Ill-Treatment An Evolving Form Of Elderly Abuse: Evidence From LASI Pilot Data

Ayan Rudra

Ph.D., Research Scholar, International Institute for Population Sciences, Mumbai, Maharashtra, India

Abstract: The elderly citizens, who should be respected not only for being senior but also they served for the society. Various problems emerging due to ageing, and they have to face another problem called adjustment as changing the pattern of family and social systems. The main focus of this paper is on the ill-treatment faced by the elderly in India. How do family and society treat them in response of the some of the basic background characteristics and other important characteristics, which make this elderly group more vulnerable, likely to be abused.

Many times they got ill-treated by family members and other outside members. This study regarding to coined issues contribute in against of elderly abuse. They needed especially care as being vulnerable and the support of family and society. The LASI (Longitudinal Ageing Study in India) pilot data is used to present this study. Many times the elderly cannot express, ill treatment they faced from their family and others, also they failed to recognize abuse. In such situation, they used to feel like there's no one for them. Because of which their health condition gets affected, and they are feel more susceptible and left out.

Keywords: Aging, ill-treatment, elderly abuse, violence.

I. BACKGROUND

The elderly citizens, who should be respected not only for being senior but also they served for the society. Being the aged, family system and society is responsible for their care and security. Various problems rising due to ageing and they have to face another problem called adjustment as changing the pattern of family and social systems. They try to seek for satisfaction and ultimately it depends upon the response which expected from their family and society. Social problems like child abuse emerged in the time period of 1960"s and wife abuse emerged as a foremost social difficulty in the next decade. After that, abuse of the elderly has become a topic of interest in the 1980's. Elder abuse can be classified in various ways as like physical sexual, psychological or financial. It causes harm to an older person temporarily or a long period of time. In the 21st century elder ill-treatment recognized as a global, social, and public health problem threatening older people (Lachs and Pillemer, 2004; WHO, 2002). It is better to

mention that as life expectancy, health facilities, technology etc increases and mortality decreases so a number of older people or aged people increase. As the older population increases, the burden on families becomes heavy, especially given the lack of social services, and values emphasizing the family's responsibility to care for its aging members (Park & Choi, 2001).

Country like India is balanced to experience a dramatic climb in its aging population in the upcoming decades, yet comprehensive research and useful strategy to deal with this evolution are missing. According to United Nations Population Division projection the share of Indians aged 60 and over will increase from 8% today to 19% by 2050 (representing 323 million populations, more than the whole US population in 2011). This demographic shift will pose significant challenges. India's traditional dependence on private family networks to provide older people with care, companionship, and financial support will be worried not only by the mounting digit of aging Indians who rely on it, but also

ISSN: 2394-4404

by changing of household dynamics and trends and patterns of spatial mobility among younger family unit (Riffer, 1985).

GENERAL DEFINITION OF ELDER ABUSE IN THE CONTEXT OF ILL-TREATMENT: As elders become more physically weak, they're less able to stand up to nuisance and or clash back if attacked. They may not see or hear as well or think as undoubtedly as they used to, leaving openings for dishonest people to take advantage of them. Mental or physical sicknesses may make them more trying friends for the people who live with them. Many seniors around the world are being abused: harmed in some extensive way often by people who are openly responsible for their care. This is termed as elder ill-treatment.

II. TYPES OF ELDER ABUSE OR ILL-TREATMENT

Elder abuse includes numerous types of violence that occur among those aged 60 and older. The violence usually occurs at the hands of a caregiver or a person that elder convictions. Some frequently known types of elder abuse includes:-

PHYSICAL: This occurs when an senior is wounded as a result of hitting, kicking, pushing, slapping, burning, or other show of force. Such kinds of treatments are considered as physical violence.

SEXUAL: This involves forcing an elder to take part in a sexual act when the elder does not or cannot assent.

EMOTIONAL: This refers to behaviors that harm an elder's self-worth or emotional well being. Examples include name calling, scaring, embarrassing, destroying property, or not letting the elder see friends and family. The emotional harm that may result from verbal or emotional abuse includes but is not limited to torture, sorrow, fear, perverse emotional discomfort, loss of personal pride, or loss of sovereignty. Emotional abuse divided in two groups, these are:-

- ✓ Verbal
- ✓ Non- verbal

OVERLOOK: Overlook means active or passive failure to provide the care, control, or services necessary to maintain the physical health and emotional well-being of an adult that creates a risk of serious harm or results in physical harm, significant touching harm or unreasonable uneasiness, or serious loss of personal self-respect. This is the failure to meet the elder's basic needs. These needs is day to day requirement include food, housing, clothing, and medical care.

REJECTION: This happens when a caregiver leaves an elder alone and no longer provides care for him or her.

FINANCIAL: This is illegally misusing an elder's money, property or assets.

OBJECTIVES

The main objectives of this paper are:

- ✓ To study the ill-treatment faced by the elderly in India.
- ✓ To study family and society behavior on elder people in response of some of the basic background characteristics.

III. DATA SOURCES

The Longitudinal Aging Study in India (LASI) is intended to inform the design and extension of a new cohort of institutions – public and private – for the care and support of India's population of older people by facilitating ample data to the scientific and strategy society. LASI is a proof base for analyzing the (1) health, (2) economic and financial resources, and (3) living arrangements and social connections too of older Indians. It is opportunities for cross-national analysis by adding India to the growing number of countries with synchronized data on their older persons. LASI surveys will be carried out every two years, given that longitudinal data to sustain investigate and policy development. For execute the objectives of this study Longitudinal Aging Study in India (pilot data) has been used.

IV. METHODOLOGY

This paper provides an overview of the conception and content of the 2010 LASI pilot survey was conducted in four states (North and Southern): Punjab, Rajasthan, Karnataka, and Kerala. From this pilot survey data, the ill-treatment within and outside the family experienced by the elderly is studied by their back-ground characteristics. The comparison is done by using cross tabulation with the help of SPSS software.

V. RESULTS AND FINDINGS

Situations which are viewed by society as legitimate social problems are typically those which are found to be harmful to a significant number of people. There is no question that the abuse of children, women, and the elderly is harmful. From this analysis, it is observed that elder people are facing lots of ill- treatment or cruelty from family and society.

FACTORS ASSOCIATED WITH ELDER ILL-TREATMENT

SEX: From the analysis this is observed that sex wise elderly ill-treatment varying. As we consider ill-treatment as some of the time and often then, it is found that female are facing more ill-treatment which is within the family than outside family. The main reason behind that most of the women after this age they became widow, so support is less, and generally this group of people having no source of income or no economic activity, therefore, they became burden on their family. Male are also facing such kind of problem within the family heavily.

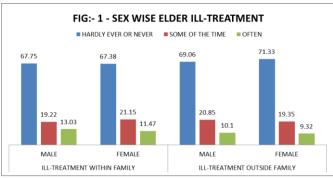


Figure 1

AGE: If we classify older people in three groups as 60-69, 70-79 and more than 80 years, then this is observed that, after crossing the age, 70 people are facing more violence and which is special within family. Though we consider the retirement age 60, but they are still in the position to do some work especially in the household. Therefore age of upto 70 they are facing less violence from family and outside family. But after crossing this age working efficiency will reduce and condition of health also degraded that is why after crossing this age people facing more violence.

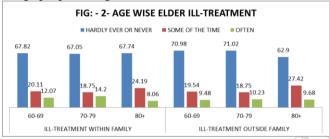


Figure 2

EDUCATION: Elderly ill-treatment also varies with education level. It is found that the degree of ill-treatment is very much on illiterate or below primary completed elderly persons. Because educated elder persons having many income sources like pension or savings. Because literate persons having more income and high level of economic activity. In that case volume of violence more on illiterate elderly both within and outside family.

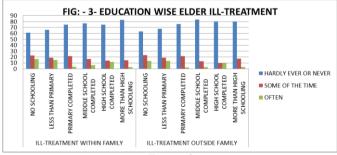


Figure 3

RELIGION: From the following table, this is observed that ill-treatment on elderly also varies in different religions. On the basis of this analysis this is found that elder persons are belonging in Hindu and Muslim religion facing more violence within and outside family than any other religion. In comparative with Hindu religion Muslim elder people are facing more violence in the family and outside family and which is often both in the family and outside family.

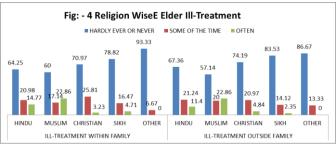


Figure 4

ECONOMIC STATUS: Those elderly peoples who economically satisfied they are facing less ill-treatment within and outside family. But those people who are not economically satisfied they are facing problem like violence, ill-treatment etc.

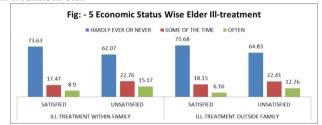


Figure 5

MARITAL STATUS: From this is an analysis it is found that those elder person who is never married they are facing very much ill-treatment from both within and outside family. Because unmarried persons having their no support. Those persons are depended on other close relatives. But they are doing less care and sometimes they abused or ill-treated on the older people as they think older people are a burden on them. Analysis showing that never married elder people facing more difficulties in within family than outside. Also divorced or separated elderly persons facing same problem.

HEALTH STATUS: It is a fact that those people who are having good health condition they are facing less number of disease. And it is very much true that, with the increasing of age, the chance of getting disease is higher. This Study showing that those elder persons who having satisfied health condition they are facing less ill-treatment from family as well as outside family. If health expenditure will high on elder person's family members feel that elder persons are the economic burden, therefore, they commit violence like abuse or a kind of ill-treatment.

FINANCIAL HELP FROM FAMILY: From this analysis it is observed that those elder person's who are getting help from their family they are ill-treated by their family members. It is also observed that those older people who are not taking help they are also ill-treated. The main reason behind that, if an older person not willing to take help from his or her family that indicate he or she has own economic resource, so this person try to dominate the whole family. But younger persons not wish to give family control over the elder person, therefore, some violence on the elder person created.

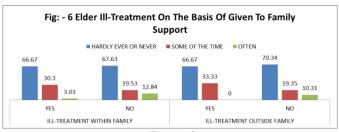


Figure 6

VI. CONCLUSION

Elder abuse could not be conceived to exist in a typical scenario. There has been an attempt to accept negligence as part of the changing social norm. The term 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 or neighborhood. However, "maltreatment" was accepted, and labors were made to validate the behavior by the younger generation.

At the end of the conclusion, it is well to mention that elder abuse or elder violence (ill-treatment) happening more in the family. So family should be the main supporter for the elderly. The first primary intervention should on the families because elderly somehow the other live in a family. Awareness should be done at all the level wherever the elderly come in contact with the human –being. As the study showing that older people facing ill-treatment so the family member must support and give respect to the older persons.

REFERENCES

- [1] Administration on Aging. (1996). Domestic abuse in later life: A cross-training manual on working with older abused/ battered women. Madison: Wisconsin Coalition Against Domestic Violence.
- [2] Choi, N. G., & Mayer, J. (2000). Elder abuse, neglect, and exploitation: Risk factors and prevention strategies. Journal of Gerontologica 1 Social Work, 33(2), 5-25.
- [3] Christensen, K., Doblhammer, G., Rau, R., & Vaupel, J. W. (2009). Ageing populations: the challenges ahead. *The lancet*, *374*(9696), 1196-1208.
- [4] Devi Prasad, B. (1996). Elder Abuse: The current state of knowledge. Keynote address at the national workshop on elder abuse. Chennai: CEWA.
- [5] Devi Prasad, B. (2000). "Elder Abuse and Neglect: A review of research and programmes." in Desai, Murli and S. Siva Raju (eds). Gerontological Social Work in India: Some Issues and Perspectives. New Delhi: .R. Publishing Corporation.

- [6] D' Souza Victor S. (1982): "Elderly in India in World Assembly on Ageing. July 26- August 6, Vienna.
- [7] Ferguson, D., & Beck, C. (1983). HALF—A tool to assess elder abuse within the family. *Geriatric Nursing*, 4(5), 301-304.
- [8] Fulmer, T. T., & Cahill, V. M. (1984). Assessing elder abuse: A study. *Journal of gerontological nursing*, 10(12), 16-20.
- [9] Gore, M.S. (1993) The Elderly in an Ageing Society, Contributed to Volume IV of Encyclopedia on Ageing, Japan.
- [10] Harris, C. S. (1978). Fact book on aging: A profile of America's older population.
- [11] Hickey, T., & Douglass, R. L. (1981). Neglect and abuse of older family members: Professionals' perspectives and case experiences. *The Gerontologist*, 21(2), 171-176.
- [12] Jacobs, M. (1984). More than a million older americans abused physically and mentally each year. *Perspectives on Aging*, *13*(6), 19-20.
- [13] Jang, M. (2009). Perspectives on Elder Abuse in Korea. *Journal of Comparative Family Studies*, 47-55.
- [14] Martin, L. G. (1988). The aging of Asia. *Journal of Gerontology*, 43(4), S99-S113.
- [15] Mee, K. C. (2010). Predictors of Intention to Report Elder Abuse among Elderly Women. *Korean Journal of Women Health Nursing*, 16(3).
- [16] Nayak, J (2003) Elders Helpline 1090. In Prakash, I.J.(ed) Ageing: Emerging Issues. Bangalore: Bangalore University. pp. 46-49.
- [17] Palloni, A., Pinto-Aguirre, G., & Peláez, M. (2002). Demographic and health conditions of ageing in Latin America and the Caribbean. *International Journal of Epidemiology*, 31(4), 762-771.
- [18] Pratt, C. C., Koval, J., & Lloyd, S. (1983). Service workers' responses to abuse of the elderly. *Social casework*, 64(3), 147-153.
- [19] Rathbone-McCuan, E. (1980). Elderly victims of family violence and neglect. *Social Casework*, 61(5), 296-304.
- [20] Riffer, J. (1985). Elder abuse victims estimated at 1 million. *Hospitals*, 59(5), 60-60.
- [21] Sayles-Cross, S. (1988). Profile of familial elder abuse: A selected review of the literature. *Journal of Community Health Nursing*, 5(4), 209-219.
- [22] Shah, G., Veedon, R., & Vasi, S. (1995). Chapter 7: Elder Abuse in India. *Journal of Elder Abuse & Neglect*, 6(3-4), 101-118.
- [23] Steuer, J., & Austin, E. (1980). Family abuse of the elderly. *Journal of the American Geriatrics Society*, 28(8), 372-376.
- [24] Treas, J. (1977). Family Support Systems for the Aged Some Social and Demographic Considerations. *The Gerontologist*, 17(6), 486-491.
- [25] World Health Organization. Ageing, & Life Course Unit. (2008). WHO global report on falls prevention in older age. World Health Organization.