Elder Abuse: Global Response and Indian Initiatives

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Described as 'granny bashing' in the United Kingdom, and as 'parent battering' in the United States, elder abuse is yet to be clearly conceptualised in India. Prevalence rate of maltreatment of elders range from four to ten per cent of older people surveyed in the West. In India, neglect of the older people is assumed to be much more prevalent than active abuse. Global response to elder abuse has been in terms of legislative measures, creating public awareness as well as intervention with victims and abusers. In India, recently, some initiatives have been taken to identify this problem, assess the prevalence and attend to the issues of intervention and prevention.

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INTRODUCTION

Family violence is not a new phenomenon. Spouse abuse, perhaps the oldest and most pervasive of all the different types of domestic violence, caught scientific attention first. Child abuse, followed suit, gaining recognition as a problem to be addressed. Now, abuse and maltreatment of older people by others, either in the family setting or in the institutional setting, is emerging as an issue for public debate and research inquiry. As population ageing becomes more and more pronounced, the concern for the quality of life and well-being of older people is also increasing. Parallel to this concern is the effort to understand the nature, cause and manifestation of elder abuse. The objective of this endeavour is obviously to prevent such incidents and help victims of abuse. In the last two decades, there has been considerable progress in western countries in identifying and assisting abuse victims. In India, helping professions have started focusing on this problem only recently.
It has been acknowledged widely that elder abuse presents a complex and sensitive area that is difficult to investigate. Maltreatment of older people must have existed, like any other type of cruelty that people inflict on others, in most societies. It is only since the nineties that literature from different parts of the world has started accumulating. The reasons for this trend are not far to seek. The 'greying' of societies the world over, coupled with the growing incidence of abuse of older people, have set the alarm bells ringing. No longer can one ignore what is happening to a large section of the population.

The Problem of Definition

Attempts to define elder abuse have not always been satisfactory. There does not appear to be a standard definition that is acceptable to everyone involved. There are arguments about what should be included and excluded. There are problems as to whether neglect, self-neglect, crimes against older people and such other behaviours should be considered as elder abuse. Perhaps one way out of this dilemma is to follow the suggestion of Bennett, Basingstoke, Kingston and Penhale (1997) and make a distinction between 'Macro', 'Mezzo' and 'Micro' level abuses.

Macro abuse refers to issues at the societal level such as lack of access to health care, poor social security, and institutional abuse. Mezzo level abuse refers to the injustice heaped on older people at the community level such as ageism, anti-social activities against older people, and marginalising them. Micro level definitions usually deal with the conflicts and interactions between two people. It may be between an elder person and an adult family member or a caregiver in an institution.

Several definitions of elder abuse exist in literature. Broadly, it has been defined as the infliction of physical, emotional, or psychological harm on an older adult. To this, many prefer to add maltreatment; neglect, including self neglect; sexual abuse; and financial abuse. However, definitions of elder abuse usually refer to harm inflicted by others than to self-neglect. Action on Elder Abuse, a voluntary group based in the United Kingdom, defines elder abuse as a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. Elder abuse is usually defined as any
ill-treatment of an older person (usually over 65 years). Such ill-treatment may occur both in a domestic setting, in the older person's own home, a relative's home, in sheltered housing or institutions — day care, residential care, nursing homes or hospitals. It refers to behaviour within a relationship that connotes trust (Tinker and McCreadie, 1998).

Types of Elder Abuse

Many people who hear of abuse and neglect may think that it happens only to people living in institutions or who are without any family support. But, most of the abuse takes place in the domestic setting and abusers are very often related to the victim. There is no single pattern of elder abuse in the home. Sometimes it is a continuation of long standing patterns of physical or emotional abuse within the family, or it may be related to changes in the living situation and relationship brought about by a person's frailty, dependence, ill health or mental impairment.

The National Elder Abuse Incidence Survey (NEAIS) uses the phrase 'elder maltreatment' to cover seven general types of behaviour (United States, 1998): physical abuse, sexual abuse, emotional or psychological abuse, financial or material exploitation, abandonment, neglect, and self-neglect. Physical abuse may range from slapping or shoving to severe beating or restraining. Emotional abuse can range from name-calling, giving the 'silent treatment' to insulting and threatening. There may be neglect of the person by withholding appropriate care-giving or failure to provide the appropriate assistance. Sexual abuse may range from sexual exhibition to rape. Financial exploitation can range from misuse of an elder's fund to embezzlement. It also includes the improper use of legal guardianship arrangements also.

Wolf and Pillemer (1989) give a typology of elder abuse that covers a wide range of behaviours.

- **Physical Abuse**: infliction of injury or physical harm, includes sexual abuse.
- **Psychological Abuse**: infliction of mental anguish, verbal and emotional abuse.
- **Material Abuse**: illegal or improper exploitation of funds or materials, including property. Also called as financial abuse.
- **Active Neglect**: the refusal or failure to undertake a care-giving obligation. Usually, this is a conscious or an intentional attempt to harm the other.
• Passive Neglect: the refusal or failure to fulfil a care taking obligation. Usually, this is not conscious or intentional.

Such classifications, however, do not solve all the problems of identifying instances of elder abuse. In the domestic context, often, the abuse is subtle. Distinction between normal interpersonal stress and abuse is not always easy to make. Many of the symptoms that elders display may be due to conditions arising out of illness or medications. It may be difficult to pin it down to abuse. Sometimes older adults, who show signs of dementia, may become abusive to others. When they have to provide care to another person, abuse may result.

Prevalence of Elder Abuse

It is not easy to arrive at a figure that correctly reflects the extent of elder abuse. Most studies rely on reported cases. It is believed that, officially, reported cases of elder abuse may only be the 'tip of the iceberg' of a larger, unidentified problem. Reported incidence varies depending on the source — large-scale national surveys, sample studies, reports from physicians, social workers, voluntary organisations, and so on. Reports of elder abuse started coming from Britain and the United States (US) in the seventies, followed by Canada, Norway, Sweden, Hong Kong and Australia in the eighties. In the nineties, Council of Europe's Study Group on Violence against Elderly People conducted a study in which 22 countries participated.

Reported rates of elder abuse varies from country to country and from study to study. In the US, most researches indicate that 4-10 per cent of elderly are at risk for abuse (Penhale, 1998). In a telephone survey conducted in the Boston area of the US, 3.2 per cent of the elderly contacted reported some form of abuse. Spouse abuse was twice as prevalent as abuse by children (Pillamer and Finkelhor, 1988). Neglect was the most common type of abuse and adult children were the most common abusers (Tatara, 1993). In a rural area, Cupitt (1997) reported 5.5 per cent of clients receiving home-based care to be victims of some type of abuse.

Some traditional societies are considered to be more elder friendly, like the American Indian society which encourage respect for elderly. Since the American Indian society is also facing drastic changes, their elderly are also at risk for abuse (Carson, 1995). Arabs in Israel represent a traditional society undergoing change. About 2.5 per cent of Arabs in Israel reported abuse, excluding self-neglect. This rate is
In a representative sample of 2000 British adults, five per cent reported verbal abuse, two per cent physical abuse and two per cent financial abuse (Ogg, 1993). A rate of under five per cent in the UK and a rise in abuse in France is reported. In the age group of above 65 years, the rate may be around 5-10 per cent (Wolf, 1994). In Finland, a telephone helpline service received 137 phone calls from abused during a two year experiment. Most of them were women (Perttu, 1996). In a semi-rural Finnish community, three per cent of men and nine per cent of women said they had been abused after their retirement (Kivela, Kongas-Saviero, Kesti, Pahkala and Ijas, 1992).

In 1992, a national level survey of prevalence and circumstance of elder abuse was carried out in Canada. Four regions of British Columbia, the Prairies, Ontario, Quebec and Atlantic Province were covered. Forty persons per 1000 elderly reported that they had recently experienced some maltreatment in their homes (Podnieks, 1992). Thirty-five per cent of service providers in Sydney, Australia, had encountered cases of elder abuse. Educating physicians about this issue may improve reporting rates. There is a tendency for physicians to misdiagnose family violence and ignore the rights of abused elderly (Lachs, 1995). About three to six per cent of Dutch elderly report being victims of some type of abuse (Comijs, Pennine, Knipscheer and Tilburg, 1999).

**Elder Abuse in India**

In India, there has not yet been a country wide, cross regional study giving estimates of elder abuse. Reviewing the literature in this area, Desai, Bharat and Veedon (1993) had commented on the absence of research in this area. Shah, Veedon and Vasi (1995) are of the opinion that in India since age is venerated, the elderly are still treated with a certain amount of respect. Technological innovations, migration and other such factors are bringing about change in this conservatism. They also opine that it is difficult to categorise any specific abuse. Financial, physical and psychological abuse as well as neglect and abandonment are inter-linked.

There has been a spate of reports of elder abuse, especially during the International Year of Older Persons. A couple of seminars and meetings organised by voluntary agencies tried to focus public attention on this issue. Newspapers report that 50 per cent of crimes
committed against elderly citizens involve matters of inheritance. Hospital social workers have recounted that many elderly are 'dumped' in hospitals without accurate information about their residential address. Neglect is manifested in less severe forms of ill treatment like insensitivity and negligence towards the need of the elderly. Abuse at the psychological level is far more pervasive, although hidden. Shah, Veedon and Vasi (1995) report that it happens in varying ways such as: being taken for granted, being used as additional domestic help, not being included in the family's social events, being made the focus of cruel jokes of youngsters, and not being acknowledged or appreciated for contributions made in household chores. Labeling senior family members as insane, in order to gain control of their financial assets, is not an uncommon practice. Most estimates of abuse are based on media reports, which are largely confined to incidences in urban areas.

In a study conducted in Pune, Bambawale (1997) reported instances of social religious and economic abuse in 47 per cent of elderly women. However, the types of questions asked in this study are different from the parameters used to assess elder abuse in Western studies. In a study of three villages of Andhra Pradesh, Rao (1995) found 40 out of 1000 elderly experiencing physical violence. Srinivas (1996) reported a high rate of verbal abuse directed toward the elderly and the women were found to be subjected to worse treatment. Devi Prasad (2000) reported an increase in abuse in India too as the number of elderly increased. Out of 749 destitute elderly studied in Haryana, 60 reported being abused (Mahajan, 1992). Shankardass (1997) illustrates the vulnerability of older women to violence with narratives of two older women. Indian widows are shown to be at higher risk of being exploited by others, including the religious system in India (Prakash, 1997).

It appears from the above discussion that elder abuse, in some form or the other, is prevalent in almost all cultures. Prevalence of such abuse may vary depending on several factors. It is essential to understand why such abuse occurs in the first place. In the next section, an attempt is made to explain this phenomenon.

ELDER ABUSE: ATTEMPTS AT EXPLANATION

There appears to be some similarities between domestic violence and elder abuse. In both cases, individuals involved are adults linked through family relationships of emotional ties. Attempts have been
made to apply the models proposed for other forms of familial violence to elder abuse. The common frameworks include such theories as family dynamics; transgenerational violence; stress theories; theories which present individual psychopathology (usually of the abuser); theories which look at the dependency and powerlessness of the victim; and a feminist analysis of violence (Penhale, 1998). A more common way of analysing the problem is in terms of variables involved, namely, characteristics of the victim, abuser and other factors.

**Profile of the Victim**

Early efforts to determine the dynamics of elder abuse, focussed on the victims. Initial studies settled on the 'typical victim' as being frail, dependent female of 75+ years who was physically or mentally impaired and was living with an adult child. Mark and Pillamer (1995) consider physical frailty and cognitive impairment of the elderly; shared living arrangement with the abuser; history of substance abuse, violence or mental illness in abuser; abuser dependence on the elderly for financial aid or housing; external stress factors and social isolation as risk factors for elder abuse. Levels of dependency and impairment were considered to be a source of extreme stress to the caregiver. The degree of frailty was supposed to put the victim in a position of high vulnerability. Kosberg and Garcia (1995), for example, report that victims are more likely to be women, impoverished, living alone, uneducated, physically or mentally frail, and socially, psychologically and economically dependent on others. Researchers have pointed out that such a view of elderly people may add to widely held negative views and attitudes about older people (Penhale, 1998).

Moon and Williams (1993) report differences in help seeking behaviour among African-American, Caucasian-American and Korean-American elderly women. Korean-American women were found to rely more on informal than formal help. Race, however, is not found to be significantly related to the maltreatment of older people (Longres 1992). People of all races and economic circumstances are prone to abuse. It is possible that low socioeconomic status may enhance the possibility. A causal model developed to examine effects of personal and situational variables on mistreatment lists the following predictors: total mood disturbance; external locus of control orientation; low level of social support; income inadequacy; poor physical health; and emotional coping strategies (Benedick, 1992).
Profile of the Abuser

Early studies in the US tried to delineate the characteristics of the abusers. The assumption about stress causing abuse has not generally been upheld by a series of controlled studies. Instead, it appears that abusers are more likely to have alcohol or drug related and mental health problems (Anetzberger, 1994). It is also possible that a history of long-term difficulties in relationships precede elder abuse. It has been found that abusers are often dependent on the victims financially. It is the dependency of the abuser, rather than that of victim, that seems relevant in these situations. Wolf (1989) suggests that different type of characteristics of elders are related to the type of abuse. Elders, who are neglected, appear to fit the stereotyped view described above and are a source of extreme stress to the caregiver (that is, frail, disabled, dependent). Those who are physically or emotionally abused are less likely to be physically dependent, but may have emotional difficulties. They may be living with an abuser who is, usually, financially dependent on them. Financial abuse is more likely when the person is unmarried or living alone and lives in comparatively isolated situations.

Invariably, the perpetrators are close family members or are usually living with the victim. Most surveys in the West find the spouse as abuser in 58 per cent of situations. An adult child is the abuser in 42 per cent of the cases. If physical abuse alone is considered, in nearly 60 per cent of the cases, the spouse is the culprit (Pillamer and Finkelhor, 1988). There is also a suggestion that perpetrators of abuse may have been subjected to abuse in the family setting at an earlier stage of their lives (Pillamer and Suitor, 1988).

Gender Dynamics

The fact that the whole issue of elder abuse was first openly discussed as 'granny bashing' speaks volumes about the gender element in this type of abuse. Majority of the victims of abuse are female, even when this is corrected for the fact that there are more women in the older population. This could be either because women seek more assistance and, thus, become 'abuse statistics'. Or it could be that abuse of women is a continuation of the family violence. A feminist ideology would locate such abuse in the fact that in patriarchal societies, men profit individually and collectively by keeping women under their control by intimidation and threats.
Aitkins and Griffin (1997) highlight the fact that gender is a significant variable in elder abuse. It is noted that structural inequalities found in the sociocultural and economic differences between men and women influence this question directly. This gendered finding has been recognised and considered as such only recently. Feminisation of old age, marginalisation of older women, invisibility of women, a combination of ageism and sexism, lead to increased abuse of older women. The study cited earlier by the National Centre on Elder Abuse also found women to be a high risk group (United States, 1998).

Ageing society is primarily a female society. Hence, it can be predicted that in the present century, women can be placed in a position of jeopardy. Penhale and Kingston (1995) state that to be old in the UK, is to be marginalised which is single jeopardy; to be old and abused is double jeopardy; and to be old, abused and marginalised and female is triple jeopardy. To this should be added two further forms of jeopardy: for those women of colour and for those women who are disabled. Thus, there are five potential areas of jeopardy, disadvantage and disempowerment, which older women face in later life.

Shah, Veedon and Vasi (1995) contend that abuse of elderly women is not only rampant in India but cuts across all age groups and exists at all levels. Dependency of women, high level of illiteracy, lack of remunerative occupation and negligible awareness about legal and economic rights create difficulties for older women.

GLOBAL RESPONSE TO ELDER ABUSE

Disclosures that older persons are being abused by family members and others in whom they have placed trust, have prompted governmental and community action. This has also spawned numerous studies, surveys and scientific investigations. Broadly, the societal response can be grouped as follows.

Legislative Measures

Launching of Action on Elder Abuse in the UK, publication of a position paper on abuse by the Canadian Parliament and the establishment of National Centre on Elder Abuse in Washington, DC, provided the necessary leadership to launch measures to prevent abuse of the elderly. In the US and Canada, special Adult Protection Legislation (APL) have been passed that includes mandatory reporting requirements. Adult Protective Services (APS) refers to multi-disciplinary
Interventions focused on abused and neglected elderly and special adult populations. Interventions often entail social service, law enforcement as well as medical and psychological help and crisis interventions (Byers and Hendricks, 1993). Under the APL, three general types of social programmes are possible: mandated adult protection programmes; programmes based on domestic violence model; and, advocacy programmes for the elderly (Peters, McMohan and Quinseay, 1992). It has been shown that regardless of the legislative approach taken, laws were generally effective (Bond, Penner and Vellen, 1995). Significant progress has been made in the last decade. Now all the states in the US have adult legislation in establishing procedures for reporting, investigating and treating elder abuse (Wolf, 1996).

The UK, despite an early recognition of the problem, lagged more than a decade behind the US. Launching of Action for Elder Abuse, with support from Age Concern, has added impetus and a national focus for mobilisation of both public and professional communities. Canada's response has primarily been at the community or municipal level. Inter-ministerial committees on family violence usually have sub committees on elder abuse. Often, it is addressed through existing criminal, mental health and guardianship laws. In Australia, most of the activity regarding elder mistreatment has been at the state level with creation of task force to investigate the issue. Although studies on elder abuse have been reported from Norway, Finland, Israel, Hong Kong and Greece, none have a National Policy on Elder Abuse (Wolf, 1994). In Sweden, no common view on interventions or organisational responsibilities has been developed (Saveman and Hallber, 1997).

Empowering Victims

Most elders suffer silently as discussing their trauma is a taboo. To break this wall of silence, Robert Hugonot started an Elder Abuse hotline in the city of Grenoble in 1992. By 1995, four other cities had followed suit. Now, in many Western countries, hotlines exist to help victims of abuse. Federal grants have been provided to establish Geriatric Education Centres in accredited health professional schools. These GECs assume an important role in professional education and dissemination of information on elder abuse (Anetzberger, 1993). An outreach project called 'We Are Family' (WAF) has been established.
to prevent and explore abuse in the African-American community in San Francisco (Njeri and Nerenberg, 1993).

Many states in the US have established 24 hour toll-free number for receiving reports of abuse. There are websites that give information on agencies in each community that would provide help. The American Association of Retired Persons (AARP) has taken a leadership role in creating awareness and starting self-help groups. A series of conferences, symposia and training programmes have been initiated to sensitise professionals. Efforts have been made to educate the physicians to detect and report abuse (Rosenblatt, Cho and Durrance, 1996). Victim empowerment groups, community abuse committee for advocacy and education, volunteer 'buddies' to listen, monitor for abuse, and assistance for other services are available (Reis and Nahmiash, 1995). Since abuse affects the mental health of the victim, intervention to provide social support at home and inclusion in social support groups is recommended. Building up a positive feeling of mastery and self-efficacy are also considered beneficial (Comijs and others, 1999).

The AARP widely publicises this issue and gives guidelines for potential victims. To avoid being victims, it advises people to:

- stay sociable: maintain and increase network, have a good 'buddy' keep in contact;
- stay active: accept opportunities to do new things, volunteer, have regular appointments (such as medical);
- stay organised: keep belongings in order, know where things are kept, open and mail own post, have pension deposited directly to bank; and
- stay informed: talk to a lawyer, get legal advice before making arrangement to dispose property, review will, and ask for help when needed.

They also list some 'don'ts' such as not living with a person who has a background of violence or substance abuse, not leaving home unattended, not leaving prized possessions unattended, not signing documents without consultation, and so on.

**Empowering Professionals**

Another approach focuses on empowering the service professionals. Training programmes for social service and community care involve issues such as defining elder abuse, recognising abuse, and working with the abused. Exercises and role play help integrate theory into
practice. Manuals are developed for detection and prevention of abuse in social work practice (Pritchard, 1995). The American Medical Association has published guidelines for diagnosis and treatment of abuse (Hankin, 1995).

Assisting the Caregiver/Helping the Potential Abuser

The first step toward preventing elder abuse is to recognize that no one—no matter what age—should be subjected to abusive behavior. In addition to promoting such social attitudes, active steps also need to be taken. The suggestions are educating people on this issue; increasing availability of respite facilities to long-term carers; promoting increased social contact and support for families with dependent elderly; and encouraging counseling and treatment to cope with personal and family problems that contribute to abuse.

Education is considered as the cornerstone to preventing abuse. Media coverage about this issue has been helpful in creating a public outcry against abuse in nursing homes in the West. Having someone care for elderly so that the caregiver gets a break, has been found to be of immense help, especially when the elderly are Alzheimer patients. Social contact and support can be a boon to family members and it helps to share solutions and provide informal respite. Counseling for behavioural or personal problems in the family can play a significant role in changing people’s life long patterns of dysfunctional behavior.

Families provide almost all the care for the impaired in most of the societies. Public policy supporting family care-giving is suggested to help families cope with this task. Direct services, income strategies, support for the caregiver in the workplace, attending to the growing problems of caregivers who may need care themselves—are considered important (Cantor, 1994).

INDIAN INITIATIVES TO PREVENT ELDER ABUSE

Indians are still to acknowledge elder abuse as an issue that needs prompt intervention. It is only recently that this problem is being talked about in India. It may have existed as a form of family violence, but research data are not easily available. Not much is known about the incidence and prevalence either. Existing programmes for older persons are not sensitive to this aspect. Old Age Pension (OAP) schemes help prevent distress in the elderly by making them less dependent on family members. There are legislative provisions that
make it mandatory for children to maintain old parents. Though there are legal provision for suing a child (or children) for not taking care of them in old age, very few parents resort to such legal measures.

The Indian elderly are predominantly rural and their problems are compounded by poverty, dependency and deprivation. Therefore, there is a need to design programmes that reach these groups (Devi Prasad, 2000). The elderly are in need of a wide range of supportive, preventive and protective services that are supported by changes at the policy and programme levels. Some suggestions made are:

- Strengthen family ties and social network as family is the major care provider.
- Reduce social isolation.
- NGOs should take up screening programmes in communities and educational programmes for victims.
- Priority should be given to research on abuse as not much is known in this area.
- The aged should be made legally literate and also change their attitudes to make them unacceptable to others (Bambawale, 1997).
- As women are more likely to be victimised in their old age, empowerment and independence of women should be emphasised (Shankardass, 1997).
- Counselling may be an answer for the problem of abuse (Kapur, 1997).

In February 2000, a meeting of experts was convened by the Bombay Times — out REACH to seek positive and corrective solutions to curb elder abuse. The group examined the absence of data regarding the problem and difficulties involved in correctly identifying instances of abuse. This was considered as an issue of cultural denial and had to be addressed first (Nandgaonkar, 2000). The group recommended creation of a special cell as a part of the social service branch that would work in collaboration with professional counsellors and NGOs. Removal of cultural barriers to reporting abuse by sensitising people to this issue, providing publicity spots in the visual media, preparing documentaries on this issue and forming a core group comprising NGOs, and working with older people were the other suggestions.

The Indian Constitution has mandated the well-being of the older persons. The National Policy on Older Persons (NAOP) assures the older persons that their concerns are the national concerns and aims to strengthen their legitimate place in society. The state is expected to
extend support in the areas of financial security, health care, shelter, welfare, protection against abuse and exploitation, and opportunities for development of the older person's potential. The NAOP is to be widely disseminated and an action plan is to be prepared. A separate bureau of older persons has to be set up. There is also provision for setting up autonomous councils for older people and the NAOP to articulate their needs (Tyagi, 2000). One expects a sea change in the condition of older people in India if the NAOP could be successfully implemented and monitored.

Now a days, in many metropolitan cities, senior citizens are organising themselves. Voluntary organisations and community based groups, that were preoccupied with problems of children and unemployed adults, have started paying attention to the problems of the elderly. It is also heartening that several research institutions have taken up leadership role in disseminating information and focusing public attention on abuse. The International Year for Older Persons acted as a catalyst in generating media interest. Self-help groups and gerontological training workshops are being organised more frequently in cities at present. The rural scene, however, remains largely unchanged. The Panchayat Raj Institutions are to be encouraged to participate in the implementation of national policy. Non-governmental organisations have been playing an important role both in creating awareness as well as in providing services for the elderly. HelpAge, India, is one such large and well-known organisation that promotes the welfare of older people.

In conclusion, as far as the Indian scene is concerned, it could be summarised as follows:

- Very little is known as yet of the magnitude of the problem. But it is anybody's guess that neglect of the elderly, if not active abuse, is widely prevalent
- As yet, there is very little awareness among the elderly as well as caregivers regarding the rights of old people to a dignified aging. Old people are still preoccupied with problems of survival and abuse seems part of their existence
- Expectations are high that in this new decade much may be achieved as senior citizens have started organising themselves and the government too seems to have woken up to their problems.
- It is evident that a combination of governmental, non-governmental, community, media and individual efforts are required to assure the elderly an abuse-free life.
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