

Overview of Elder Abuse in Indian Context and Psychological Coping Mechanisms

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ABSTRACT

Introduction: The transition of culture, values and life style has shown degradation in morality, sense of responsibility, love and care towards the older family members. In the absence of recognition and acceptance of abuse, support network, preventive measures to control abuse the cases of abuse are often remain underreported. Henceforth, reinforce silently the incidences of abuse.

Methodology: This is an interpretative paper based on an established theoretical and research framework and use valid supporting data to back up the statement and conclusion.

Result: Research evidences, newspaper reports and report of National crime bureau confirm the increase in cases of elder abuse in society. There are several psychological coping mechanisms that can be exercised to deal with the abusive situations.

Discussion and Conclusion: A comprehensive elucidation of the psychological perspectives to make older adults understand their own behavior and behavior of the abuser to develop insight and cope up with abuse.

Keywords: Elder abuse; Types of elder abuse; Psychological coping strategies for elder abuse

INTRODUCTION

Elder Abuse (EA): An overview

Phenomena such as rapid variations in economic conditions, urbanization, globalization, increasing participation of women in workforce, migrations and immigrations, changing socio-cultural values, disintegration of joint families, higher life-expectancy, sedentary life-style and more fast food-based diet, changing architecture and spatial constraints, rush of traffic on roads, dominance of technology and lack of age-friendly infrastructure have outcast older adults and compelled them to lead isolated lives at their homes or in Old Age Homes (OAH).

Elder abuse as defined by WHO is “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust and that causes harm or distress to an older person [1-3].” On the basis of this definition there are majorly physical, sexual, psychological, emotional and financial abuses that are the ways by which older adults are facing ill treatment in the society. Later on, neglect, abandonment and serious loss of dignity and respect are included in the definition and considered as breaching of human rights. This description of elder abuse raised

the essentiality to focus on providing care, health and respect to older family members. They are the reservoir and disseminator of values, love, knowledge and experience to the coming generations.

The researches portray worrisome picture of older adults in present Indian society. A large segment of elderly in India are illiterate, financially dependent and suffering from health problems and disability [4,5]. The submissions of National Crime Records Bureau report (NCRB), reveal scary statistics as over 32,496 older people were murdered, nearly 5836 instances of torture, harassment and abduction was noted [6]. The rate of crime against older adults is increasing with the passage of time. Unfortunately, most of the time abuse is not being reported because of the religious, cultural and philosophical values collectively shared by the older adults consciously or unconsciously in a society. They try their best to wrap the incidences of abuse in transgression or theories of their Karma or simply the deep attachment with the abuser. They curtail the possibility of reporting abuse to neighbors, family, friends, government agencies or NGOs [7,8]. The cases of abuse come in light when no other option left to them.

Extensiveness of Elder Abuse (EA)

The global population of older people was 900 million in 2015

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that would probably reach to about 2 billion in 2050. Low- and middle-income countries would be accommodating most of this population [9]. Therefore, if we consider the graph of ratio of EA will remains constant then there will be an increase in the population of elder abuse. With the expected rise there will be 320 million victims of elder abuse by 2050. As per the report of WHO approximately 1 in 6 older adults were victimized by one or the other form of EA in community setting [10]. However, in institutional setting 2 in 3 staff admitted that they abused older adults in past year. The recent pandemic situations aroused by COVID-19 older adults are facing vulnerability issues because of their poor immunity and comorbidities. They are been mistreated in community as well as in hospitals because of the high probability of becoming the risk carrier. The cost of hospitalization, absence of health care insurance has made them vulnerable to abuse. EA is increasing all over the countries of the world, posing threat to humanity.

Increasing incidences of abuse

In the present Indian society, many research studies reflect the pathetic condition of older adults. A study published by Help Age India in 2018 based on annual multicity surveys conducted over a span of 7-years revealed that older adults were discriminated in public spaces such as banks, buses, shops and on roads too [11,12]. They were seen as slow. People spoke in loud tones assuming they had hearing issues. Quite a few drivers of two-wheelers while driving behaved with insensitivity towards them. Several research studies show that family members who are closest ignore and abuse them [13]. It is not true that the cases of elder abuse are restricted to lower middle or middle-class families. The reasons for abuse are different for people belonging to different socio-economic strata. Sometimes financial crunch, small living spaces, greed, or shame in admitting that this older adult is my father or mother, migration of children, relationship with son, daughter-in-law or busy schedule of family members, frailty of older adults, co-morbidities, falls, dementia or other cognitive and psychological pathologies cause inconsistencies and irritation in the caregiver. The temperament and perception of care givers is extremely important in eliciting abusive behavior from family members [7,14]. Newspapers are reporting increasing incidences of robbery and murder by the house helps that the old and lonely couples hired to support their daily lives.

LITERATURE REVIEW

Findings by leading old citizen's NGOs like the Help Age India revealed that sons, who are expected to care most was an abuser in over 50% cases while the daughter-in-law was causing nearly one-third of that abuse (34%). The survey in 2018 stated that despite knowing the methods, the elderly did not recourse to them. Family honour was crucially important to them. It is found that 82% of those abused, never reported the matter because either they wanted to maintain the confidentiality (52%) of the family matter or did not understood how to deal with abusive situation (34%). However, the study reports that nationally 41% of the older adults were aware of at least one redressal mechanism and around 35% of the elders knew the police helpline number, approximately 11% were aware of MWPSA act while 5% were aware of Help Age helpline number. The Help Age data is available on their website for reference and would open the eyes of the Indian middle class, which lives in denial [11,12].

In unprecedented situations of COVID-19 are worsening for older adults. Muthukrishnan, senior manager of HelpAge India observes, "until at least a month before the lockdown, we would get about four calls in a month on abuse and harassment of the elderly [11,12]. However, since the past three months, we get no less than six a week." A survey conducted on 5000 elderly people in different parts of India including Delhi, Mumbai, Kolkata and Chennai brought to the fore that cloistered conditions or proximity created by the lockdown had increased EA. The volunteers of Age well Foundation in India found in a survey studying the impact of COVID-19 between June 1 to 12, 2020 that 71% elderly acknowledged the increase in cases of abuse against them during lockdown period and the major type of abuse was financial (79%). 56.1% of the respondents said they were suffering abuse in their families or by society because they can become carrier of COVID-19 virus. They are facing abuses ranged from disrespect and verbal abuse, silent treatment, ignoring their daily needs to denying proper by food and medical support, financial cheating, causing of physical and emotional violence and the forcing of elderly to work. Denial of food, indifference towards their emotional or financial problems had increased considerably.

Spatial re-configurations, family structures and rural/urban flux

A decade ago, EA was perceived largely as a western countries' phenomenon, without agonizing over the changes occurring at social and economic front in our own country. The stories of joint families, where the elderly used to be the supreme decision-making authorities, and were followed by everyone in the family, became tales in folklores, story books and in books about the history of Indian family system. Also, the last few decades saw migration and urbanization changing the structure of family in Indian society. Globalization reinforced the mobility of people across boundaries. Quite similar situations arose in urban areas too where younger family members moved from one state to another or from one country to another in search of better opportunities and left elderly parents alone in their villages. With the onset of the era of nuclear families, the status and authority of elderly people fell in family and society. The usual family support provided by joint families broke the chain of care givers and left elderly member of family unattended and on others' mercy. Ultimately, in the absence of full-fledged care-giving systems for older adults, over the years they became vulnerable to various types of abuses.

Spatial re-configurations and family structure are major influencers in the enhancement of EA as they have lead to displacement of older adults. Older people who were previously seen as reservoirs and conveyers of values fell in respect and need. Migration from rural areas to urban areas gave rise to paucity of space that changed the architecture of housing societies. The vertical expansion of residential buildings broke the interaction with neighborhood that our older adults were used to. There used to be big courtyards in houses where everyone met and people spent more time in open spaces rather than in their rooms. Older family members used to keep close eye on the members and activity of the family from there. But times have changed in both rural and urban areas big houses with courtyards have been replaced by small flats in multi-story buildings. Social ties become weaker day by day. Survival is becoming difficult and dependency is increasing.

Older adults in Indian family system were the agents in the transference of cultural heritage and moral values to the next

generation. It is known that most human beings tend to pay heed to the powerful and the successful and may ignore the elderly, who are infirm and unsteady. As a result, the traditional Indian values of care and inclusion are replaced by western values and actions of exclusion and almost inevitable western culture of institutionalization and lack of warmth.

Correlation of Socio-economic behaviour and EA

India is a land of God and Goddess. Here older population is not very materialistic in nature. Elders expect empathy and respect from family but when society exhibits insensitivity and indifference towards the senior age group, and discriminates against them through age-based stereotypes; it is difficult to expect fair economic treatment. The influence of family, socio-economic status and social deprivation are closely associated with increase in psychiatric morbidity in elderly [15]. The socio-economic reasons for prevalence of abuse among older adults can be better understood with the help of statistical analysis of elderly in India (2011) according to which 65% shows high economic dependency (20% elderly women) of older adults on their children. The graph of economic dependency of elderly men shows almost 85% depend on their children, 2% on grandchildren and 6% by others. The rate of dependency is high among elderly women; it is found that less than 20% depend on their spouses, more than 70% on their children, 3% on grandchildren and 6% or more on others including the non-relations. In several cases reported by older adults, it was found that they received money orders but could not see their children, who fulfilled their duties by paying monthly expenses. The case study mentioned in the beginning of the chapter is a similar example where the elderly woman was receiving money but had severe emotional ties. The behaviour of the offspring of lower middle and upper middle class was worse. They abused the elderly, both physically and verbally, for obtaining their money and through neglect. It is also seen that the economically abused older adults suffer more because of their co-morbidities. Their age-related health issues aggravate when combined with financial paucities. In the families of the West and the so-called developed countries too, the breakdown of large structures happened and nuclear families began to be seen. Many studies emphasized that the cases of elder abuse, that frequently took place in the western setup more like in India are due to financial issues and the children (daughter in law or son) act as abusers [16,17].

Jamuna also endorsed the afore-stated facts that a collection of conditions such dependence, small houses, financial paucities, disposition and uneven behaviour of caregiver produced abuse. Moreover, since largely the elderly do not bring home a pay packet or add to strengthening of economy, some people may see them and useless and abuse. In the absence of state support medical treatment of elders may also be seen as burdens by their offspring [14].

Feminization of EA

Feminization of aging, high growth of oldest-old as compared to young-old and increase in their vulnerability are major characteristics of elderly population in India [16,17]. According to the report published by Ministry of Statistics and Programming, Govt of India, the sex ratio among elderly is getting more and more skewed against women as 1028 in 1951 but subsequently dropped to about 938 in 1971, but has finally increased again to about 972 in 2001 [18]. Another important feature is that since

independence there is a relatively higher ratio of females to males in the elderly population than in the general population. In the data presenting marital status it is observed that the percentage of married elderly women was markedly lower as compare to the percentage of married men. As for example, in the age-group of 60 to 64 years, 88% of males and only 58% females were reported to be married and 40% of women were widowed. Thus, more women are elderly and abused and this has been the case since the Indian independence.

Indian widows are an ill-treated lot. The shocking tales of mothers and women abandoned deceitfully or undisguised in Vrindavan, Mathura and Haridwar, the holy towns of temples, piety and worship in Uttar Pradesh, are an embarrassment to the majoritarian religion and expose an underbelly. Traditionally, in the Indian society, the male is the elder in a marital relationship and in many marriages; the age gap is disproportionately humongous. The higher age of the male increases the chances of primal male morbidity. As a result, we have a huge number of widowed women elderlies. Deborah Carr and Susan Bodnar-Deren in their chapter 'Gender, Aging and Widowhood' in International Handbook of population aging P. Uhlenberg (ed.), said that the sex ratio in developed countries tend to be lower than developing countries, yet approximately in every nation women outnumber men [19,20]. In the year 2000, the global sex ratio for the older population above the age 60 years and older was 81 males per 100 females. Thus, there were approximately 63 million more older women than older men [21,22]. The U.S. Census Bureau compiled data on the marital statuses of men and women in 51 nations found that at each of the three age brackets (ages 55-64, ages 65 and older and ages 70 and older) the proportion of women widowed is higher than men. In India, nearly 12 per cent of men aged between 55-64 years are widowed; the proportioned widowhood in men is slightly above 10 per cent in China. The widowhood rates for same-age women are always higher than men everywhere. Gender differences in marital status shape the living arrangement of older adults. In developed nations, older women are more likely than their male counterparts to live alone or to reside in institutions such as nursing homes or assisted living facility.

In developing nations like India, women are more likely than men to reside with their adult children-although the changing family structure of Indian family system due to modernization and migration have recently begun to change this traditional arrangement. The proportions of older adults living either alone, with children, or in an institution depend widely on region and cultural context. Across the globe there is a higher proportion of women as compare to men live alone, it reflects the women's tendency to be widowed in later life and men's tendency to re-marriage in later life [23]. The social life of widowed women is merciful in the sense that they have spent their lives in the four walls of their houses and are completely dependent on the son or other family members for their survival. The status of widowed women is furthermore low in our society as it is aggravated by the presence of a negative attitude on their remarriage. Already a large number of older women in Indian society are illiterate and financially and emotionally dependent for their livelihood. In case of their bereavement, they become more vulnerable. Presence of social taboos and discriminations in patriarchal society multiply their proneness to abuse.

Functional dependency

Growth in the elderly population will bring an issue of elderly people with functional and cognitive limitations. Functional limitations are commonly known as physical problems that hinder a person's ability to perform activities of daily routine, such as eating, bathing, dressing, paying bills, and preparing meals. And cognitive limitations are losses in mental activity that restrict a person's ability to perform activities of daily living along with loss of orientation of day, time, place, basic calculation and mapping of shapes etc. According to the report of Ministry of statistics and Programme implementation, Govt of India, around 64 per thousand elderly persons in rural areas and 55 per thousand in urban areas suffer from one or more type of disabilities that limit their functional status and increase the dependency. Studies conducted in various parts of the world shows that males are better in terms of physical health and mobility as compare to females [24].

When we talk of India, it is seen that in India the family is supposed to take most care of its elderly. Sadly, the changing value systems, economic compulsions have cast out the elders [25]. Also, there may not be enough means to give care to the bed-ridden are families that do not have sufficient mechanisms to provide care to the bed-ridden elderly. The nuclear size of families, changing role of its members posing challenge and distortion of relations with dependent family members [26,27].

The data on health and living conditions from the India's 60th National Sample Survey, states that "almost a quarter of the elderly reported poor health." The report shows that poor health the poor socio-economic status, single marital status, low level of education and economic dependency exacerbated by the presence of functional and cognitive impairment make older adults vulnerable to abuse and thus the need for assistance, will increase sharply in coming decades [28]. On the basis of such a trend, in the coming years, the plight of elderly having cognitive or functional limitations would certainly worsen.

Increasing trend of living alone or in OAH

In many affluent states, as the offspring go abroad or to other states to earn, the elderly are left behind. Newspapers have reported robberies by strangers and murders by relatives, house helps (even if hired from agencies). Traffic on roads is an impediment for them and unaided, they become immobile. Recent trends in many states of India shows an increasing proportion of older adults living alone. For example, a minimum of one percent in Jammu and Kashmir to 14 percent in Tamil Nadu in 2005-06. Five states namely, Nagaland, Meghalaya, Andhra Pradesh, Madhya Pradesh and Karnataka had a higher than national percent of elderly living alone. Recent trend of elder abuse in India shows that older adults are not safe with their family [11,12]. Times of India reported that 1 in 3 elderly are abused, son and daughter-in-law are major abusers [29-35]. Caregiver stress is a contributing factor in elder abuse several studies shows that in the absence of social support system and community based long term care system care givers are under depression and anxiety [18,36]. Ignoring the needs of caregivers who are at risk of becoming abusive need attention of protective services to victims and to caregivers that offer services to reduce caregiver stress. Evidence from newspapers also shows that those older adults that are living alone also not secure [24-29]. They are frequently being robbed and killed by their relatives, house helps

hired from agencies and by professional robbers.

Suggestive coping mechanisms

The coping mechanisms to deal with elder abuse by older adults can be understood by problem focused coping and emotion focused coping mechanism.

Problem-focused coping: Folkman and Lazarus have quoted that "one way is to work on eliminating or changing the stressor itself. When people try to eliminate the source of a stress or reduce its impact through their own actions, it is called problem-focused coping" [37-39].

Emotion-focused coping: In some stressful situations most people use emotion-focused coping [40]. Emotion-focused coping is a strategy that involves altering the way a person feels or emotionally reacts to a life stressor. The emotional management may reduce the emotional impact of the stressor and makes it possible to deal with the problem more effectively.

In this section a blend of both stress reduction and abuse prevention methods constituted by problem focused and emotion focused coping are suggested for the readers, helping agencies and victims. Following measures may be taken to comprehensively curb elder abuse (Table 1). These psychological mechanisms may empower older adults with emotional and psychological strengths to cope up with the abusive situations and behavior [41,42].

Caregiver's responsibilities

If the caregiver feels that he/she is in danger of hurting or neglecting elderly person then following coping mechanism can be used to deal with anticipated abusive behaviour and neglect.

Take immediate steps to relieve stress and burnout. Stress is a major contributor to elder abuse and neglect. Stress relieving techniques such as yoga, meditation, or deep breathing exercises can be practiced regularly.

Develop social support network. Caregiver may get his/her substitute from relatives and colleagues. Brief breaks to attend to their own family and social events are vital.

Adopt the methods of anger management. The psychologists can help in managing the anger through anger management techniques. One should consult a psychologist for behaviour related problem without feeling any social stigma and bring positive changes in one's life.

Take care of fitness. In the absence of proper rest the caregiver may become irritated or angry. Nutritional balance and ample rest may maintain the immune system for fitness.

Seek professional help for depression. The caregivers of chronic bed ridden older adults are especially at risk for depression. All measures psychological, social and medical should be taken up to tackle depression before it become severe and difficult to treat.

Join support group of caregivers. Sharing removes isolation and may bring solutions with the knowledge and engagement of local resources.

Take care of alcohol and substance abuse issues. The person who has addiction of alcohol or substance abuse found it difficult to give up. One should take professional help to get out of abuse and

Table 1: Psychological coping strategies for older adults to deal with elder abuse.

S. No	Problem focused coping strategies	Emotion focused coping strategies
1	Speak up without shame or guilt.	Develop a Cognitive Appraisal Approach.
2	Be a part of Elder abuse awareness programmes.	Seek shelter in religious beliefs.
3	Participate in community events.	Imbibe an Optimistic approach
4	Carefully choose your caregivers	Practice Meditation
5	Stay connected with health care professionals	Write a Gratitude Journal
6	Individual counselling would be useful.	Be forthcoming and stop under reporting due to guilt.
7	Aware of the fact that people may solicit and con.	Know that Abusers know when and how to control the abusive behaviour.
8	Understand Self-neglect.	Also know that abusers stop abusive behaviour when it benefits them.
9	Learn technology.	Follow Behaviour management
10	Be functional to achieve physical and mental fitness.	<ul style="list-style-type: none"> • Do not confront the abuser yourself. • Stay near your relatives.
11	Actively participate in community based elder home services.	Enhancing social productivity
12	Aware of their own finances and manage them by their own self.	Spend your money on your own self and connect with nature.
13	Use proper home safety measures to prevent home theft/ robbery.	Take advantage of support groups.

addiction. It is not easy to resolve and fall into relapses without professional help.

Ignore what others will say. Society often have negative outlook for the caregiver. They are known to be abusers, however sometimes the reverse is true. When caregiver himself is sure that he is doing his best but now feeling exhausted then he should take a break from the full time care giving job without being thinking what others will say. He may appoint nurse or seek help from relative or friend to take off from his duties for some time.

- The caregiver who is going through emotional and psychological trauma needs the empathy from the society to take care of his/ her elderly affectionately.

DISCUSSION AND CONCLUSION

This chapter provides a purview of Elder Abuse (EA) and looks at the position of EA in India and also internationally. The extensiveness of elder abuse and its steady rise has also been studied at the level of modern Indian society that is turning increasingly nuclear, rural and space-challenged. EA vis-a-vis social ties and socio-cultural behaviour, the abuse of elderly widows - their inexorable dependency, their perception as burdens and negative views about their remarriage, dependency due to poor functional status, living arrangement- have been outlined. There is an overview of the types of EA, namely physical, psychological, financial and sexual abuse and abuse via neglect and abandonment, and of abuse of rights and abuse in institutions. Finally and most importantly, and by way of proactive intervention, several psychological mechanisms have been devised to empower the abused to avoid, fight and verbalize and/or escape abuse. The abused elder may better help themselves by shedding shame in acknowledgement, resorting to active reporting, approaching people/agencies/organizations and considering adoption of advocacy or legal measures at a later stage; by understanding abusers' needs and greed, and their vulnerabilities and problems. Being in touch with society, community, relatives, support groups and technology would be simple yet effective measures. Lastly, there is a quick run through the caregivers' responsi-

bilities where the caregiver is advised to check himself or herself for negative leanings and propensities and to take help for all his/her issues such as stress, burnout, depression, substance abuse or lack of health and leisure. A look at security measures for the residences of older people in the form of setting, installing security systems, ample lights, strong windows, neighbourhood watch, avoidance of strangers, safekeeping of valuables and proper security of the house etc. is also given.

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