CHAPTER - I

INTRODUCTION
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The cycle of Birth, growth and death is but a natural phenomenon both in Man and Nature. The world is always in state of flux and therefore each civilization had/has its own particularity and distinctiveness. From time immemorial man's life is limited within Birth and Death. But in-between these two limits, in normal condition he has to go through different stages of growth which are determined by the changes or development occurring in him physically and intellectually -- these stages may be said to be - the stages of infancy, childhood, boyhood, youth, adulthood and finally the old age. In other words, the process of change and growth starts from the womb of a mother and comes to end with the decay of the body. And this drifting process from infancy to old age has been termed as "Aging" and therefore aging is an inevitable and irreversible process.

The twentieth century is an age of upheavel. The spirit of inquiry in Science and Arts has culminated in new inventions and discoveries that have revolutionized the world. Every aspect of man's life is now influenced by them. The advancement made in Medical Science has made
man's life longer and to some extent happier providing him a systematic health-care. The death-rate has been decreased. But since man's mortality is now postponed, the problem of over-population is challenging. The various developments in society and the insatiable economic needs are but the outcome of industrialization. These developments have changed man's outlook and behaviour. To a greater extent man is now guided by his economic interests which is necessary for his survival in the world and therefore he acts in a likewise manner. This kind of attitude has seeped into human relationship also. The economic factors have two significant impact in human relationship - on the one hand, they have strengthened men's relationship; on the other, they have strained it.

The age-old moral values are now being shattered and the traditional human ties also could not remain unaffected against the great wave of change. Since children, women and the aged are considered to be the weaker section of the society, they are the most affected and abused in the ruthless struggle for existence. The present study is therefore an attempt to study the plight of the aged who are also most likely to be victimized by the younger generation and susceptible to cruel treatment; hence the victims of our civilization. To draw the attention of the world towards the plight of the aged the United Nation had declared 1982 as the 'International Year of the Aged'.
AGING

When and what stage should a person be considered an aged? As such there is no definite parameter for this purpose. Different countries have enacted laws which determine a particular age as the stage when a person can be considered 'aged' or elderly person. Since 'aging' is a multidimensional process any attempt to understand it has to be within the framework of Biological, Psychological and Sociological perspectives.

Biologists consider aging as a normal process of progressive decline in a cellular composition and capacity for growth in tissue structure—in speed, strength and endurance of the neuromuscular system; in the function of glandular and other organ systems; and in the capacity to integrate organ system. Parallel to these changes with age is a rising prevalence of long term chronic disease (Tibbitts, 1963:342). Such physiological changes do not necessarily occur simultaneously in the aging person or at the same rate and age among different individuals. In fact, some of the changes may not show any apparent effect in certain individuals even at the very late stages; while in some others they may occur too early (Bhatia, 1983:4).

Psychological aging focuses on changes in the central nervous system, in sensory and in ability to organize and utilize information (Birren, 1959:3-4). According to Parker (1961:785), psychological aging is
not to be measured in terms of capabilities alone, but also of use to which they have been applied from early age, through all the years of maturity.

Sociological aging, as distinct from biological and psychological aging, refers to that stage in the life span of an individual that is designated as old age by the social group (Bhatia, 1983:5). Sociological aspect of individual aging is concerned with changes in circumstances or situation of the individual as a member of the family, community and society. The changes and events associated with time include age-grading and social attitudes and behaviour of society towards the aging individual, completion of parental work roles, reduced income, restricted activity and mobility, loss of spouse and associates, large increments of free time, and relative absence of clearly defined societal expectations. Changes may occur gradually in restriction of activity and increase in free time, as is usually the case with the individuals having retirement and reduced income (Tibbitts, 1963:343; Marulasiddaiah, 1966:175).

PROBLEM AND ISSUES: AN OVERVIEW

Looking into the world's elderly population we find that it is currently growing at the rate of 2.4 percent per year, much faster than the global population as a whole (Billimaria, 1969:13). This growth rate will result in an increase of more than 410 million elderly persons
worldwide by the year 2000 (41 per cent in developed and 59 per cent in developing countries) as compared to 290 million today (46 per cent in developed and 54 per cent in developing countries). The number of the elderly is expected to continue growing rapidly far into the 21st century (Torrey et al., 1987:4).

In India the population of the aged is also growing fast. By the turn of the century it is estimated that there will be 76 million Indians over the age of 60 (India Today 30th Sept., 1991:46). Within the period of 10 years i.e., 1971 to 1981, life expectancy has increased from 46 years to 54 years in India (Stach, 1982:17). Thus the Indian society is on the verge of becoming an Aging Society as per the definition of United Nations. India will have the largest number of the aged (approx. 130 million) in the whole world by the year 2020 A.D. (Sachdev, 1991:21). On an average there are 25 centenarians per one lakh people in India (India Today, 30 Sept., 1992:94). It is therefore evident from the above data that the proportion of the aged people in India and all over the world is increasing quite considerably.

In the pre-industrial society the old people used to get enough opportunities to cater to their various needs. In the societies dominated by agricultural and handicraft economics they participated in the productive activities as specialists, directly or indirectly, depending on their
physical health and remained financially independent (Simmons, 1960:72-73). Moreover, it was regarded as a moral duty of the children to provide financial as well as physical security to their parents in old age (International Encyclopedia of the Social Science, 1968, Vol. I: 187). The children were the 'eyes, ears, hands and feet' to the aged parents (Simmons, 1960:81). It was customary to obey the directions of the eldest member of the family. According to Jamuna (1992:113), "Most children of aging parents view that care of the elderly is by and large their duty and obligation because parents reared them, educated them and it is customary to do so".

Even today the elderly persons are respected and well looked after in the joint families. Their experience and perceptive ideas are invaluable assets for the development of the community (Employment News Weekly, Sept. 1989, Vol. XIV:40). With the modernisation and industrialisation of society the roles and status of the old people are decreasing (Kooy, 1963:59). The younger generation replaces the aged parents in their powerful positions, leaving them in a weakened and functionless situation (Simmons, 1959:7). Thus in a way the aged are the new 'Harijans' in the present society (Sethi, The Economics Times, 30th May, 1982).

The status and roles of the old people are declining in the present society as aging becomes more disturbing in a society whose culture provokes irreverence toward
the aged and where the economic competition works to their disadvantages (Barren et al., 1952:479-480). Forces of industrialisation, commercialisation and modernization have influenced and altered many social values and institutions. As a result there has been a substantial dilution in traditional economic and social values. The joint family system is fast giving way to nuclear family concept (Khan, 1989:1). The elderly are the most affected by these changes (Report on Eighth Five Year Plan, Ministry of Welfare, Govt. of India, 1988:83). They do not get proper care and protection from their children (Kurian, 1972:286; Burgess, 1960:286).

Now-a-days, the old and the invalids are treated by the able with a feeling of pity and, by and by, when the old become absolutely dependent, that pity takes a turn and breeds a strange feeling in the able and they consider the old as undesirable burden on the family (Chowdhry, Sept. 1969:14).

What worries the criminologists and sociologists alike today is the abuse of the elderly, both physically and emotionally.

Newspapers and journals today are full of reports on the problems of the aged persons, the focal point being their ill-treatment. Hence, we felt the need to study this social phenomenon in the Indian context. The present study is an attempt to look into the problems of the aged
particularly their ill-treatment. However, it will be of great value at this juncture to take into consideration the difficulties faced by the various researchers in the conceptualization of this problem which has been dealt in the next section.

THE AREA OF VICTIMIZATION OF THE AGED

There has been a paucity of research in the area of victimization of the aged. Most of the studies have confined themselves to the victimization of the women and children only, since they form a large majority in society as compared to the aged.

Literature Scanning indicates that, initially in the field of gerontology, social scientists ignored the concept of victimization of the aged. We find that in 1943, Dr. E.W. Burgess, Dean of American Sociology, persuaded the Social Science Research Council to establish a Committee on social adjustment in old age. This Committee published a research planning report, which called attention to the need for research on individual adjustment to aging and retirement; old age and the family; aging employment and income maintenance; and aging in relation to other social institutions (Tibbitts, 1963:340).

Interest in the study of the old age started gathering momentum since 1946. When the first journal on this subject was published viz. the 'Journal of Gerontology'.
Birren (1961:127) points out that between 1946 and 1960, laboratories were setup to study the aging. Even research societies were initiated and many national and international conferences were held. Thus, a new kind of scientist emerged on the scene whose major career interest was to study the developmental process and aging.

Though the nodal point of the current thesis is 'victimization of the aged', yet an attempt has also been made to review the trend of work being done in the field of the aging, by social scientist; therefore while reviewing the literature, a chronological order has been followed. Such a method helps in getting a clear picture as when the concern for the 'victimization' aspect developed. As mentioned earlier, the problem of old age caught the attention of the social scientists in the late forties. A trend-analysis of the interests of the social scientists in the West is given below:

1940s':
Income; Social participation aspect of aging.

1950s':
Biological aspects; Attitudes towards old age; Social programme for old people; Family life of old people; Social and Psychological needs of the aged; Aging in modern society; Aging and the individual.

1960s':
Aging in societies; How to help older people; Social aspects of aging; Leisure activities of the aged; Biological aspect; Psychological aspect; Medical
aspect; Aspect of social isolation in aging; Mental illness; The phenomenon of aging.

1970s' :
Loneliness in old age; Suicide and aging; Aged and family members; The minority group of elders; Violence in the family; Aging and victimization; Reflections on the American way of life on the elderly victims; Social victimization of the older people -- economic and sociological aspects; Perspectives of the aged on victimization; Criminal victimization of the elderly; Family conflict and the abuse of the elders; Battered elder syndrom; Fear of crime.

1980s' :
Biological and psychological factor in aging; Mal-treatment of the elderly; Family abuse of the elderly; Neglect and elderly abuse; Protection of the elderly; Care of the elderly.

1990s' :
Abuse of the elderly people by their carers; Physical violence on the elders in American families; Rights of the aged; Welfare measures for the aged.

From the above analysis indicates that since 1970s interest was shown by the researchers in the study of the aged being victimized.

REVIEW OF LITERATURE

The review of literature has been divided into two sections. In the first section, an overview of literature in Western context has been taken up, and in the next section, followed by a trend-analysis, the work done in Indian context is reviewed.
A. WESTERN CONTEXT:

Eva Kahana, Jersey Liang, Barbara Felton, Thomas Fairchild and Zer Harel (1977), in their study, focused on the environmental and personal context of perceived social victimization. Social victimization was considered in terms of three major areas: (a) Personal victimization or rejection, including items; such as mandatory retirement or other form of employment rejection, problems in purchase of services and repairs, discrimination by clubs, lack of family attention, and friends turning away; (b) Problems with agencies or organizations including items of problems social security, taxes, insurance, and getting help from police; and (c) neighbourhood problems which includes problems caused by teenagers, crisis and crime on the streets. The sample consisted of 402 elderly individuals in the age group of 65 years and over, living in two urban communities. The findings of this study were that in the case of 'Personal Problems', about 20 per cent of the respondents reported to have at least one or the other problem. About 13 per cent of the respondents reported to have at least one problem in 'dealing with agencies' i.e., social security problem and tax problem. And in the case of 'neighbourhood problems' a considerable number of the elderly persons (40 per cent) reported having some type of neighbourhood problem like crises, such as, fine and break-in, street-crime, teenagers in the neighbourhood and the undesirable neighbours.
Fay Lomax Cook, Wesley G. Skogan, Thomas D. Cook and George E. Antumess (1978) in their study tested the consensus that the elderly suffer more than the others when victimized, and also tried to explore whether the consequences of crime against the elderly could explain the discrepancy between the elderly fear of crime, and the likelihood of being victimized. They employed the data from a nationwide survey conducted by the Census Bureau for the Law Enforcement Assistance Administration (LEAA) in 1973 and 1974. The issues taken up in this study are that of (a) The consequences of crime; and (b) the fear of crime. In the case of the consequences of crime, the researchers concluded that the elderly experienced relatively small absolute financial losses and that their loss relative to their income was not so high as in the case of adolescents and persons in their twenties. As far as the issue of the Fear of Crime is concerned, it was observed that the seniors are more fearful of crime but are not the greatest physical or economic sufferers of crime. In their conclusion, the authors suggested that the crime problem of the elderly may not be an age-related problem but rather a condition-related problem, the condition being one of low income.

Elizabeth E. Lau and Jordan I. Kosberg (1979) studied the problem of the elderly susceptibility to the abuse perpetrated by relatives and caretakers in the community. Cases which have come to the attention of the
Chronic Illness Center in Cleveland Ohio were taken for this study. Out of 484 new cases (between June 1977 - May 1978) accepted by the CIC during the reporting period, 404 cases were related to persons in the age group of 60 and above. Of these 404 cases, 39 cases of abuse were identified. These consisted of physical, psychological, material abuse and violation of right. By physical abuse they meant - beating, withholding personal care, food, and medical care; and lack of supervision. Psychological abuse - verbal assault and threats, provoking fear, and isolation. Material abuse -- monetary or material theft or misuse (not being used to benefit the aged person). Violation of rights -- being forced out of one's dwelling or into another setting (most often a nursing home). In summary, they said that, almost three-fourth of the cases involved physical abuse; over half involved psychological abuse; in the case of material abuse three out of ten respondents mentioned that they were affected; and in violation of rights it always existed in conjunction with at least one or the other form of abuse. While stating this, the researchers confessed that the prevalence of abuse found is believed to be under-represented.

H. O'Malley, J. Bergman, H. Segars, R. Perex, V. Mitchel and G. Krupfel (1979) conducted a State-wide survey in Massachusetts on the legal, medical and welfare professionals. Over 180 of the returned questionnaires described incidents of the abuse of the elders. The types
of elder-abuse were placed in six categories: physical trauma, debilitating mental anguish, malnutrition, financial mismanagement, unreasonable confinement and sexual abuse. It was stated that physical trauma was the dominant form of abuse revealed as it was present in nearly half of the cases. This was followed by debilitation, mental anguish (reported in 40 per cent of the cases), malnutrition, financial mismanagement, unreasonable confinement and sexual abuse. The most interesting finding was that the professionals are not in a position to identify cases of elder-abuse.

Eloise Rathbone — McCuan (1980) made study on the intrafamily violence. Information regarding the cases of abuses was obtained from police, personnals of hospital emergency room and social service workers in Missouri. The greater part of the mistreatment reported in these studies took the form of 'benigh' neglect. The researcher made the following hypothesis about intrafamily violence: (1) The familys' history of violent patterns over several gnerations; (2) The individuals' desire to avenge the abuses done to him or her by others; (3) The abusive behaviour associated with the consumption of intoxicants; (4) Members of the family mutually reinforcing the violent behaviour of others; (5) The type of dependency the older person represents to the family unit; (6) Inability of the younger members of the family to tolerate dependency; (7) Stresses that confront the multigenerations of the members of the
family; and (8) Power and resource distribution between the aged parents and their adult children. In the present study, case studies of the respondents are given. The result of the study indicated that the majority of the victims were female; they were of the age group of sixty five years and above; were functionally dependent because of inadequate resources or physical limitations; had a history of alcoholism, retardation, or psychiatric illness; also had a history of inter and intergenerational conflicts, and previous history of related incidences were also found. It is not clear whether the recent researchers have utilized their findings or their suggested hypothesis to encourage further research on the elder-abuse. To prevent such happening the researcher concludes that community-based activities are a necessary step through which barriers of intervention can be created.

R.L. Douglass, T. Hickey and C. Noel (1980) conducted a survey of 228 professionals and practitioners in five Michigan locations. The purpose of their study was to ascertain the local extent of the elder-abuse and neglect, to identify methods of recognising abuse, and to relate elder-abuse to the larger literature concerned with domestic violence. They divided elder-abuse into four categories: passive, active neglect, verbal or emotional abuse, and physical abuse. The study indicated that the passive neglect was the most prevalent form of local elder-abuse, and that, it was followed in frequency by verbal and
emotional abuses. Active neglect and physical abuse (financial mismanagement, unreasonable confinement and sexual abuse) were also noted but were less common than the other categories of maltreatment.

Jersey Liang and Mary C. Sengstock (1981) in their study ascribed the risk of personal victimization to the function of various factors. In fact, they studied the effects of individual characteristics and environmental conditions inducive to older persons to become victims. These researchers gave much concentration on personal crimes, such as, crimes including attempts of rape, robbery, assault, personal larceny etc., as defined in the Uniform Crime Reports (UCR). Data for the analysis were collected from the National Crime Survey conducted between 1973 and 1976 by the Census Bureau for the Law Enforcement Assistance Administration. Through Logit analysis they sought to predict the probability of a given state of the dependent variable in relation to a series of exogenerous variables; by this analysis they found out that the characteristics of both the victim and the environment have fairly consistent effects on the likelihood of personal victimization.

J.S. Crouse, D.C. Cobbs, B.B. Harris, F.J. Kopeckey, and J. Poertner (1981) took a different approach to the study of elder-abuse in the state of Illinois. The Illinois Department of Aging studied the nature and extent of the elder-abuse, the legal issues and legislation dealing with
the elder-abuse, and the policy recommendations that seemed most appropriate in the light of the current models 'explaining' domestic violence. The researchers were sent into randomly selected communities to gather information from individuals who worked directly with the elderly. A follow-up questionnaire was also sent to these individuals to obtain their perceptions and experiences on the elder-abuse and neglect. Again the abuse and neglect were clearly differentiated in the subject's responses. Other types of abuse were verbal, active and severe. The experience of neglect was also subdivided into passive, active and severe subcategories. Passive neglect was the most frequent form of the elder-abuse reported in this study; severe abuse and severe neglect accounted for only 5 per cent of the total cases. The researchers concluded that a legal advocacy model would probably provide the most efficient means of protecting vulnerable individuals.

Suzanne K. Steinmetz (1981) in her study attempted to trace out the problem of elder-abuse. She took in-depth the structured interviews of sixty adult children caring for a dependent elderly parent. The families were volunteers who responded to the notices placed in the local newspapers at Senior Centers, and, also through a snowball technique of asking the respondents for the names of other families caring for elderly parents. The results indicated that to maintain control or resolve conflicts, forty per cent of the caregivers screamed or yelled at their elders,
thirteen per cent used or threatened to use physical force, six per cent had to use forced feeding of medication and, six per cent had to threaten to send to nursing homes to resolve the conflict and vice versa methods used by the elderly to control their adult children were that forty-three per cent screamed and yelled, forty-seven per cent pouted or withdrew, sixteen per cent refused food or medication, thirty-two per cent manipulated, cried or used physical or emotional disability, twenty-two per cent hit, slapped, or threw objects and, ten per cent called the police or others for imagined threats. The researcher concluded that the middle generation of the caregivers are caught in a situation of dilemma where they find that they have no physical, psychic, or financial cushions.

Gary R. Lee (1983) designed his study to test the hypothesis that the fear of crime is inversely related to the social integration among elderly adults. This hypothesis was examined at both the bivariate and multivariate levels in order to assess the extent to which social integration increases our ability to explain variation in fear of crime over that provided by measures of risk and experience with crime, demographic factors, and personal characteristics such as health and employment status. Data for this study were obtained in 1980 from a sample of Washington State residents aged 55 and over. The final sample consisted of 2382 respondents who answered all the relevant questions from the mailed questionnaire. The
findings arrived by this researcher was that the hypothesis that the fear of crime is related negatively to social integration was not supported by the data.

J.C. Walker (1985) in his study gathered records from the Ombudsman's office of the Connecticut Department on Aging. He identified four categories of mistreatment. They were: abuse, neglect, abandonment and exploitation. Walker suggested that a significant number of 65 to 70 year old sons and daughters were doing their best to care for the 85 to 90 year old parents. This, in turn, suggests that conflicts between a caregiver's and a care receiver's age related problems may produce elder-abuse. Walker also found that the elder-abuse and neglect stopped, in many of these cases, as soon as the burden of responsibility for caregiving was removed from the aged son or daughter and ancillary care services were introduced. Despite this potentially useful finding, the study was mainly concentrated on the establishing the importance of the Ombudsman's office. Importance was not given to the genesis and resolution of the elder-abuse.

Yves Brillon (1987) in his book critically reviews the literature on crime and aging. He has utilized the Canadian data to compare with the patterns found in other countries, particularly the United States and the Great Britain. He has also utilized the principal Canadian studies that have been completed on elderly persons with regard to victimization, fear of crime and abuse. The
author claims "there is no work to date that collects and summarizes the data and conclusions of this body of research". This research is concerned with whether the quality of life of older adults deteriorates, either because they are victimized or, more likely, because they fear victimization and isolate themselves, thereby becoming "a prisoner in their own home". The book consists of seven chapters. Chapter 1, is an introductory chapter in which the general issue of crime and violence, and how both the actual victimization and the fear of crime can influence the quality and style of life of the older Canadians. Chapter 2, stresses the heterogeneity of the elderly population, illustrates how the vulnerability of the elderly to the acts of crime can vary by such factors as health and economic status. Similarly, chapter 3 identifies the factors related to variation in the perceived fear of crime among the elderly, and presents the beliefs of the elderly Canadians on criminals and the criminal justice system. The researcher mentions that, many of the perceptions and fears held by the elderly are based on media reports of incidents that often occur elsewhere in the country, rather than on personal experience as a victim, or on knowing a victim in their own neighbourhood or community. In chapter 4 and 5, the incidents and inter-relationship between the rate of victimization and the fear of crime are described and discussed. As in other countries though there is a low rate of elderly victimization, there
is a high rate of fear, especially among the elderly women. These chapters include a discussion on the consequences of experiencing either actual victimization or the fear of being victimized. Also, the effect of possible confounding variables are discussed and the author offers alternative explanations as to why the elderly are victimized less, yet report higher levels of the fear of crime. Chapter 6 introduces the neglect and abuse of the elderly person. Though not a 'crime' in the legal sense (unless the victim is physically abused or subjected to fraudulent behaviour), such incidents are increasingly being reported to both the family and the institutional setting. The researcher summarizes and reviews the hypothesized causes of elderly abuse also. The final chapter (Chapter 7) identifies a number of policies, such as: (1) informing the elderly of the dangers that threaten them; (2) reducing the vulnerability of the elderly; (3) helping the victims of abuse and crime; and (4) acting collectively to prevent rather than to cure.

Mary Diessenbacher (1989) in his study examined the aspect of violence committed on the elderly people in residential institutions. The methodology adopted for his study was that cases of people being victimized in the institutional setting like the old people homes, nursing homes etc. were collected from the court records. He examined both violence and consequent deaths of the aged in these settings. The popular explanation for the causes
of these acts of violence was lack of love, affection and sympathy for old people. However, after close and careful consideration of the cases, the researcher has concluded that it is not a lack of humanity but a lack of professional routine which is the main cause leading the nursing staff to beat, neglect or even kill the old and infirm.

Michael A. Godkin, Rasalie S. Wolf, Karl A. Pillemier (1989), in their study examined the factors which contribute to the abuse and neglect of the elderly by caregivers in a domestic setting. Some of the hypothesis which were examined were: (1) care-givers who abuse or neglect the elderly are psychologically more impaired than the care-givers of the non-abused-elders; (2) caregivers who abuse or neglect the elderly have a greater history of violence in their background than the care-givers of the non-abused elders; (3) the abused/neglected elders are more dependent on their caregivers than the non-abused/neglected elders; (4) Interpersonal conflict between the elders and their caregivers is greater in the abuse/neglect cases than in the non-abused/neglected elders; (5) caregivers who abuse or neglect the elderly are experiencing more external stresses than the caregivers of the non-abused elders; and (6) the abused/neglected elders are socially more isolated than the non-abused/neglected elders. A quasi-experimental research design was used to compare the two groups of the elders (sixty years and above). The study groups were clients of elders from Home Care Services of
Worcester Area, Inc., a large case management agency for the elderly. Fifty-nine abused elders were compared with forty-nine non-abused clients from a home care program in the same agency. The study indicated that the members of the abusive families were more likely to have emotional problems which contributed to the interpersonal difficulties. The abused elders were not more dependent on the care-givers had become increasingly interdependent prior to the onset of abuse because of the loss of other members of the family, increased social isolation, and the increased financial dependency of the perpetrator of the elderly person.

Philip A. Hall (1989) studied 284 maltreatment cases that were validated by the Texas Department of Human Resources. The review of the literature developed several guiding concepts and helped to place the types of maltreatment into a wider context. The population was stratified into sixteen groups by the type of maltreatment reported, ethnicity, and urban-rural location. A listing of 43 maltreatment elements concerned with physical violence, verbal aggression and exploitation have been formulated. The main findings were that 69.4 per cent of the reports contained two or more maltreatment items. For the remaining elements, thirty-one appeared in less than 5 per cent of the cases, eight in-between 5 and 9 per cent, and two in 10 to 14 per cent none in as many as 15 to 19 per cent, and two in 20 per cent or more. A single element characterized 30.6 per cent of the reports, while 44.7 per cent
contained two elements. Three items occurred in 19 per cent, four in 4.6 per cent, and five in 11 per cent of the remaining cases. The researcher concluded that the policy issues arising from the data reported were that it suggested a cautious approach to value-laden issues while recognizing the need for intervention.

Karl Pilemer and J. Jill Suitor (1992) examined the problem of violence in caregiving relationships. They wanted to find out the prevalence of violence in caregiving relationship; predictors of violence by caregivers; caregivers fear that they may become violent toward the care recipient. Based on both the literature of the family caregivers and on the family violence, four factors were hypothesized to explain these two dimensions of violence: caregiving context. Analyses of the quantitative and qualitative data on 236 family caregivers to dementia victims revealed several characteristics that were predictive of violent feelings on the part of the caregivers including physical aggression by the care-recipients, disruptive behaviour, and a shared living situation. Structural relationship and the caregiver's age were found to be related to actual violence; the spouses were more likely to be engaged in violence than any of the other relatives. In addition, violence by the care-recipient was positively related to violence by the caregiver.
B. **INDIAN CONTEXT**

Coming to the Indian context it was seen that Gerontological studies are passing through infancy. It was found that from 1950 onwards social scientists have shown some interests on studying the aged. The first Indian Gerontological Association was established in 1960s. This association published 'Indian Journal of Gerontology' during the period of 1969 to 1972. After this, due to some unavoidable circumstances, the association as well as the journal lost their existence (Mishra, 1989:14). The trend-analysis of the interests of the Indian Social Scientists on the aged shows:

1950s':

Welfare services for the aged.

1960s':

Rural Social Change and the problem of the aged; Declining authority of the Old People; Urbanization and family change; Welfare Services for the aged; When is the man really old; and the Aged and their health problems.

1970s':

Loneliness in old age; Social challenges of old age; Changing roles of the older people in India; Problems of the retired people; Aging in India; Changes in Social Structure; and changing roles of the older people in India.

1980s':

Some aspects of aging in India; Problems of old age; Aging in Indian society; Problems and social adjustment in old age; Retirement in India; and Aging in India -- Problems and potentialities.
Overcoming mental problems; and Determinants of Social status of the Elderly: empirical evidence.

The above trend shows that in the area of victimization no work has been done in Indian context. Nevertheless, some of the works done by the Indian researchers have been reviewed.

H.M. Marulasiddaiah (1966) studied the aged population of Makunti, a small village in Karnataka. The findings showed that aging in the rural community, as elsewhere is not a smooth process, but is riddled with problems. Changes takes place in all the three well-distinguished areas of human life, namely - physical, mental and sociological. The researcher observed that the attitudes of the young towards the old have undergone significant change due to education, economic mobility and contact with the nearby towns.

C.K. Purohit and R. Sharma (1972) made a study on the Old Persons in a group of villages in Rajasthan, the investigators found that 66 per cent aged were dependents, the dependency was higher in the higher age groups. The main causes of dependency were the disabilities among the aged. The proportion of the unhappy aged was higher among the female respondents than among the males. It was also found that the aged were considered to be a socio-economic burden on the young.
K.G. Desai and R.D. Naik (1973) studied the problems of the retired people in Greater Bombay. They studied the financial, health, social and family problems of the retired people. At the time of study, 30 per cent retirees were found in some job and 10 per cent retirees were reported in debt-trap. 65 per cent of them had one or the other ailment. Majority of the respondents indicated that they prefered to stay with children only. The study concluded that the loss of status in the family was not an important problem for most of them.

Kripal Singh Sooden (1975) conducted Survey in the city of Lucknow during the year 1964-65. The sample elements for analysis comprised 390 aged individuals between the age group of 55 and above in the city. Main aspects of the study were: economic and social status; occupation; health and physical handicaps; and the Role and Status in the family. Among physical disabilities, 85 per cent of them had impaired eyesight. About half the aged were totally dependents upon others. One thirds of the aged were still the chief bread-winners of their families. On the whole, the burden of supporting the aged was on their childrens' shoulders and to a lesser degree on other relatives. Dependency on others was greater among the women than among the men. The aged with no income of their own had a further loss of their Social Status.

H.S. Bhatia (1983) made a study of the retired public servant settled within the municipal limits of Udaipur
City. The sample consisted of 80 gazetted and 120 non-gazetted retirees. The study was organised into eight chapters. Chapter 1 deals with the theoretical development in the field of Social Gereontology, concept of aging, methodology of the study; chapter-2 presents the demographic trends; chapters 3-6 present the analysis of the field data regarding retirees' attitudes towards retirement and the related aspects like economic life, family life including old age dependency and 'generation gap', the individual factors such as religion, health and illness, leisure and free time activities, Social participation and loneliness, and ambitions in old age; Chapter 7, critically examines the current theoretical discussion on the approaches to successful aging, i.e. the relevance of 'Asrama' theory to old age life, and, presents an alternative on the basis of the field data; the last chapter deals with the problems of Social Security and Welfare of the retirees and old persons. It was observed in this study that only 12 per cent of retirees reported about the physical disability. Mental troubles including depression, anxieties and obsessions were reported by 4 per cent retirees. Majority of the retirees were unable to arrange balanced diet. Religious pursuance was there among 75 per cent retirees. The study also indicated that the middle class aged were strongly oriented towards maintaining their independence and did not like the idea of being dependent on their children for economic needs. It was found that the children
from poor families try to put heavy burden on their parents and create problems. Only 3.5 per cent respondents were found to be living alone.

G. Menachery (1987) conducted study on 545 retired persons in four major cities of Maharashtra. The study was divided into four sections covering four major areas of retirement. These four areas were: Psychological, health, financial and leisure activities. It was found that 84 per cent of the respondents suffered from many types of disease. Most of them had eye-problem. Only 4.22 per cent had very poor financial position. Frustration with retirement, onset of physical deterioration, dissatisfaction with society, economical insecurity and ambivalent attitude of family members were some of the important findings in this study.

A. Mahajan (1987) had undertaken his study with two-fold objectives. The first objective was to highlight the needs and problems of the old and poor segment of the society and the second was to evaluate the administrative aspect of the old age pension scheme in Haryana. The study was confined to the recipients of the old age pension scheme numbering 749 respondents. The findings of the study was that 44 per cent of the pensioners were free from any serious health problem but most of them were victims of malnutrition which adversely affected their mobility and physical strength. With regard to their psycho-social problems, it was found that majority of the respondents
felt lonely and dependent. They were also totally unaware of the latest government plans and policies regarding the poor and old persons.

M.Z. Khan (1989) conducted a survey on some voluntary agencies that provide services to the aged—particularly those which were receiving grants-in-aid from the Ministry of Welfare, Government of India. To collect information, a two-fold strategy (a) mail-questionnaire and (b) study visits was adopted. The questionnaire were mailed to 42 agencies. In all, 22 agencies did respond and 20 agencies were visited, out of which 8 agencies were in Delhi/New Delhi itself. The main objectives of the study were: (a) to look into the problems faced by the aged; (b) to examine the organisation and functioning of service agencies for the aged especially of the Day-care Centers; and (c) to outline the direction that might be taken by the day-care centers to meet the existing and further-service needs. The main findings of the study were: Malnutrition affected the aged; they had numerous impairments and health problems; anxiety, depression, phobia, senile dementia and other symptoms and diseases were found; economic problems of the aged from unorganised sectors seemed to be larger, pushing many of the aged even into destitution; the status and role of the aged had been rather degraded; lonely, dependent and marginalised, they often suffered from feelings of worthlessness and alienation; in the organised sector, superannuating employees received
retirement benefits such as pension, gratuity, provident fund, insurance maturity amount etc. But in unorganised sector they got no support.

Saraswati Mishra (1980) had conducted a study on the retired Central and State Government employees living in Chandigarh (372) and Jabalpur (443). These retired people had been selected because compulsory retirement, as a major consequence of industrialization and modernization of society, brings most of the problems of old age earlier and rather suddenly in the life of the Government employees. The researcher formulated an 'Index of adjustment' and also the 'Life satisfaction Index'. In the 'Life Satisfaction Index' there were five components viz. resolution and fortitude; goodness of fit, positive self-concept; mood tone; and zest of living. Some of the findings of this study indicated that there is an increasing importance of achieved properties; changing social structure especially the family structure; changing of individualistic and materialistic values; negative attitudes of the younger generation towards the aged; and compulsory retirement from the economic activity and these are the main contributing factors for the emergence of the social problem of old age. Further, it was observed that those respondents who were better adjusted were those who were leading a life resembling the life of the aged people in the pre-industrial society in terms of having financial and physical security, satisfactory family relationship, social interaction and
association with various groups of people, involved in useful and creative activities.

L.K. Reddy (1992) studied about the status of the elderly. He stated that their status depends upon how the public view them and what attitudes they hold towards the elderly. Samples taken for this study consisted of 600 respondents from the urban and rural area. They were all literate. An inventory was developed which consisted of attitude towards various aspects of life, habits and characteristics of the old people. One of the main findings is: Social Status is high in rural area. Greater traditionality and lesser modernisation that influences rural men and women is probably a major cause for the higher regards for the elderly person in rural areas. This implies that the younger people have more negative attitudes and the older people have more positive attitudes towards the elderly. In conclusion the researcher stated that the elderly persons have a better status in a village set-up than in an urban set-up.

**PRESENT WORK**

A closer look at the literature reviewed indicates that in Western context a number of works have been done on the elderly abuse, maltreatment, crime victimization, fear of crime, personal victimization, exploitation, family violence etc. but in Indian context, no such empirical study has yet been done. Keeping this in mind, an attempt to
know the Social reality of the situation faced by the aged has been made in this study. In fact, we want to find out whether the old are really being cared or are being exploited by their members of the family, or the relatives etc. Further we also wish to find out the reasons, if any, for being victimized.

At the outset we wish to state that the term 'victimization' has been used in our study as: an act of making someone a victim; an act of causing someone to suffer inconvenience, discomfort, annoyance etc., either deliberately or misdirected attention; an act of cheating, swindling or defrauding. This term should not be confused with 'victimology' as this is an academic discipline, which at the same time is also a modern social movement or so to say a victim movement (see Walklale, 1989; Chocklingam, 1985; Rajan, 1981; Drapkin and Emilio, 1975).

Keeping the foregoing view, the present work addresses itself to some objectives. They are:

1. To know about the conditions and problem of the aged;

2. To survey the impact of the physical, social and economic factors;

3. To examine, maltreatment, coercion, violence and victimization, if any, in the family setting;

4. To find out whether there is any relationship between the caste and the treatment given;
5. To compare the old age problems of the urban and the rural aged;

6. To enquire the types of victimization they face.

In this study our sample consisted of 60+ in ages of both the sexes. While analysing the data, a comparison has been made between the Urban and the Rural respondents and not between the male and the female respondents since a similarity was found in their problems. In some places where it felt necessary to highlight this difference, it has been done.

**SAMPLING AND COLLECTION OF DATA**

In any empirical work, the sampling and collection of data form the core of the study. Here in this section, the techniques adopted in the present study have been dealt:

**SAMPLING TECHNIQUE :**

The present study has been conducted in Madhya Pradesh. The State of Madhya Pradesh has 45 districts. Out of these 45 districts, Sagar district was chosen for the study (see Fig. 1). From this district, the Urban and Rural sample was selected. Sagar district has 11 urban centers. Out of these Urban Centers, the city of Sagar was chosen. This was done because the University is situated in Sagar city and it was convenient to collect the data (during the field work no financial assistance could be obtained from any agency). The city of Sagar
comprises the Urban Sample. According to the 1981 Census, the population of 60+ consists of 11,154. This figure could not be of any help as the field preparation was done in 1990 and from the Census figure the name and address could not be found. Hence, from the Vidhan Sabha voters list of 1988, the names and addresses of 58+ of the Universe were noted down, as, by 1990, they would all be 60+. It was found in this voters list that the city of Sagar is divided into 35 wards. Since this list was in a cyclostyled form, many pages were found missing (torn out) and, in many places the typing was smeregered. Ultimately, from this list, 15 wards were chosen whose records could be properly deciphered. The names of these wards are: Civil Lines, Madhuker Shah, Gopal Gunj, Sanichari, Parkota, Lajpat Pura, Shukrawari, Vitthal Nagar, Moti Nagar, Ram pura, Itwari, Mohan Nagar, Chakra-Ghatt, Bariya Ghatt, and Lakshmi Pura (see Fig. 2). A proforma was formulated to note down the name, father's name, address and age of the universe. When this list was prepared, a sample of 3211 respondents was ascertained. From this list many names were deleted for the following reasons: names were repeated; address was not correct; could not be traced; change of address; deceased etc. Later on, from each ward it was decided to choose 11 respondents. This selection of respondents was done by the help of random numbers (see Blalock, 1960:395).

In selecting rural respondents, concentration was given on Bina Tahsil which is one of the 7 tahsils of Sagar
District. Bina Tahsil was chosen in particular because of the author's familiarity with this Tahsil. Bina Tahsil consists of 210 villages. Through the technique of random numbers, 15 villages were chosen. The name of these villages are: Dewal, Pandhoe, Chamari, Karonda, Bhangadh, Purajadhoe, Bildhoe, Parasari, Bedhai, Girwal, Russalla, Burmayne, Mudiadehra, Mirjapur and Khajuria (see Fig. 3). From the Vidhan Sabha voters-list the name, address etc., were noted of all the villages. When the list of the rural people concerned was prepared a sample of 656 respondents was finalized. From each village were selected 11 respondents by using the random number technique.

Thus, in all 330 respondents were contacted (165 each in Urban and Rural setting). But due to some problems faced in the course of field-survey (like: respondents could not hear; were dumb; were very sick; and some were not available even after three successive attempts), about 13 respondents could not be included in the study. Hence, in all, interview of 317 respondents (156 Urban and 161 Rural) could be made.

**Data Collection**: The primary method of data collection was adopted for the purpose and for which an interview schedule was formulated. This interview schedule covered the following aspects: personal and family background, health condition, leisure time activity, personal habits, socio-economic conditions, and victimization. The interview
Schedule had been prepared both in English as well as in Hindi.

A pilot study was conducted on 15 respondents in Raipur city and Palari, an adjoining village. This pilot study helped us in streamlining our interview schedule. It helped us to avoid loaded and vague questions. It also helped us to phrase and list the questions in such an order that immediate rapport could be maintained with the respondents. The final interview schedule covered 20 type-written pages and had about 136 questions.

The interview occurred in every type of residence in buildings and in huts, and among all kinds of people. These interviews were conducted during the months of October, November and December, 1991. In the present study, for some of the cases (25 cases), the case study method was also adopted so as to probe and get a better insight of the problem from the respondents.

DIFFICULTIES IN DATA COLLECTION:

1. Most of the people above eighty years had hearing problem. The researcher had literally to shout while talking to them.

2. Due to ignorance some of the old people thought that the researcher was gathering the information as she had some ulterior motives. After much coaxing confidence was infused.
3. In some cases there was interference from the members of the house-hold which had to be infused.

4. Some old people even cried during the interview, due to their poor condition of life. The researcher had to pacify them.

5. Some old people left the interview half way. The researcher had to contact them again and again.

6. In rural area the researcher faced language problem too because ninety per cent people had their own dialect.

7. In rural areas where there was no approach road, the researcher had to travel by tractor and even had to walk uphill as the village was situated on a hillock.

**Processing of Data:** As mentioned earlier, information was collected mainly through primary sources viz. through interview. The collected data were checked and edited for omissions and inconsistencies. This was done to see that the respondents' view did not get distorted. The next stage in the processing of the primary data was their quantification. This was done by assigning numerical symbols to the responses recorded in the interview schedule. For this a code book was prepared and, accordingly, all the completed interview schedules were coded. Once the coding was verified, it was transferred into coding sheets where it
was again verified before passing it over for computer analysis. The computer analysis was done on a PC-XT, hence the data from the coding sheets was fed into the floopy. In all, there were 177 variables.

The computer work was done at the Central Instrumentation Laboratories, Computer Center, Dr. H.S. Gour University, Sagar. Once the listing (print out) was compared with the original code-sheets, it was all set for the analysis. The data analysis has been carried out using the SPSS programme, i.e. SPSS/PC PLUS t/m for the IBM PC/XT/AT (See Norusis, 1985). This has led to the preparation of mono-dimensional tables (marginals) and cross tabulation of two variables with a few routine statistics such as chi-square, contingency coefficient, Kendall's Tau B and Tau C. The presentation of bivariate tables has been left out for want of space. Further, the association between two or more variables has been highlighted only in cases where the probability value of chi-square, contingency coefficient and rank correlation has been found to be 0.05 or better.

CHAPTER SCHEME

The thesis embodying the analysis is divided into six chapters including the introduction. Chapter II is mainly based on the field; Chapter III is based on the profile of the respondents; Chapter IV is based on socio-
economic conditions; Chapter V includes the victimization aspect and the last Chapter adhering to tradition provides an overview conclusion. The bibliography and the interview schedule are presented in the end.