the focus is mainly on the children and the youth and fulfillment of their basic needs for proper development. Also the traditional Indian society and the age-old joint family system have been instrumental in safeguarding the social and economic security of the elderly people in the
country. However, with the rapid changes in the social scenario and the emerging prevalence of nuclear family set-ups in India in recent years the elderly people are likely to be exposed to emotional, physical and financial insecurity in the years to come. This has drawn the attention of the policy makers and administrators at central and state governments, voluntary organizations and civil society.

In view of the increasing need for intervention in area of old age welfare, Ministry of Social Justice and Empowerment, Government of India adopted ‘National Policy on Older Persons’ in January, 1999. The policy provides broad guidelines to State Governments for taking action for welfare of older persons in a proactive manner by devising their own policies and plans of action. The policy defines ‘senior citizen’ as a person who is 60 years old or above. It strives to ensure well-being of senior citizens and improve quality of their lives through providing specific facilities, concessions, relief, services etc. and helping them cope with problems associated with old age. It also proposes affirmative action on the part of Government Departments for ensuring that the existing public services for senior citizens are user friendly and sensitive to their needs. It provides a comprehensive picture of various facilities and covers many areas like financial security, health care, shelter education, welfare, protection of life and property etc.

Ageing of population is affected due to downward trends in fertility and mortality. Low birth rates coupled with long life expectancies, push the population to an ageing humanity. It is observed that percentage of aged 60 or more is rapidly swelling and even the percentage of persons above age 80 is going up over the years. Simultaneously, the ratio of people of “working age” (15–59 years) to those of elderly population is shrinking — and even within the working age group average age is also increasing.

For the developing countries like India, the ageing population may pose mounting pressures on various socio economic fronts including pension outlays, health care expenditures, fiscal discipline, savings levels etc.
By 2026, North India population would be younger compared to the South. In India another paradoxical problem will arise in due course of time – by the year 2026 Kerala will have highest educated working people with average age hovering above (median age) 35 years whereas Uttar Pradesh will have uneducated and less educated working population with average age below 30 years. Although projections indicate that India’s population above 60 years will be double in size between 2001 and 2026, the elders will account for 12.17 percent of overall population in 2026, and being a vast country India may face the problems differently at rural and urban part. India will have another kind of a problem as despite of rapid and consistent economic growth, it will have a huge ageing population who may be far poorer than their counterpart in the West. In India, most of those who have worked in organized sector get pension and other retirement benefits after attaining the age of superannuation varying between 60 to 65 years. But for others, Government of India and State Governments, at present, have very nominal old-age pension coverage. It varies from Rs. 75/- to 150/- in a month. In addition some other additional benefits for the elderly are also being provided by the Central and State Governments. But much is to be done as at the old age their medical expenses go up and dependency on children / relative goes up for physical, mental and economic support.

Thus in India, though percentage wise graying is not very rapid, but due to its mammoth size planning for the elderly is a huge challenge for the policy makers. The problems faced by the females are more critical compared to that of men due to low literacy rate, customary ownership of property by men and majority of women being not in labour force during their prime age with only very few in the organized sector. Therefore, the policy for elderly may also keep a realistic achievable gender component. It is to be remembered that sensitizing the issue and deliberate public action can dilute some of the adverse consequences of ageing. Educating the mass with high investment in human resource development can overcome these problems up to a great extent. To develop requisite policy programmes for the elderly population, there is a need
for a study of elderly persons on various aspects and initiate social, economic and health policy debate about ageing in India. But there is a serious dearth of datasets and analyses to identify the emerging areas of key concern and immediate intervention (Situation Analysis of The Elderly in India, 2011).

1.2.1 Statistics on Elderly in India

As a by-product of the decadal Population Census operation, some important information are obtained on the share of elderly people in total population and its change over time and across states, the size of the grey population and its sex ratio for various sub-populations, their literacy and activity patterns. The Sample Registration System also undertaken by the Office of the Registrar General and Census Commissioner, India gives valuable data on life expectancy, age-specific death rates etc. The last few rounds of the National Family Health Surveys provided data on the socio-economic and health condition of the elderly persons at the national and state level in India.

The National Sample Survey Organization (NSSO) for the first time, conducted a survey on the elderly (persons of age 60 years and above), along with the survey on social consumption in its 42nd round (July 1986 – June 1987), to assess the nature and dimensions of the socio-economic problems of the aged. Again NSSO repeated the survey on social consumption in its 52nd round (July 1995 – June 1996) and in 60th Round (January – June, 2004). Information on the socio-economic condition of the aged, data on some chronic diseases and physical disabilities were also collected during these rounds of the NSS surveys where the main objective was to focus on the socio-economic and health conditions of the current aged population, and the emerging policy issues for elderly care in India in the coming years.
1.2.2 National Policies and Programmes for the Welfare of the Elderly

(i) Administrative Set-up

The Ministry of Social Justice and Empowerment, Government of India which is the nodal Ministry for this purpose focuses on policies and programmes for the Senior Citizens in close collaboration with State governments, Non-Governmental Organisations and civil society. The programmes aim at their welfare and maintenance, especially for indigent senior citizens, by supporting old age homes, day care centres, mobile medicare units, etc.

(ii) Relevant Constitutional Provisions

Article 41 of the Constitution provides that the State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want.

Further, Article 47 provides that the State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties....

(iii) Legislations

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted in December 2007, to ensure need based maintenance for parents and senior citizens and their welfare. General improvement in the health care facilities over the years is one of the main reasons for continuing increase in proportion of population of senior citizens. Ensuring that they not merely live longer, but lead a secure, dignified and productive life is a major challenge.
(iv) National Policy on Older Persons (NPOP), 1999

The National Policy on Older Persons (NPOP) was announced in January 1999 to reaffirm the commitment to ensure the well-being of the older persons. The Policy envisages State support to ensure financial and food security, health care, shelter and other needs of older persons, equitable share in development, protection against abuse and exploitation, and availability of services to improve the quality of their lives. The primary objectives are:

- To encourage individuals to make provision for their own as well as their spouse's old age;
- To encourage families to take care of their older family members;
- To enable and support voluntary and non-governmental organizations to supplement the care provided by the family;
- To provide care and protection to the vulnerable elderly people;
- To provide adequate healthcare facility to the elderly;
- To promote research and training facilities to train geriatric care givers and organizers of services for the elderly; and
- To create awareness among community members about the problems of elderly persons so that they can lead a productive and independent life.

The Implementation Strategy adopted for operationalisation of National Policy envisages the following:

- Preparation of Plan of Action for operationalisation of the National policy.
- Setting up of separate Bureau for Older Persons in Ministry of Social Justice & Empowerment.
- Setting up of Directorates of Older Persons in the States.
- Three Yearly Public Review of implementation of policy.
- Setting up of a National Council for Older Persons headed by Ministry of Social Justice & Empowerment from Central Ministry, states, Non-Official members representing NGOs, Academic bodies, Media and experts as members
- Establishment of Autonomous National Association of Older Persons
- Encouraging the participation of local self-government
(v) National Council for Older Persons

In pursuance of the NPOP, a National Council for Older Persons (NCOP) was constituted in 1999 under the Chairpersonship of the Minister for Social Justice and Empowerment to oversee implementation of the Policy. The NCOP is the highest body to advise the Government in the formulation and implementation of policy and programmes for the aged. The Council was re-constituted in 2005 with members comprising Central and State governments representatives, representatives of NGOs, citizen’s groups, retired person’s associations, and experts in the field of law, social welfare, and medicine.

(vi) Inter-Ministerial Committee on Older Persons

An Inter-Ministerial Committee on Older Persons comprising twenty-two Ministries/Departments, and headed by the Secretary, Ministry of Social Justice & Empowerment is another coordination mechanism in implementation of the NPOP. Action Plan on ageing issues for implementation by various Ministries/Departments concerned is considered from time to time by the Committee.

(vii) Maintenance and Welfare of Parents and Senior Citizens Act, 2007

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted in December 2007 to ensure need based maintenance for parents and senior citizens and their welfare. The Act provides for:

- Maintenance of Parents/ senior citizens by children/ relatives made obligatory and justifiable through Tribunals
- Revocation of transfer of property by senior citizens in case of negligence by relatives
- Penal provision for abandonment of senior citizens
- Establishment of Old Age Homes for Indigent Senior Citizens
- Adequate medical facilities and security for Senior Citizens
The Act has to be brought into force by individual State Government. As on 3.2.2010, the Act had been notified by 22 States and all UTs. The Act is not applicable to the State of Jammu and Kashmir, while Himachal Pradesh has its own Act for Senior Citizens. The remaining States yet to notify the Act are - Bihar, Meghalaya, Sikkim and Uttar Pradesh.

(viii) Central Sector Scheme of Integrated Programme for Older Persons (IPOP)

An Integrated Programme for Older Persons (IPOP) is being implemented since 1992 with the objective of improving the quality of life of senior citizens by providing basic amenities like shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing through providing support for capacity building of Government/ Non-Governmental Organizations/ Panchayati Raj Institutions/ local bodies and the Community at large. Under the Scheme, financial assistance up to 90% of the project cost is provided to nongovernmental organizations for establishing and maintaining old age homes, day care centres and mobile medicare units. The Scheme has been made flexible so as to meet the diverse needs of older persons including reinforcement and strengthening of the family, awareness generation on issues pertaining to older persons, popularization of the concept of lifelong preparation for old age, facilitating productive ageing, etc.

The Scheme has been revised w.e.f. 1.4.2008. Besides increase in amount of financial assistance for existing projects, several innovative projects have been added as being eligible for assistance under the Scheme. Some of these are:

Maintenance of Respite Care Homes and Continuous Care Homes;

- Running of Day Care Centres For Alzheimer's Disease/Dementia Patients,
- Physiotherapy Clinics for Older Persons;
- Help-Lines And Counseling Centres for Older Persons;
- Sensitizing Programmes for Children Particularly in Schools and Colleges;
Regional Resource and Training Centres of Caregivers to The Older Persons;
Awareness Generation Programmes for Older Persons and Care Givers;
Formation of Senior Citizens Associations etc.

The eligibility criteria for beneficiaries of some important activities/projects supported under the Scheme are:

- Old Age Homes - for destitute older persons
- Mobile Medicare Units - for older persons living in slums, rural and inaccessible areas where proper health facilities are not available
- Respite Care Homes and Continuous Care Homes - for older persons seriously ill requiring continuous nursing care and respite
- During 2007-08, Government has spent more than 16 crores of rupees for assisting 660 such programmes around the country which covered around fifty thousand beneficiaries.

(ix) Assistance for Construction of Old Age Homes

A Non-Plan Scheme of Assistance to Panchayati Raj Institutions/ Voluntary Organisations/Self Help Groups for Construction of Old Age Homes/ Multi Service Centres for Older Persons was started in 1996-97. Grant-in-aid to the extent of 50% of the construction cost subject to a maximum of Rs. 15 lakhs was given under the Scheme. However, the Scheme was not found attractive by implementing agencies and was discontinued at the end of the X Plan (2006-07).

Section 19 of the Maintenance & Welfare of Parents & Senior Citizens Act 2007 envisages a provision of at least old age home for indigent senior citizens with 150 capacities in every district of the country. A new Scheme for giving assistance for Establishment of Old Age Homes for Indigent Senior Citizens in pursuance of the said provision is under formulation.
(x) International Day of Older Persons

The International Day of Older Persons is celebrated every year on 1st October. On 1.10.2009, the Hon’ble Minister of Social Justice & Empowerment flagged off “Walkathon” at Rajpath, India Gate, to promote inter-generational bonding. More than 3000 senior citizens from across Delhi, NGOs working in the field of elderly issues, and school children from different schools participated. HelpAge India, New Delhi collaborated with the Ministry in organizing the event of the day.

(xi) Schemes of Other Ministries

I. Ministry of Health & Family Welfare

The Ministry of Health and Family Welfare provides the following facilities for senior citizens of:

- Separate queues for older persons in government hospitals.
- Two National Institutes on Ageing at Delhi and Chennai have been set up
- Geriatric Departments in 25 medical colleges have been set up.

II. Ministry of Rural Development

The Ministry of Rural Development has implemented the National Old-age Pension Scheme (NOAPS) – for persons above 65 years belonging to a household below poverty line, Central assistance is given towards pension @ Rs. 200/- per month, which is meant to be supplemented by at least an equal contribution by the States so that each beneficiary gets at least Rs.400/- per month as pension.
III. Ministry of Railways

The Ministry of Railways provides the following facilities to senior citizens:

- Separate ticket counters for senior citizens of age 60 years and above at various (Passenger Reservation System) PRS centres if the average demand per shift is more than 120 tickets;
- 30% and 50% concession in rail fare for male and female senior citizens respectively of 60 years and above respectively.

IV. Ministry of Finance

Some of the facilities for senior citizens provided by the Ministry of Finance are:

- Income tax exemption for senior citizen of 65 years and above up to Rs. 2.40 lakh per annum.
- Deduction of Rs. 20,000 under Section 80D is allowed to an individual who pays medical insurance premium for his/ her parent or parents, who is a senior citizen of 65 years and above.
- An individual is eligible for a deduction of the amount spent or Rs. 60,000, whichever is less for medical treatment (specified diseases in Rule 11DD of the Income Tax Rules) of a dependent senior citizen of 65 years and above.

V. Department of Pensions and Pensioner Grievances

A Pension Portal has been set up to enable senior citizens to get information regarding the status of their application, the amount of pension, documents required, if any, etc. The Portal also provides for lodging of grievances. As per recommendation of the Sixth Pay Commission, additional pension are to be provided as per details given below to older persons:
1.3 Violence Experienced by the Elderly People

On the International Day of Older Persons on Oct 01, voluntary organizations in India did express concern at the rise in violence against the elderly. Unfortunately, there has been a rise in violence against elderly people and it is of great concern for the society. Till May 2008, police in Delhi received 238 distress calls from the elderly, while 183 cases last year involving elderly people were related to property disputes. The elderly population in India was 81 million in 2002, and the figure is expected to rise to over 324 million by 2050. According to the World Health Organization (WHO), about two-thirds of all older people live in the developing world, and this will rise to 75% by 2025. In the developing world, the very old (age 80) is the fastest growing population group.

An estimated 2 million people a year are victims of elder abuse, which ranges from neglect and mistreatment to physical abuse. By the year 2020, a full 22% of the population will be aged 65 or older (Bird et al., 1998). Research has identified four groups who particularly fall into this vulnerability category: women (Gordon et al., 1980), the poor and ethnic minorities (Taylor and Hale, 1986, Box et al., 1986, 1988), and the old (Antunes et al., 1977; Baldassare, 1986. The 75 year old and over group is the most vulnerable group within the elderly population. The elderly person is more likely to be living alone and to be housebound. This person is, typically, a physically frail widow. For such a person, who may be in a socially isolated position with diminishing or limited financial resources, '...expressed feelings of crime or insecurity appear to have many sources, and to be strongly influenced by beliefs, attitudes and experiences which have nothing whatever to do with crime' (Sparks et al., 1977).

The World Report on Violence and Health points out that the problem is likely to grow in line with the ageing of the world's population. There were 542 million people older than 60 years in 1995, and the number is predicted to rise
to about 1·2 billion in 2025. The older population is itself ageing, according to the UN Department of Economic and Social Affairs, since the so-called oldest old (80 years or more) is the fastest growing sector of the older population.

Information on the extent of elder abuse—physical, sexual, and psychological—is scant. If, as Alex Kalache, coordinator of WHO’s Ageing and Life Course Unit, says, “We are today where we were 20 years ago on child abuse and violence against women”, where are we with elder abuse? The few population-based studies that have been done suggest that 4—6% of elderly people have been abused in the home, but almost all research has been based in western countries. “There are no accurate figures for the developing world”, says Kalache, “whatever anyone says is guesswork”.

In developed countries, older people are most at risk from family members as stated by Daniel (2002). Two-thirds of perpetrators in the 1996 US National Elder Abuse Incidence Study were adult children or spouses. Elderly people are also abused in hospitals, nursing homes, and other institutions. In a survey in the USA, cited in the WHO report, 36% of nursing-home staff reported having witnessed at least one incident of physical abuse of an elderly patient in the previous year, and 10% admitted having committed at least one act of physical abuse themselves.

In developing countries, a study by WHO and the International Network for the Prevention of Elder Abuse (INPEA), Missing voices: views of older persons on elder abuse, reported this year that “although there is no systematic collection of statistics ... crime records, journalistic reports, social welfare records, and small-scale studies contain evidence that abuse, neglect, and financial exploitation of elders are much more common than societies admit”.

HelpAge International notes the paucity of data on elder abuse in the developing world, and relies on case studies, newspaper reports, and a few localised estimates of prevalence. In the State of the World’s Older People 2002, they say that in rural Tanzania, economic difficulties and land shortages have led to
increasing instances of older women being accused of witchcraft as grounds for evicting them from their homes and even killing them for their property. Elsewhere in Africa, the report notes that “rape and violence by family members towards older relatives has become alarmingly common in some places. Reports of sexual abuse have increased in some communities where the myth has apparently arisen that sex with older people can cure HIV/AIDS”.

HelpAge says that civil war in countries such as Colombia, conflict in Central America, increasing crime and drug-related violence in Latin America as a whole, and stresses on family and community structures are leading to rises in violent and abusive behaviour towards older people. The WHO report on violence cites various risk factors, including strained family relationships as a result of the increased dependence of older people, caregivers’ dependence for accommodation or financial support, social isolation, and outward migration of young couples.

Recommendations for prevention are equally varied: the report groups interventions into three areas: social services (including emergency shelters and telephone helplines), health care, and education and public awareness campaigns. Kalache notes that the approach has to be the same in developed and developing countries: “primary health care must be in the forefront and, failing that, community workers, backed up by greater public awareness in which the media has an important role to play”.

Awareness of the problem is vital at all levels, says Gerry Bennett of St Bartholomew's Hospital, London, UK, and secretary of INPEA. “A 4-year-old presenting with a fractured arm will have non-accidental injury as part of the differential diagnosis. How many 84-year-olds presenting with a fractured hip will be assessed in the same holistic framework?” he asks. “Abused older people remain outside mainstream medical thinking and unless a condition is recognised it will not be diagnosed, at least not early on.”
Susan Kurrle of the Rehabilitation and Aged Care Service at Hornsby Hospital in New South Wales, Australia, agrees that the medical profession needs to be more involved “as elder abuse is often related to physical or mental health problems, much more so than is child abuse or domestic violence. So the medical profession may be unknowingly involved in cases where abuse is occurring”. Kurrle sees ageism by health professionals and governments as a major block to progress on the issue of elder abuse, which is compounded by reluctance by older people to report abuse and by outsiders to get involved in what is seen as a family matter.

In the past few decades, family sociologists, gerontologists, and others have explored the family life of older people. Many researchers have emphasized the positive aspects of families’ involvement with elderly kin. Thus Shanas (1975) demonstrated that relatives provide considerable help to aged persons. Similarly, Cicirelli (1981) and Johnson and Bursk (1977) identified factors that contribute to positive child-parent relationships in later life. Smith and Bengtson (1979) have even presented evidence that the institutionalization of an elderly person can improve relationships with kin. However, other investigators approached the issue from a different angle, emphasizing the negative aspects of the family relationships of the aged. Streib (1972), for example, focused on older families "in trouble" because they lack good health and financial resources. Such circumstances lead, he argues, to poor kin relationships. Kent and Matson (1972) highlighted health problems as causes of role disruptions, tension, and stress in family relationships. Other researchers treated families' decisions to institutionalize relatives as examples of breakdown in family support (Lowenthal, 1964). A number of investigators have called attention to an even more dramatic manifestation of problematic kin relationships in later life: the abuse and neglect of the elderly by family members. While elder abuse may not be a new phenomenon, it has only recently come to the public's attention as a "social problem." Since the mid 1970s, a number of exploratory studies of such maltreatment have attempted to determine the extent of the problem and to shed light on its causes (Block and Sinnott, 1979; Douglass et
al., 1980; Giordano, 1982; Lau and Kosberg, 1979; Phillips, 1983; Sengstock and Liang, 1982; Wolf et al., 1982). One question has interested many of these investigators: to what degree is dependency associated with maltreatment? A number of researchers have postulated that the dependency of the elderly person causes stress for the abuser, who then reacts with physical violence. Other evidence points toward an alternative hypothesis: that of a dependent abuser, who responds to his or her lack of power in the relationship by maltreating the elder. Using data from a case-control study, I attempt to shed light on the relationship between dependency and elder abuse.

1.4 Theoretical Background: Dependency and Exchange Relations

The belief that the dependency of elderly individuals is a major cause of abuse is widely held in the literature. This largely developed from recent gerontological research on the strains on families taking care of elderly relatives. Dependency is typically defined as requiring assistance from another person or persons to continue living in the community. Help can be provided in such areas as the basic activities of daily living (dressing, bathing, cooking, shopping, etc.); financial support; or emotional support and companionship. Many gerontological researchers have commented upon the stress that results from providing such assistance to impaired elderly relatives (Archbold, 1982; Fengler and Goodrich, 1979; Horowitz and Schindelman, 1980; Silverstone and Hyman, 1976; Zarit et al., 1980). Research on services to caregivers (Crossman et al., 1981; Hausman, 1979; Safford, 1980) has also highlighted the strains of care. Based on findings such as these, a number of researchers have assumed that the growing dependency of an elderly person increases the likelihood of abuse. For example, Davidson (1979:49) ties abuse directly to the "crises" created by the needs of an elderly parent for care: Yet just as the child is abused by his parent who resents the dependency of the child because the parent himself lacks satisfaction of needs, the adult child who must assume a caretaker role to his own parents may become abusive as a result of his parents' dependency and the lack of need satisfaction. Steinmetz (1983) has been perhaps the major proponent of this view. She argues that families undergo
"generational inversion," in which the elderly person becomes dependent upon his or her children for financial, physical, and/or emotional support. This places the caregiver under severe stress: "As the economic, physical, social, and emotional dependency needs of the vulnerable elderly increase, the potential for abuse increases unless adequate resources are available" (Steinmetz, 1983:6). This is echoed by King (1984:8), who claims that the "dependency [of the elder] is the most common precondition in domestic abuse." While it is important not to overstate the case, both the popular and academic literature frequently cites the dependency of an old person as a major risk factor in maltreatment. However, this form of dependency does not provide an adequate explanation of elder abuse. Since many of the elderly are quite dependent on their relatives (Kulys and Tobin, 1980), the question arises: why are some of these dependent elderly abused and others not? Because abuse occurs in only a small proportion of families, no direct correlation between the dependency of an old person and abuse can be assumed. Indeed, some preliminary research findings indicate that an important cause of abuse may be the reverse— that is, the dependency of the abuser on his or her victim. The first evidence for this kind of reverse dependency was reported by Wolf et al., (1982). These investigators surveyed agencies in Boston and Worcester, Massachusetts, and obtained detailed reports on cases of abuse encountered in the preceding six months. This study found a "web of mutual dependency" between abuser and abused. In two-thirds of the cases, the perpetrator was reported to be dependent financially on the victim. More recently, Phillips (1983) reported that the abused elderly she studied were no more impaired than a non-abused comparison group. In another case-control study, Hwalek et al., (1985) found the financial dependency of the caretaker to be a significant risk factor in elder abuse. The theoretical issue raised by these findings is an important one: why would the continued dependency of an adult child or spouse upon an elderly person be associated with physical abuse? A persuasive explanation can be developed from exchange theory. Exchange theory (Blau, 1964; Homans, 1961) is widely used by both family violence researchers and social gerontologists. Family scholars such as Gelles (1983), Goode (1974), and Nye (1979:35-37), have applied exchange principles to domestic abuse of wives and children. Cicirelli (1981), Dowd (1975), and
Sussman (1976), among others, have looked at the changing status of the elderly using the exchange paradigm.

While exchange theory has not been specifically applied to elder abuse, some exchange propositions appear to be applicable to that problem. Dowd (1975), in his attempt to apply exchange theory to aging, asserts that "intrinsic to the concept of exchange is the notion of power." He continues: "The partner in a social exchange who is less dependent on that exchange for the gratifications he seeks enjoys a power advantage" (1975:587). This advantage can be employed to make the exchange partner comply with one's wishes. If we add to this observation Goode's (1974) point that people do not choose to use overt force when they have other resources at their disposal, then the hypothesis that the dependency of the elderly person breeds abuse can be questioned. Why, if someone already holds much power over another, would he or she resort to force? If the abused is severely dependent, then the abuser would have a wealth of resources to force that person to comply. Violence would not be necessary. Recent work on family violence helps to resolve this issue. Finkelhor (1983), in an attempt to identify common features of family abuse, notes that abuse can occur as a response to perceived powerlessness. Acts of abuse "seem to be acts carried out by abusers to compensate for their perceived lack or loss of power" (1983:19). Thus, spouse abuse has been found to be related to a sense of powerlessness, and the physical abuse of children "tends to start with a feeling of parental impotence" (1983:19). In elder abuse, this perceived power deficit may be a more important factor than the notion that the abuser holds more power in the relationship. In such a situation, the abusive individual feels that he or she lacks control and seeks to restore power. Having few resources with which to do so, the person then resorts to violence. This line of argument fits well with the theoretical view of violence as an "ultimate resource" (Allen and Straus, 1980; Goode, 1974). This theory suggests that violence will be employed when an individual has no other resources serving as a basis for power. As Allen and Straus (1980:190) note, the relationship between power and family violence "is contingent on what resources other than violence are
available. When they lack other resources, people may use violence, even though such behavior is illegitimate and negatively sanctioned.

1.5 Social Change and Its Association with Abuse of the Elderly

Social change may also play an important role. In some societies, family or community networks that once supported older generations are being weakened by rapid socioeconomic change. In the countries of the former Soviet Union, for example, growing numbers of elderly people are being left to fend for themselves, often in communities where instability has fuelled high rates of crime and violence. Older men are at risk of abuse by spouses, adult children and other relatives in about the same proportion as women (Pillemer and Finkelhor, 1988; Podnieks, 1992). But in cultures where women have inferior social status, elderly women are at special risk – for instance, of being abandoned when they are widowed and having their property seized (Owen, 1996; Gorman and Petersen, 1999). Some traditional beliefs also put elderly women at risk of physical violence. In the United Republic of Tanzania, for example, some 500 elderly women, accused of witchcraft, are murdered each year (Witchcraft, 2000). Within institutions such as hospitals and nursing homes, abuse is more likely to occur where care standards are low, staff are poorly trained or overworked, interactions between staff and residents are difficult, the physical environment is deficient, and where policies operate in the interests of the institution rather than of the residents (Bennett et al., 1997). As well, few doctors or nurses have been trained to diagnose abuse in elderly people, and health systems do not always regard care of elderly people as a priority (Sanders, 1992). Addressing discriminatory attitudes and practices in health care systems is an important step in preventing abuse of the elderly.

Between 4% and 6% of elderly people experience some form of abuse in the home, and mistreatment in institutions may be more extensive than generally believed (World Report on Violence and Health, 2002, World Health Organization, Geneva).
1.6 The Roots of Violence – An Ecological Model

There is no single factor to explain why one person and not another behaves in a violent manner, nor why one community will be torn apart by violence while a neighbouring community lives in peace. Violence is an extremely complex phenomenon that has its roots in the interaction of many factors – biological, social, cultural, economic and political. While some risk factors may be unique to a particular type of violence, more often the various types of violence share a number of risk factors. Fragmentation of the field into different areas of expertise and interest, and lack of collaboration between the various groups tends to obscure this fact and to encourage a piecemeal approach to violence prevention. This is at odds with the requirements of public health, which needs to see the different types of violence in their broader context and to be aware of the common patterns.

The World report on violence and health uses an ecological model to try to understand the multifaceted nature of violence. First introduced in the late 1970s for the study of child abuse (Garbarino and Crouter, 1978; Bronfenbrenner, 1979) and subsequently used in other fields of violence research (Garbarino, 1985; Tolan and Guerra, 1994; Heise, 1998; Schiamberg and Gans, 1999; Carp, 2000), the ecological model is still being developed and refined as a conceptual tool. Its strength is that it helps to distinguish between the myriad influences on violence while at the same time providing a framework for understanding how they interact.

The model assists in examining factors that influence behaviour – or which increase the risk of committing or being a victim of violence – by dividing them into four levels.

The first level identifies biological and personal history factors that influence how individuals behave and increase their likelihood of becoming a victim or
perpetrator of violence. Examples of factors that can be measured or traced include demographic characteristics (age, education, income), psychological or personality disorders, substance abuse, and a history of behaving aggressively or experiencing abuse.

The second level looks at close relationships such as those with family, friends, intimate partners and peers, and explores how these relationships increase the risk of being a victim or perpetrator of violence. In youth violence, for example, having friends who engage in or encourage violence may increase a young person’s risk of being a victim or perpetrator of violence (Thornberry et al., 1995; Lipsey and Derzon, 1998).

The third level explores the community contexts in which social relationships occur, such as schools, workplaces and neighbourhoods, and seeks to identify the characteristics of these settings that increase the risk for violence. Risk at this level may be influenced by factors such as residential mobility (for example, whether people in a neighbourhood tend to stay for a long time or move frequently), population density, high levels of unemployment, or the existence of a local drug trade.

The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These include the availability of weapons and social and cultural norms. Such norms include those that give priority to parental rights over child welfare, those that regard suicide as a matter of individual choice instead of a preventable act of violence, those that entrench male dominance over women and children, those that support the use of excessive force by police against citizens, and those that support political conflict. Larger societal factors also include the health, economic, educational and social policies that help to maintain economic or social inequality between groups in society.

The overlapping rings in the model illustrate how factors at each level are strengthened or modified by factors at another. Thus, for example, a person with
an aggressive personality is more likely to act violently in a family or community that habitually resolves conflict through violence than if he or she were in a more peaceable environment. Social isolation, which is a widely found community factor in the mistreatment of the elderly, may be influenced both by societal factors (for example, less respect for the elderly in general) and relationship factors (the loss of friends and family members).

Besides helping to clarify the causes of violence and their complex interactions, the ecological model also suggests that in order to prevent violence it is necessary to act across several different levels at the same time. This includes, for example:

- Addressing individual risk factors and taking steps to modify individual risk behaviours.
- Influencing close personal relationships and working to create healthy family environments, as well as providing professional help and support for dysfunctional families.
- Monitoring public places such as schools, workplaces and neighbourhoods and taking steps to address problems that might lead to violence.
- Addressing gender inequality, and adverse cultural attitudes and practices.
- Addressing the larger cultural, social and economic factors that contribute to violence and taking steps to change them, including measures to close the gap between the rich and poor and to ensure equitable access to goods, services and opportunities.