

ELDER ABUSE IN INDIA

Country Report

for

World Health Organization

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The participants of the focus groups

Dedicated to:

The abused elderly

Contents

Background

Methodology

Findings

Main problems as faced by elderly men and women

Older Peoples roles within their communities

Perception of what elder abuse is and what are the different kinds

Perceptions of the contexts in which elder abuse occurs, and its perceived causes

Situations where different acts of violence and/or abuse are acceptable or unacceptable

Situations where it is appropriate for family members, neighbours or friend to intervene

Whether abuse is common in the area or not

Seasonal influences of abuse

Perceptions of elder abuse as a health issue and an issue of concern for health care workers

Identify existing/needed health and social services and community support in relation to violence and abuse

Define the gaps, the needs and views for future responses to abuse, care and prevention.

Why people do not approach help

Discussion

Conclusion

Elder Abuse in India

Background:

India is growing old! The stark reality of the ageing scenario in India is that there are 77 million older persons in India today, and the number is growing to grow to 177 million in another 25 years. With life expectancy having increased from 40 years in 1951 to 64 years today, a person today has 20 years more to live than he would have 50 years back.

However, this is not without problems. With this kind of an ageing scenario, there is pressure on all aspects of care for the older persons – be it financial, health or shelter. As the twenty first century arrives, the growing security of older persons in India is very visible. With more older people living longer, the households are getting smaller and congested, causing stress in joint and extended families. Even where they are co residing marginalization, isolation and insecurity is felt among the older persons due to the generation gap and change in lifestyles. Increase in lifespan also results in chronic functional disabilities creating a need for assistance required by the older person to manage chores as simple as the activities of daily living. With the traditional system of the lady of the house looking after the older family members at home is slowly getting changed as the women at home are also participating in activities outside home and have their own career ambitions. There is growing realisation among older persons that they are more often than not being perceived by their children as a burden.

Old Age has never been a problem for India where a value based, joint family system is supposed to prevail. Indian culture is automatically respectful and supportive of elders. With that background, elder abuse has never been considered as a problem in India and has always been thought of as a western problem. However, the coping capacities of the younger and older family members are now being challenged and more often than not there is unwanted behaviour by the younger family members, which is experienced as abnormal by the older family member but cannot however be labelled.

The aim of the study was to (1) define and identify the symptoms of elder abuse, (2) create awareness about its existence to the primary health care workers and (3) develop a strategy for its prevention.

Methodology:

Focus group discussions were held to gather data from the participants of the study. This is a technique widely used to gather data especially on sensitive issues wherein the subjects involved in the study cannot or for some reason

reserve their comments and one to one interviews do not seem to work. Interaction within a group helps the participants to be able to define a problem without making an effort to measure its scope.

Sample:

The sample was taken from urban society, residing in Delhi. Two major groups were addressed: the older persons and the primary health care workers who interact with these persons when they approach as patients.

Older Persons:

Six focus groups were convened with the help of the author and an assistant facilitator in six different areas in Delhi. These groups comprised of members of senior citizens associations in local of residential areas of Delhi. The details of the groups are given as under:

Group number	Constitution	No. of participants	Socio-economic status
1	Male	10	Middle
2	Male	08	Upper middle
3	Mixed	12	Low
4	Mixed	10	Upper Middle
5	Female	08	Low
6	Female	10	High

The socio economic status was examined from the last income, occupation and education of the participants of the group.

Health care workers:

Two groups of health care workers involved as primary health care workers in urban settings were also involved in focus group discussions regarding their perceptions of what elder abuse is, how rampant it is within the Indian context and how they feel that it can be tackled. Both the groups constituted of male and female doctors, female nurse and nursing attendants (both male as well as females).Registration clerks were also included in the groups as they are the first contact of a patient in a health care setting. Total number of participants in both these groups was 8.

Findings:

During the introduction, in the focus groups with the older persons, care was taken about avoiding the word "Abuse".

Main problems as faced by elderly men and women

MALES

Discussions with male groups indicated that the middle income group listed "economic" problems on priority. The second male group from the upper middle class prioritised "mental health problems" focusing more on lack of work, lack of facilities for utilisation of leisure time and a general feeling of loneliness "talking to walls". The problem here did not seem to be lack of money but lack of time by the "others" for the older persons

Second to economic problem came "lack of emotional support" from family members and both the groups felt that they felt a need to talk to their family who did not seem to have time for them. The words were many – ranging from "neglect" from family, "experience of loneliness in everything", "a sense of insecurity" and feeling of "burden", and "Old Age itself was a disease"

A glaring problem faced by the males group was older couple being asked to live separately when they had more than one child i.e. the older woman to stay with one child and the man to stay with another – according to the convenience of their support in whatever housework /outside work they could contribute to

Health problems however took a back seat coming in at the third position and linked with lack of mobility and economic problems

Lack of accommodation was also a "problem" identified by the older persons who had houses of their own and were not staying in apartments, where there is only a specified area.

Case study 1

Dr. Singh, 70, is a qualified medico trained in Homeopathic medicine. He superannuated from Government service about 10 years back. He has been living in this apartment, owned by him with his only son, daughter – in – law and two grandchildren for many years now. His wife died two years back.

He waits endlessly for the meals to be served. He is an early riser and goes to bed early. At times, he has to eat whatever is available. The timing of the meals and the items prepared do not suit his age and taste. If at all he complains, it creates an unpleasant situation in the house and nothing improves.

If he offers any suggestions about the ways of keeping the house(which is his own), or for that matter looking after the needs of the grandchildren, he is told in no uncertain terms to mind his own business.

He has asked his son and his family to leave as he is the owner and he can no longer live with them. He has even suggested that would like to remarry for the sake of a companion and so they must be leaving the apartment. They do not go anywhere, and continue to neglect him.

MIXED

Health problems surfaced as being the most common problems faced by the older persons in the mixed group both in the lower and upper middle strata of society followed by financial problems. The views were similar in both the focus groups. They stressed on the physical disabilities and problems of mobility, as well as problems of living alone with disabilities.

In the lower group, the problem of women surfaced as the next major issue wherein there was a general consensus was women were the worst sufferers with no income of their own and dependent on spouses for everything. They also tended to underplay their health problems for the sole reason of causing inconvenience to the other family members by way of escorting them to the doctor and/or spending money by way of consultation fee and medicines. They further voiced that if the women were widows, the situation was even worse because the finances then came from children for their welfare and it was the sole discretion of children to “decide whether she needed medical assistance or not” even if she said she did. This problem however did not get priority in the upper middle level group.

“Daughters-in-law” was the next “problem” in both the groups. While both the groups stressed on the lack of caring attitude by the daughters in law, women of the lower socio-economic class got very vocal about the fact that daughters in law were misusing the law, by reporting harassment by in-laws to the police, leading to maltreatment by the police to the in-laws. (Indian Penal Code sec.498(a), is designed to tackle dowry deaths)

While the lower income group faced a very obvious problem of lack of space within the existing housing structure, causing the older persons to be moving to smaller rooms, or open spaces covered now for the sake of the “elderly”, the upper middle group complained of lack of adjustment from the younger generation causing a great deal of turmoil among the older generation. They felt neglected by the family members and also felt a sense of resentment against their own children at times.

FEMALES

Economic Hardships became very prominent in the women of the lower socio-economic group while the higher socio economic category put loneliness as the primary problem affecting the older persons today. The lower socio

economic group felt that if the woman has money, she had power or else she had to be dependent on children for financial support and also "illtreatment", humiliation and complete neglect from family members. This mental agony also led to various mental health problems some of which could not even be described.

Case Study 2

Mrs. SHANTI, 75, widowed for 50 years (at least), mother of two sons. The younger of the two sons was 3 months old when the husband died, with no finances or pension to fall back upon. The lady survived by sitting outside a temple and serving water to the devotees and earned Rs.35/- per month (less than 1 US\$) and some other income generation activities to make both ends meet. Her sons grew up, got married, and generally did well in life. One of them did better than the other and moved away from the mother and brother's family and stopped all contact with them. She stays with the second son and his family, who continue to "support" her.

Her first son (staying separately) decided to open a community water cooler in his locality, in the memory of his father. On the pursuance of his friends and other members of the community, he invited his mother to inaugurate it. After the inauguration, when refreshments were being served, the mother was totally ignored to the extent that the two guests on her either side were served while she just looked!

The higher socio-economic strata focus group prioritised health and mobility as the second major problem following loneliness and stressed on other issues like lack of utilisation of productive potential of older persons as well as lack of recreation facilities within the community. Some in the group also felt that there was economic exploitation by the hands of the children who wanted their share in the property before the older parents' death and expressed concern because they felt that parents gave in to such demands as they did not want conflict.

Case Study 3

Mrs Kamlesh Gupta, 65, belonged to an extremely rich family. For fifteen long years she took care of her bedridden husband single handedly. She is mother of 5 well educated and well earning children. Some of them live in the vicinity.

They all were willing to contribute monetarily towards her welfare but could/did not provide emotional/moral support that she required the most. During the course of discussion, she appeared agitated, angry and practically furious with the callous attitude of the younger generation. She had also suffered bouts of severe mental depression. To keep herself occupied she had started teaching adolescent girls in the neighbourhood. However, she still felt lonely and neglected.

She wanted to get quick solution to her complicated problems. When the discussion was halfway, she promptly got up and walked out saying that the focus group was incapable of arriving at a solution for her problems.

Older people's role within their communities

Since we are dealing with people who have largely been professionals, (both male and female) there is a definite age of retirement from the professional life. Earlier, these people could use their energy/potential in taking care of household activities e.g. buying provisions, looking after grandchildren etc. With the change in the perception of family, these roles are now played by domestic helps.

There are no clearly defined roles of older persons with in their families.

Women in the lower middle class who largely had been housewives all their lives faced a different problem of being marginalized from the kind of housekeeping that they were used to. This work was now being performed by the daughter in law who felt that the household chores be done according to her style of functioning.

Perceptions of what abuse is and what are different kinds

The groups linked the word "Abuse" to extreme behaviour of violence. Neglect/ abandonment that was clearly felt by the majority in all the three groups was not defined as abuse.

Disrespect was another acknowledged form of "maltreatment" meted to the older persons

Lack of dignified living was also cited as a form of "maltreatment"

On explaining different types of abuse through vignettes, there was a general uneasiness among the groups and a genuine attempt was made to evade the issue. On being forceful about the specific issues of physical abuse and seasonal abuse, the groups denied the existence of such happenings in the community.

Verbal abuse seemed to exist however, the older people were not very vocal about it. There seemed to be some talk about "some daughters-in-law" speaking very rudely" to their old in-laws. No major details were provided but a glaring fact was of a woman who talked about "someone she knew" who was constantly called a "bloody bitch" by her daughter in law, even while crossing her bed, or wherever the she used to be sitting. The narrator had tears in her eyes, and within a matter of a few minutes after this was frankly crying.

Economic abuse was acknowledged, especially by way of dispossession of property. This seemed also to be linked to neglect. Cases were cited by the groups themselves wherein the children took over the property while the older parent was alive and then confined them/him to one corner of the house.

Disrespect was yet another form of abuse that got acknowledged (refer to the case study 2 of Mrs. Shanti Gupta)

Old parents staying separately became yet another perception of what maltreatment was. One parent was made to stay with one child while the other stayed with the other child. This adjustment was made as one child could not take the burden of looking after both the parents. There were also cases of "rotation" wherein the parents stayed with one child for a particular period of time and then moved over to the other child to stay with him for the same period of time.

In women especially, by way of financial dependency and no access to money whenever required especially for health problems and buying of medicines.

Even among the health care workers, physical cases of violence were the only ones that got acknowledged as abuse but they did not report physical violence as being seen by them. They however, did acknowledge symptoms of mental illness and frank pathological mental illness in older men and women who reported to have "family problems"

Perceptions of the contexts in which elder abuse occurs, and its perceived causes

Virtually the entire community in all the focus groups believed that lack of value system and negative attitude of the younger generation was the most obvious cause of "maltreatment" in the present day scenario.

Lack of adequate housing leading to a lack of physical and emotional space or basic necessities, that make the older parent shift to one corner of the house was also perceived as another major cause

Dependence of the older parent due to extreme physical and mental impairments, requiring a constant support of a caregiver. The "burden" was perceived both in the capacity of time and money. Caregivers became non caring or not caring enough for the older parents and subjecting them to neglect

Lack of adjustment from the side of older persons. This point was emphasised by majority of groups pointing to the fact the growing realisation that, to survive, they shall have to adjust with the younger generation.

Situations where different acts of violence and/or abuse are acceptable or unacceptable

According to the focus groups, violence did not exist in their communities. It was only in abnormal cases that it was heard but by and large this did not exist.

There was however a passive acceptance of abuse by way of disrespect, neglect, and economic by women of the lower strata.

The older persons in the groups considered neglect acceptable and a genuine effort was made to justify this within the existing family structures. The point was made that this neglect to a large extent was not wilful, on the contrary, it was something that the younger generation could not help!

Economic abuse was unacceptable.

Situations where it is appropriate for family members, neighbours or friend to intervene

The major problem here was sharing of the fact that they were being abused. They were afraid that if this complaint reached their children, they would subject them to further abuse.

There was also another view that if older people themselves came and talked about the way they were being harassed by their own children, there might be a sense of shame among their children and the end result may be a better life for the older parents.

Intervention was sought by nearly all however, they were scared to take the initiative.

Whether elder abuse is common in the area and why

Emotional/psychological, disrespect and neglect existed in all the areas and while one part of the group blamed it on westernisation of society and lack of value system in the once traditional family system in India, there were others in the group who somehow seemed to be blaming the older parents for the actions by the younger generation.

Economic dependence was considered a major reason for abuse.

Physical weakness due to age was also another reason why abuse existed and they could not fight it.

Seasonal influences of abuse

Did not appear to exist.

Perceptions of elder abuse as a health issue and an issue of concern for health care workers

Concern was shown by the health care workers of both the focus groups as a mental health problem rather than a physical problem. Somehow as the health care workers also perceived, they did not seem to have come across violence towards the elderly in the communities where they had worked.

Physical symptoms that prevailed in the older persons were of epi gastric pain, reflux, sleeplessness, anxiety, and depression. These were largely psychosomatic in nature and could not be labelled as a specific physical illness.

The medical doctors in the groups explained that they had tried to convince patients about the fact their illness was more in their minds and that the present diseased state was because they were probably” thinking too much”.

Identify existing/needed health and social services and community support in relation to violence and abuse

A health care worker at the primary health care level did not have the time to listen to the “tales of older persons”. There were no facilities for the special geriatric services that could be availed at the primary or secondary health care set up.

Need for a counsellor was suggested by both the focus groups of health care workers. The groups felt that the older people needed to talk to the doctors and other health workers rather than just get their illnesses diagnosed.

The groups felt that the older persons needed to be first screened by a trained counsellor for their physical ailments that largely seemed to be psychosomatic in nature. Almost all problems of the older patients would get sorted with the introduction of a counsellor and also lead to lesser workload for the doctors.

A need for a social worker was also felt by a few in the focus groups to handle cases of frank/existing abuse that the patients were willing to talk about. However, the health care workers were themselves not sure if that would work out because the older patients immediately tended to withdraw whenever there was talk about intervention by way of someone going from the community to talk to the children about the kind of emotional trauma that the older parents were being subjected to by them.

Define the gaps, the needs and views for future responses to abuse, care and prevention.

Sensitisation of younger persons through creative use of media

Recreation centre

Utilisation of productive potential of older persons through utilisation in community services

Counselling of older people to adjust to the needs and changed circumstances of the younger generation

Why people do not approach help.

Most people in the group felt ashamed of the fact that they are being ill treated by family members. They were also afraid of retaliation by the family members if the agencies come to help.

A large majority also felt that the social agencies could hardly do anything to help them and the major fact was that it was emotionally satisfying to at least be able to “see” their children.

Discussion

As compared to the abundance of systematic data on population ageing and statistics, there is complete lack of research, or published data on elder abuse in India. Occasional articles in newspapers hear of elder abuse but that is about all. This is a problem that largely gets swept under the carpet, and is within the four walls of a home. It is grossly underreported and un-discussed as the older people themselves do not want to discuss it, and the relatives and neighbours who are aware of this do not want to get involved.

Concept of elder abuse as relevant to the developed world is alien to the Indian society. The Indian scenario is not individualistic but a traditional family based society where the older persons still seem to be considered a respected lot. Due to technical advances and migration from rural to urban areas, the roles of older people have become ill defined and too insignificant for the family.

The six focus groups selected varied from lower to higher strata of society and largely service sector people who had superannuated at the age of 58 or 60 years. The participants of all the focus groups initially talked about “emotional problems”, “lack of emotional support”, “neglect by the family members”, “feeling of insecurity”, “loss of dignity”, “maltreatment”, disrespect” by the family. However, not a single person was willing to label it as “abuse”. They linked abuse to very severe acts of violence, which they all seemed to agree was abnormal and “did not happen in our societies”. Defining abuse was a problem.

Even encouraging a discussion on abuse with the help of vignettes did not spark a discussion on the subject. In fact there was a general uneasiness among the groups and a genuine attempt was made to evade the issue. On being forceful about the specific issues of physical abuse and seasonal abuse, the groups denied the existence of such happenings in the community, at least within their own. One example at this point would be of Mrs. Kamlesh Gupta (case study 3) who walked out of the group. The avoidance of the issue, is very very evident which also points to the fact that whatever exists the older people are not willing to discuss it.

Another major factor was the fact that the older parents themselves were trying to justify "neglect" in the existing circumstances, blaming it on the changing scenario, changing value system that "existed everywhere in society", and not just their homes. Whatever be the cause, they were sympathetic towards their own children. The reason could either be emotional bonding with the children, especially the sons who traditionally co-reside with their parents and in the traditional Indian scenario, are supposed to be the heir and carry the "name" of the family into the next generation.

A major cause that is usually considered to lead to elder abuse is the disability factor in the older persons that creates a need for a caregiver who cannot/ does not care enough or is tired of caring for much too long that he/she (usually she) starts to neglect the older person.

Even though physical abuse was not sighted, the mental health problems encountered in these older persons were far too many to ignore the aspect that the psychological abuse did not hit the older parents as hard as the physical abuse. In fact this was even worse to quite an extent because since they felt the abuse but did not share it, talk about it, and get it out of their system, it manifested in all kinds of psychosomatic problems that to a large extent did not get cured by medicines. A previous study done by the facilitator in an outpatients department of a tertiary care hospital had revealed that about 85% of the older persons has felt "loved and wanted" by their family members while only about 10% felt that they were being "tolerated", 4% had felt "the need to go to an old age home" while 1% had no comments on the issue. This reveals the differences between a one to one interview and a focus group discussion where largely they were talking about "others" rather than their own selves.

Financial abuse was linked largely with people of the lower middle income group especially women. An older woman in the present day India scenario has traditional role given to her as a care giver in a largely patriarchal society, with no financial independence and if she happens to be a widow that is the case of 55% of the women above the age of 60 years in India, then the world may not be a very nice place to live.

Verbal abuse seemed to exist however, the older people were not very vocal about it. Sporadic research into the issue has shown that women have been

found to be complaining more about abuse especially verbal and physical. Here, while women were definitely more vocal than men, incidence of physical abuse however was not cited. Another glaring aspect seen in the study was use of crime as a weapon for elder abuse. There is a special cell for crime against women where cases of domestic violence and dowry deaths are handled on priority. These are now being grossly misused by the younger daughters – in - law against the parents –in-law.

Discussions with primary health care workers revealed that they do not look for elder abuse in older patients. They do not consider this a health issue and neither do they feel the need to intervene and try to reduce elder abuse as they consider it more as a social problem, and not a health care issue.

Facilities need to be provided to older people to meet like minded people and spend their time doing some constructive social work. Need for professional caregivers is also essential, so that the members of the family who can help monetarily but not with time, and energy could get help and therefore some extent of abuse in that direction could be solved.

Counselling needs have emerged as yet another major component of solving the problem of elder abuse. Counselling could prove to be an important component of family therapy and the end result could be beneficial for both the younger as well as the older generation.

Conclusion:

This study was designed with the overall aims of defining and identifying the symptoms of elder abuse, spreading of awareness about its existence among the primary health care workers and also develop a strategy for its prevention.

Eight focus groups with roughly 10 people in each were the participants in the discussion that comprised 2 elderly male groups, 2 elderly female groups, 2 elderly male and female groups mixed and 2 groups of primary health care workers comprising of doctors, nurses and nursing attendants. The older persons in the focus groups were staying with their families in the community.

Elder abuse was linked to violence and was not acknowledged by the participants of the study as something that happened in their community. They however did acknowledge the existence of “maltreatment”, “neglect”, and “disrespect” within their society and community. However, a large part of the acknowledged “maltreatment” was accepted and efforts were made to justify the behaviour by the younger generation.

No cases of physical abuse were brought to the notice of health care workers in these settings. However, they felt that the problems of abuse among older persons were more mental than physical. It was even more difficult to first, identify and then tackle as the older persons were not willing to talk about

them. These were instead presented to the doctors as major psychosomatic complaints that did not get cured with medicines.

The introduction of an issue such as this was disturbing to most of the participants in the groups. There were very few who initially were willing to talk about this objectively. They were of the view that cases of abuse reported in the press were only aberrations and abuse did not exist in society in general. Media was blamed for sensationalising the issue. Acceptance of the fact that neglect, in any case would occur because of pressures of modern life styles and changes in the value pattern.

The solutions cited to handle the “problems of older persons” were in the form of a recreation centre/day care centre that the older participants felt could solve a lot of problems of the elderly. The primary health care workers felt the need of introduction of counselling services for the elderly as a major problem solving method.

Elder abuse could not be conceived to exist in the typical scenario. There has been an attempt to accept negligence as apart of the changing social norm. Primary Health Care workers are neither aware of their role in diagnosing elder abuse nor are they considering initiating intervention in this direction.