



Abuse, Neglect, and Disrespect against Older Adults in India

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Abstract

Abuse, Violence, and neglect against men and women have for too long remained a relatively ‘unseen’ part, being a social problem internationally and even in India. The rising proportion of elderly in India exhibits concern for the well-being of this section of the population. Abuse against the elderly is recognized as an important challenge to elderly health, but its determinants are not yet well understood. Primary research on the issue of elder abuse and neglect in India is limited due to tremendous reluctance to discuss intergenerational conflicts. Thus, the objective of the study was to find out the prevalence of elder abuse and the study also tried to examine the differences in elder abuse cases by several socioeconomic characteristics, chronic conditions, etc. The statistical analysis was based on descriptive statistics, Chi-square test, and binary logistic regression to understand the profile of elderly experiencing any abuse or violence or neglect or disrespect. Overall 11% had reported any type of elder abuse, while verbal abuse reporting was highest (90%) followed by disrespect (52.5%) and neglect (45.21%) respectively. Physical violence was high among males while 61% of women were being neglected in the society. In rural areas approximately 80% of elderly were facing different types of abuse. Our findings reveal that the most common perpetrator of violence within and outside family, were verbal abuse i.e. 66.34% (within) and physical abuse 45% (outside) the family. Thus, it indicates that elderly women, especially widows, those in oldest-old age group (80+ years) and physically immobile, were more vulnerable to abuse than others. Education, wealth quintile, living alone, and the presence of any morbidity were the important determinant of elder abuse. Not only the poor, but even the rich were also susceptible to neglect and abuse in many families. The government must realize its reasonability and need to bring the needful policies or programmes in the care of the elderly.

Keywords Abuse · Violence · Disrespect · Neglect

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Introduction

Abuse, violence and neglect can affect a person's health, happiness and safety, and can occur at home, in the community, or in institutional settings. The increasing proportion of abuse, violence and neglect among elderly produces the concern over health i.e. worsening health, security, shelter, longevity, and well-being at older ages. These types of abuses are often considered to be criminal offenses in India and contribute to influencing various aspects of life (such as social and economic life) of the elderly population (Jamuna 2003; Harper 2006; Ingle and Nath 2008). Elder abuse is globally characterized as a "single, or repeated act, or absence of suitable activity, happening inside any relationship where there is a desire for trust which makes damage or distress to an older person" (World Health Organization. Ageing, Life Course Unit, and Université de Genève. Centre interfacultaire de gérontologie 2008). Elder abuse is estimated to influence one out of six adults worldwide, has turned out as a growing public health challenge and requires more consideration by healthcare systems, researchers/ analysts and more evidence-based intervention (Dong 2015; Yon et al. 2017). Elder abuse is a global and inevitable phenomenon, often hidden from the public view and considered as a private matter. Initially seen as a social welfare issue but today elder abuse continues to be a taboo which is mostly underestimated and ignored by societies resulting into a public health and criminal justice concern across the world. It is a complex phenomenon that can arise from several different reasons and often has roots in multiple factors.

Globally, an increase in a number of elderly populations is attributed to demographic transition in the twentieth century. In 2000, people aged 60 years and older accounts to (606 million) 10% of the population, while in 2012, almost 11.5% of population and by 2050, the proportion of older persons aged 60 years and above is expected to double to 22% which will be two billion in number (Rajan and Kumar 2003). Asia has the largest number of elderly population (53%), followed by Europe (25%). Due to pressure of increasing numbers of elderly, in the next 50 years, there will be 82% of the elderly in developing regions of Asia, Africa, Latin America and the Caribbean. On the other hand, only 16% of elderly will reside in the developed regions of Europe and North America. In 1980, the size of elderly population was just 5.9%, which has increased from 71 million in 2001 to 116.5 million (8.9%) people in 2015. However, this number is expected to increase to 179 million in 2031 and further to 330 million in 2051 (United Nations D of E, Social Affairs PD 2015). India, with approximately 8% of its population, entailing almost a tripling of the population aged more than 60 years, classified as a country with an aging population (RGI 2011). According to Help Age India, around 60 % of Indian elderly have experienced elder abuse and the main abusers were Son (57%) and Daughter-in-law (38%). Approximately half of the population (49%) reported verbal abuse, while disrespect (56%), and neglect (33%) were the most common form of abuse elderly experienced (Help Age India Report 2018). The definition abuse, violence, and neglect has been developed in the United Kingdom and adopted by the International Network for the Prevention, by WHO, and by National Centre for Elder Abuse, USA has been described elsewhere (World Health Organization 2002).

Literature Review

Previous studies had shown that women of an advanced age with a low education level and some form of physical or psychological dependence were subjected to violence (Naughton et al. 2010; Naughton et al. 2013). Studies also reported that older women who experienced abuse were more likely to suffer from anxiety, depression, fatigue, gastrointestinal disorders, gynecological issues, headache, myalgia, and physical injuries (Mouton et al. 2010). Generally, in India, parents spend money on educating their children at the expense of saving for old age, thus depending on family members for their socioeconomic needs. However, increase in urbanization has led to the breakdown of the joint family and rendered older adults susceptible to various psychosocial problems, including abuse (Ingle and Nath 2008; Rajan and Kumar 2003; National Sample Survey Organization (NSSO) 2006). Due to demographic transition and increasing life expectancy, older people are now forced to become more and more dependent on their families, thus caring for an extended period of years of older person at considerable expenses creates insuperable difficulties for younger counterparts (Pedrick-Cornell and Gelles 1982). However, because of the lack of empirical data available on elder abuse, there exists paucity of studies available in the Indian context. Skirbekk and James (2014) focused on the role of education on the elderly against abuse in India, while another author Anand (2016) studied the factors associated with abuse and neglect of elderly population in Maharashtra (Skirbekk and James 2014; Anand 2016). In addition, Evandrou et al. (2017) examined the association between elder abuse and psychological distress among older adults in India and Chaurasia et al. (2017), have examines the links between subjective well-being, social support through retirement (Chaurasia and Brajesh 2018; Evandrou et al. 2017). All these studies used BKPAI data, but none of the studies have focused on violence/abuse/neglect or disrespect by gender and place of residence. There was a study published by Raju and Gupta (2018) which examined the elder abuse by rural-urban place of residence and men-women differentials but the study was confined to state of Maharashtra (Raju and Gupta 2018). Gender discrimination across the lifespan had been largely overlooked, in terms of abuse, violence and Neglect against older adults, as it has a cumulative effect.

The elderly expects additional time and support from the young family individuals however most often this does not happen. As a result, there will be grating inside the family which often results in abuse, disrespect and neglect of elderly. It's true that nowadays increase in life span, is causing stress in both joint and extended families due to the presence of elderly and moreover physical and functional disabilities among them needs proper assistance. These are some of the serious issues need to be considered while analysing the elder abuse. Thus, the present study shed light on abuse, neglect, and disrespect among elderly by gender and residential differentials including socio-demographic predictors and other covariates in India. The study hypothesised that there was no differences in elder abuse in terms of gender and place of residence.

Materials and Methods

Data Source

This paper used national level survey data conducted in 2011, across seven states in India, sponsored by UNFPA, New Delhi; Institute for Social and Economic Change

(ISEC), Bangalore; Institute of Economic Growth (IEG), New Delhi; and Tata Institute of Social Sciences (TISS), Mumbai. The survey named “Building Knowledge base of Population Ageing in India. (BKPAI)”, gathered information consisted of elderly households of those aged 60 and above. The definition is consistent with the Government of India provision of various services.

Eighty Primary Sampling Units (PSUs), 40 villages in rural areas and 40 urban wards in urban areas with 16 households per PSUs having an elderly person were covered in the survey. All those aged 60 and above in the sampled households were the respondents and were interviewed. In rural areas, on the basis of the size of the population, villages were classified into different strata, and then the number of PSUs were selected and was determined in proportion to the population size of each stratum. Using Probability proportionate to population size (PPS) method, the PSUs were selected, and within each selected PSU, elderly households were selected through systematic sampling. A similar procedure was adopted for urban areas also, and then a sample representing individuals from all the seven states were generated.

While preparing the sampling frame, villages with less than 20 households and wards with less than 40 households were omitted as they constituted a smaller proportion in the states. The list of information regarding the elderly households was gathered and, proper segmentation was done for large PSUs as PSUs were of different sizes, through house listing and mapping operation.

Lastly, sampling weights were generated separately for rural and urban areas, and design weight was calculated by adjusting for non-response at both individual level as well as household level, respectively. Further, sample weights were normalised at the state level to obtain standard state weights for each of the seven states so that the total number of weighted cases equalled the total number of un-weighted cases.

In total, 9850 elderly were interviewed (a response rate of 92%) from 8329 household aged 60 years and above. The seven major demographically advanced states surveyed covers the Northern, Southern, Western and Eastern regions. These states are Punjab, and Himachal Pradesh from the north, Kerala and Tamil Nadu from the South, Orissa and West Bengal from the east, and Maharashtra from the West vary significantly in per-capita income and demographic development respectively. Orissa is one of the poorest states, while Punjab and Maharashtra are economically relatively advanced in the country. Kerala (well-developed demographic indicators) has the highest proportion of elderly (including relatively low fertility). Other states fall in among both in terms of economic and demographic indicators. The detailed information about the survey and its sampling is described elsewhere (Building a Knowledge Base on Population Ageing in India (BKPAI) 2012).

Dependent Variables

In the BKPAI survey, the first question asked from respondents was “In the time since you completed 60 years of age have you faced any type of abuse or violence or neglect or disrespect by any person?” If they have experienced any violence, follow-up questions asked on whether “they faced any type of violence in the last one month”. For those who had experienced abuse, it included more specific questions regarding different types of abuse (physical abuse, verbal abuse, economic abuse, showing disrespect, neglect and other) and where it originated (within family, outside family,

both within family and outside family). Finally, a follow-up questions elicited the source of abuse which includes: “Spouse; Son; Daughter; Son-in-law; Daughter-in-law; Domestic helper; Grandchildren; Relatives; Neighbours; and Others” respectively. The details about these types of abuse, provided to the investigators, is based on the WHO definition. Conceptualization of Different Forms of Elder Abuse has been described elsewhere. Investigators were provided a manual which explained the questionnaire and specific survey-related training.

Independent Variables

Socio-Demographic Predictors

Several factors like age, sex, education, marital status, current living status, caste, religion and place of residence are likely to be associated with older adults. Age had been categorized into three groups, ‘60–69’, ‘70–79’, and ‘80+’. Marital status of the elderly was coded into two categories namely currently married, and single (includes never married, widowed, divorced, separated/deserted). Gender was coded into ‘men’ and ‘women’. Education variable was divided into two groups ‘ever attended school’ and ‘not attended school’. Caste includes ‘Scheduled Tribes/Scheduled Caste’, ‘Other Backward Class’ and ‘Others’. Respondent’s religion was classified as ‘Hindu’, ‘Muslim’ and ‘Others’.

Socioeconomic Predictors

Self-rated health (SRH) (also known as self-assessed health or self-perceived health) is a simple, easy to measure of general health, mostly widely used in the public health. It is considered as a strong predictor to understand the health status of people in general and the elderly in particular. It refers to a single-item health measure in which individuals rate the current status of their own health on a four- or five-point scale from *excellent* to *poor*. The economic status of household i.e. wealth index was constructed using information on household assets and housing characteristics. Wealth quintile was measured on the 5 point scale ranging from poorest, poorer, middle, richer & richest (Rutstein 1999). Financial status is one of the variables under health characteristics. Respondents had been asked to rate their financial status on a scale of not dependent, partially and fully dependent. The occupation was classified into three categories, those who had not worked in last one year, worked more than six months and less than six months in last one year. Chronic morbidity is a dimension of health capturing long-term (chronic) symptoms, health conditions or diseases. Chronic morbidity included chronic lung disease (Emphysema, Bronchitis, and COPD), Asthma (allergic respiratory dis-ease), Diabetes, Hypertension, Depression Cancer, Alzheimer, Arthritis, Rheumatism or Osteoarthritis, Cerebral embolism, Stroke or Thrombosis, and others (if not in the list). It comprises of 20 chronic diseases which were coded into 1 as “any chronic morbidity” and 0 as “no chronic morbidity”.

Statistical Analysis

All the statistical analysis has been performed with STATA-SE version 14.2 software to examine the relationship between the socio-demographic characteristics, socioeconomic

predictors and other covariates with any type of abuse or violence or neglect or disrespect experienced by the individual. To understand the profile of seniors experiencing abuse by gender and place of residence. The statistical analysis is based on descriptive statistics, Chi-square test, and binary logistic regression to understand the differences by gender and place of residence with violence/abuse/neglect or disrespect against the elderly.

Findings

Table 1 shows that any abuse (15.57%) was highest among elderly people who were at age 80 and above. Elderly people who were single face more abuse (12.62%) than the elderly who were married. Respondents who never attended school faces more abuse (13.79%) in comparison to those who ever attended the school. The respondents who belong to Hindu religion faces less abuse (11.20%) than the respondents who belong to other religion. The prevalence of abuse was high (13.85%) among respondents who belong to other caste category. Elderly whose health status was poor faces more abuse (12.75%) than those who were having good or normal health status. The prevalence of abuse was highest (17.23%) among those who belong to poorest wealth quantile. The respondents who work more than six months experienced more abuse (15.61%). The prevalence of abuse was high (14.27%) among those respondents who were having any chronic morbidity than who do not had any chronic morbidity.

Table 2 shows that among both men and women, almost 50% of the elderly were facing physical abuse, while approximately 55% of women were facing verbal as well as economic abuse, respectively. 58% of women experienced disrespect, and 61% were being neglected. Physical violence, disrespect, and neglect among men and women showed significant association. In rural areas, approximately 80% of the elderly faced physical, verbal, economic abuse and also experienced disrespect and neglect in the society.

Table 3 Maharashtra was the only state with highest percentage of physical abuse, verbal abuse, economic abuse, showing disrespect and neglect experienced by elderly. In Himachal Pradesh percentage of physical abuse was 13%, verbal abuse was 15% and economic abuse 47% while the percentage of elderly who experienced disrespect and neglect in Tamil Nadu was 54% and 51% respectively.

Table 4 shows the types of abuse according to place among aged 60+ population. In Himachal Pradesh, and West Bengal, physical and verbal abuse were high among elderly living outside family while Punjab, Odisha, Maharashtra, Kerala, and Tamil Nadu had highest physical and verbal abuse within family. Among elderly economic abuse and disrespect was high within family in Himachal Pradesh, Punjab, West Bengal, Odisha, Kerala, Tamil Nadu respectively. Maharashtra had highest economic abuse and disrespect among elderly living outside family. Approximately 50% of elderly felt neglected within family in Himachal Pradesh, while 59% in Punjab, 55% in West Bengal, 44% in Odisha, 86% in Kerala and 64% male counterparts in Tamil Nadu respectively. Maharashtra has the highest 42% of elderly aged 60+ being neglected outside the family.

Table 5 shows that women were 29% significantly less likely to experience physical violence than their [O.R = 0.71; $p < 0.05$]. The respondents who belong to the urban area were 63% significantly more likely to experience verbal abuse than respondents who belong to rural areas [O.R = 1.63; $p < 0.05$]. Respondents who belong to age group 80 and above were 47% more likely to experience any abuse [O.R = 1.47; $p < 0.01$]

Table 1 Percentage of elderly faced different types of abuse, disrespect and neglect by selected background characteristics

| Background Characteristics | Any abuse (1115) | Physical abuse (370) | Verbal abuse (884) | Economic abuse (467) | Disrespect (519) | Neglect (446) | N = 9850 |
|--------------------------------|------------------|----------------------|--------------------|----------------------|------------------|---------------|----------|
| Age group | | | | | | | |
| 60–69 | 10.91 | 35.49 | 90.11 | 45.78 | 54.13 | 42.98 | 6238 |
| 70–79 | 10.88 | 39.88 | 88.59 | 48.88 | 51.20 | 49.36 | 2600 |
| 80+ | 15.57 | 40.97 | 89.26 | 50.42 | 48.57 | 46.85 | 1012 |
| Marital Status | | | | | | | |
| Currently Single | 12.62 | 35.82 | 91.34 | 49.56 | 58.02 | 54.70 | 3965 |
| Currently married | 10.62 | 38.70 | 88.24 | 45.51 | 48.33 | 37.91 | 5885 |
| Ever Attended School | | | | | | | |
| No | 13.79 | 38.41 | 91.64 | 51.27 | 54.37 | 49.95 | 4526 |
| Yes | 08.92 | 35.89 | 86.28 | 40.85 | 49.61 | 37.59 | 5324 |
| Religion | | | | | | | |
| Hindu | 11.20 | 37.24 | 90.47 | 48.22 | 55.75 | 46.20 | 7780 |
| Muslim | 11.49 | 48.38 | 82.72 | 62.50 | 56.58 | 43.98 | 804 |
| Others | 12.57 | 32.27 | 88.84 | 33.55 | 33.28 | 40.71 | 1266 |
| Caste | | | | | | | |
| SC/ST | 12.51 | 38.23 | 89.16 | 50.57 | 52.22 | 51.25 | 2383 |
| OBC | 7.99 | 38.66 | 87.7 | 41.43 | 48.80 | 39.63 | 3352 |
| Others | 13.85 | 36.32 | 90.86 | 48.43 | 54.76 | 44.57 | 4115 |
| Health Status | | | | | | | |
| Good | 8.77 | 55.08 | 90.73 | 64.89 | 66.07 | 50.15 | 1604 |
| Normal | 11.61 | 35.71 | 89.64 | 46.99 | 50.96 | 44.69 | 6538 |
| Poor | 12.75 | 33.55 | 88.79 | 38.57 | 50.39 | 44.26 | 1688 |
| Wealth Quintile | | | | | | | |
| Poorest | 17.23 | 45.78 | 93.29 | 54.79 | 52.36 | 52.24 | 1954 |
| Poorer | 13.20 | 34.87 | 86.09 | 53.12 | 63.45 | 47.51 | 1974 |
| Middle | 8.7 | 38.76 | 85.62 | 41.08 | 46.85 | 41.91 | 1938 |
| Richer | 8.15 | 30.46 | 92.73 | 37.19 | 51.04 | 33.17 | 1961 |
| Richest | 6.83 | 17.96 | 86.62 | 24.5 | 33.62 | 32.74 | 2017 |
| Worked in Last One Year | | | | | | | |
| Not worked | 10.14 | 33.96 | 88.94 | 44.18 | 50.70 | 44.7 | 7586 |
| More Than 6 months | 15.61 | 47.67 | 89.26 | 55.7 | 59.79 | 48.9 | 1847 |
| Less Than 6 months | 14.4 | 31.15 | 98.37 | 44.63 | 41.03 | 34.57 | 417 |
| Chronic Morbidity | | | | | | | |
| No Chronic Morbidity | 6.12 | 33.96 | 91.73 | 49.66 | 51.82 | 48.01 | 3494 |
| Any Chronic Morbidity | 14.27 | 38.26 | 89.09 | 46.72 | 52.71 | 44.57 | 6356 |

Table 2 Percentage distribution of types of abuse among elderly by gender and place of residence

| Type of abuse | Gender | | | Type of Residence | | | Total |
|--------------------|------------|------------|----------------|-------------------|------------|----------------|------------|
| | Men | Women | <i>p</i> value | Rural | Urban | <i>p</i> value | |
| Physical | 50.85(188) | 49.15(182) | 0.018 | 79.78(295) | 20.22(75) | 0.162 | 37.45(370) |
| Verbal | 44.55(394) | 55.45(490) | 0.240 | 79.73(705) | 20.27(179) | 0.324 | 89.59(884) |
| Economic | 44.37(207) | 55.63(260) | 0.143 | 80.91(427) | 19.09(101) | 0.099 | 47.28(467) |
| Showing Disrespect | 41.57(216) | 58.43(303) | 0.018 | 79.99(469) | 20.01(117) | 0.146 | 52.54(519) |
| Neglect | 38.69(172) | 61.31(274) | 0.001 | 80.49(406) | 19.51(98) | 0.226 | 45.21(446) |

whereas respondents who belong to age group 70–79 years were 38% more likely to experience physical abuse [O.R = 1.38; $p < 0.05$] and respondents who belong to age category 80 and above were 65% more likely to experience economic abuse [O.R = 1.65; $p < 0.10$]. The respondents who were currently married were 26% significantly less likely to encounter disrespect [O.R = 0.74; $p < 0.05$] and 33% significantly less likely to encounter neglect [O.R = 0.67; $p < 0.05$]. The respondents who ever attended school were 20% significantly less likely to experience any abuse than who had never attended school [O.R = 0.80; $p < 0.05$]. The respondents who belong to the Muslim religion were 61% significantly more likely to encounter economic abuse than respondents who belong to Hindu religion [O.R = 1.61; $p < 0.05$]. The elderly people belonging to other caste were 51% significantly more likely to experience any abuse than elderly people belonging to Sc/St category. [O.R = 1.51; $p < 0.05$]. The respondents belonging to poor health status were 30% significantly more likely to experience any abuse than the respondents belonging to good health status [O.R = 1.30; $p < 0.05$]. Elderly people belonging to richest wealth quantile were 70% significantly less likely to experience any abuse than respondents from poorest wealth quantile [O.R = 0.01; $p < 0.05$]. Respondents who worked more than six months in last one year were 86% significantly more likely to encounter any abuse than respondents who hadn't worked in last one year [O.R = 1.86; $p < 0.01$]. Odds of encountering any abuse among

Table 3 Proportion of types of abuse against elderly among population aged 60+ in India, and selected states, BKPAI, 2011

| States | Physical (Total No.) | Verbal (Total No.) | Economic (Total No.) | Showing Disrespect (Total No.) | Neglect (Total No.) | Total |
|-------------------------|-------------------------|-----------------------|-------------------------|--------------------------------------|------------------------|------------|
| Himachal Pradesh (1480) | 12.66(47) | 15.34(136) | 46.87(81) | 50.25(87) | 46(80) | 153 |
| Punjab (1370) | 8.33(31) | 12.79(113) | 26.59(38) | 26.79(38) | 33.08(47) | 126 |
| West Bengal (1275) | 7.26(27) | 8.52(75) | 27.54(26) | 37.41(36) | 31.24(30) | 85 |
| Odisha (1481) | 4(15) | 12.46(110) | 27.74(37) | 30.49(41) | 26(35) | 119 |
| Maharashtra (1435) | 61.63(228) | 45.73(404) | 64.34(323) | 69.8(350) | 55.67(279) | 444 |
| Kerala (1365) | 2.78(10) | 2.9(26) | 31.99(13) | 47.36(20) | 48.41(20) | 37 |
| Tamil Nadu (1443) | 3.34(12) | 2.25(20) | 32.17(8) | 54.06(14) | 50.76(13) | 23 |
| India (9850) | 37.45(370) | 89.59(884) | 47.28(467) | 52.54(519) | 45.21(446) | 987 |

Table 4 Proportion of different types of abuse by within family, outside family or both among elderly population aged 60+ in India

| Place of Abuse | Within Family | Outside Family | Both | Within Family | Outside Family | Both |
|------------------|---------------|----------------|-----------|--------------------|----------------|------------|
| States | Physical | | | Verbal | | |
| Himachal Pradesh | 35.49(16) | 44.18(20) | 20.33(9) | 31.84(43) | 34.15(46) | 34.01(46) |
| Punjab | 51.16(15) | 37.06(11) | 11.78(3) | 66.22(75) | 28.18(32) | 5.61(6) |
| West Bengal | 43.87(11) | 50.59(13) | 5.54(1) | 41.01(31) | 45.92(35) | 13.07(10) |
| Odisha | 52.94(8) | 47.06(7) | 0(0) | 44.69(49) | 34.32(38) | 20.99(23) |
| Maharashtra | 34.63(76) | 27.11(59) | 38.25(84) | 42.05(170) | 29.77(120) | 28.17(114) |
| Kerala | 62.94(6) | 37.06(4) | – | 72.15(18) | 27.85(7) | – |
| Tamil Nadu | 59.01(7) | 40.99(5) | – | 64.86(13) | 26.25(5) | 8.88(2) |
| Place of Abuse | Within Family | Outside Family | Both | Within Family | Outside Family | Both |
| States | Economic | | | Showing Disrespect | | |
| Himachal Pradesh | 50.17(34) | 19.88(14) | 29.95(21) | 44.46(33) | 18.58(14) | 36.96(27) |
| Punjab | 54.72(17) | 34.43(11) | 10.85(3) | 54.66(18) | 34.57(11) | 10.77(3) |
| West Bengal | 60.31(13) | 33.33(7) | 6.36(1) | 49.13(15) | 40.77(12) | 10.11(3) |
| Odisha | 64.39(20) | 30.24(10) | 5.38(2) | 50.32(18) | 28.85(10) | 20.82(7) |
| Maharashtra | 33.42(91) | 34.43(94) | 32.14(88) | 20.67(62) | 55.76(166) | 23.56(70) |
| Kerala | 76.03(8) | 23.97(3) | – | 89.74(15) | 10.26(2) | – |
| Tamil Nadu | 59.36(4) | 40.64(3) | – | 61.02(7) | 38.98(5) | – |
| Place of Abuse | Within Family | Outside Family | Both | | | |
| States | Neglect | | | | | |
| Himachal Pradesh | 48.93(33) | 23.19(16) | 27.88(19) | | | |
| Punjab | 59.74(24) | 30.12(12) | 10.14(4) | | | |
| West Bengal | 55.78(14) | 32.12(8) | 12.1(3) | | | |
| Odisha | 44.74(13) | 26.72(8) | 28.54(8) | | | |
| Maharashtra | 26.49(62) | 42.04(98) | 31.47(74) | | | |
| Kerala | 85.87(14) | 14.13(2) | – | | | |
| Tamil Nadu | 64.21(7) | 28.36(3) | 7.43(1) | | | |

respondents having any chronic morbidity were significantly high in respect to respondents who do not have any chronic morbidity condition [O.R = 3.24; $p < 0.01$].

Discussion

From the above findings it is clear that verbal abuse, economic abuse, Disrespect, and Neglect are the major elderly abuses are more likely to occur among women, while physical abuse is less likely to happen in women, but it shows significant association. Older women are more vulnerable than elderly men because of their illiteracy, and they are not only aged

but also widowed. Findings are consistent with previous studies of violence (Crichton et al. 1999; Sebastian and Sekher 2010). The proportion for verbal abuse, economic abuse, disrespect, and neglect was high among women when compared to males, and for physical abuse, the gender disparity was more pronounced. Elderly living in rural areas were more prone to abuse and neglect compared to the elderly living in urban areas. Like other studies, our study has also shown that violence is high among elderly of age 60 and above who had never attended a school or had low education levels (Munsur et al. 2010; Rajan 2006). As age increases, the oldest old were more vulnerable to the experience of any types of abuse. This could be probably due to their increased dependence on family members for any type of help. Economic abuse, Disrespect, and Neglect were highly prevalent within the society where the elderly were staying (son and daughter in law) whereas physical abuse and verbal abuse were prevalent outside the family. Some of these findings are consistent with the previous studies (Rao 1995; Raju 2011).

Along with the health status of the elderly, the wealth status of the elderly always remained as an important factor for the elderly to experience any violence, either physical, verbal, economic, neglect, and except disrespect. It was found that if the elder population are working the odds of any types of elderly abuse increases. It indicates that women were forced to become economically dependent on their spouse. Thus, women were at greater risk of being abused or exploited; similar findings was reported in previous literature (Bornstein 2006; Antai et al. 2014). Further, several studies reported that most common living arrangements among elderly were with family (Rajan and Kumar 2003; Help Age India Report 2018). In India, similar to our study, very few studies had been conducted so far, which identify the important risk factors responsible for elder abuse and neglect (Help Age India Report 2018). Any Chronic Morbidity was significantly linked to increasing elder abuse, making the elderly population more prone to abuse and neglect (Lachs et al. 1997).

Conclusion

This study is a contribution to the relatively new but growing literature on elder abuse in India. Old age is the age of misery, pain and an inevitable phenomenon due to multiple factors (deteriorating health, a tender body, low immunity, high chances of morbidity, etc.) in the process of demographic transition of India. The process is taking place much faster due to which older generation are treated as liabilities even by their own children. As the life expectancy of older adults is increasing gradually in India, brings with it more chronic health problems and functional limitations that require long-term care. Changing the socio-cultural context and family relations are the major drivers of the increase in the occurrence of elder abuse in the state as most of the older people live in villages, experience poor socioeconomic status, are dependent on their families or relatives for both financial and physical support. Migration of young Indians to seek employment in urban areas diminishes the number of available caregivers and increases the stresses on non-migrant family members to bear obligation for elders' care. Researchers have begun to argue that how in a country like India, elder abuse could co-exist where traditional Indian cultural values emphasize to respect for older persons. Thus, both qualitative and quantitative studies need to be conducted of both the victims and the perpetrators in terms of cultural, familial (social support), and

Table 5 Odds ratio of elderly faced different types of abuse, disrespect and neglect by selected background characteristics

| Background Characteristics | Any abuse | Physical abuse | Verbal abuse | Economic abuse | Disrespect | Neglect |
|-------------------------------|---------------------|-------------------|-------------------|-------------------|-----------------|-------------------|
| Sex | | | | | | |
| Men [®] | 1 | 1 | 1 | 1 | 1 | 1 |
| Women | 1.07(0.9–1.27) | 0.71***(0.51–1) | 1.14(0.69–1.89) | 1.17(0.84–1.63) | 1.29(0.93–1.78) | 1.32(0.95–1.82) |
| Residence | | | | | | |
| Rural [®] | 1 | 1 | 1 | 1 | 1 | 1 |
| Urban | 0.94(0.81–1.09) | 1.06(0.78–1.45) | 1.63**(1.01–2.66) | 1.02(0.76–1.37) | 0.81(0.6–1.09) | 1.05(0.78–1.41) |
| Age group | | | | | | |
| 60–69 [®] | 1 | 1 | 1 | 1 | 1 | 1 |
| 70–79 | 1.01(0.85–1.19) | 1.38**(0.99–1.91) | 1.1(0.67–1.82) | 1.35(0.98–1.86) | 1.04(0.75–1.43) | 1.3(0.95–1.78) |
| 80+ | 1.47****(1.18–1.82) | 1.42(0.93–2.18) | 1.04(0.52–2.07) | 1.65*(1.08–2.5) | 0.99(0.66–1.49) | 1.47(0.97–2.22) |
| Marital Status | | | | | | |
| Currently Single [®] | 1 | 1 | 1 | 1 | 1 | 1 |
| Currently married | 0.87(0.73–1.02) | 0.99(0.72–1.36) | 0.95(0.58–1.55) | 0.86(0.63–1.17) | 0.74**(0.55–1) | 0.67**(0.49–0.91) |
| Ever Attended School | | | | | | |
| No [®] | 1 | 1 | 1 | 1 | 1 | 1 |
| Yes | 0.80**(0.67–0.94) | 0.72**(0.53–0.99) | 0.59**(0.37–0.96) | 0.7**(0.51–0.95) | 0.89(0.66–1.21) | 0.84(0.62–1.13) |
| Religion | | | | | | |
| Hindu [®] | 1 | 1 | 1 | 1 | 1 | 1 |
| Muslim | 0.91(0.7–1.18) | 1.21(0.73–2.01) | 0.74(0.35–1.55) | 1.61**(0.98–2.65) | 1.15(0.72–1.83) | 0.9(0.56–1.45) |
| Others | 1.16(0.95–1.42) | 0.81(0.53–1.26) | 0.83(0.45–1.51) | 0.59*(0.39–0.89) | 0.4(0.27–0.61) | 0.78(0.52–1.16) |
| Caste | | | | | | |
| SC/ST [®] | 1 | 1 | 1 | 1 | 1 | 1 |
| OBC | 0.83**(0.68–1.01) | 1.04(0.7–1.53) | 1.15(0.64–2.05) | 0.72(0.49–1.05) | 0.85(0.58–1.23) | 0.83(0.57–1.2) |
| Others | 1.51****(1.26–1.81) | 0.97(0.68–1.39) | 1.41(0.85–2.34) | 1.04(0.74–1.45) | 0.97(0.69–1.36) | 0.98(0.7–1.38) |

Table 5 (continued)

| Background Characteristics | Any abuse | Physical abuse | Verbal abuse | Economic abuse | Disrespect | Neglect |
|----------------------------|---------------------|---------------------|--------------------|---------------------|---------------------|---------------------|
| Health Status | | | | | | |
| Good® | 1 | 1 | 1 | 1 | 1 | 1 |
| Normal | 1.34***(1.08–1.67) | 0.44*** (0.28–0.69) | 0.9(0.44–1.86) | 0.46*** (0.29–0.71) | 0.54*** (0.34–0.85) | 0.69(0.45–1.07) |
| Poor | 1.30***(1–1.69) | 0.38*** (0.22–0.64) | 0.79(0.34–1.88) | 0.31*** (0.18–0.51) | 0.44*** (0.26–0.74) | 0.6*** (0.36–0.99) |
| Wealth Quintile | | | | | | |
| Poorest® | 1 | 1 | 1 | 1 | 1 | 1 |
| Poorer | 0.74***(0.61–0.89) | 0.52*** (0.36–0.76) | 0.39** (0.21–0.7) | 0.82(0.58–1.16) | 1.34(0.94–1.9) | 0.75** (0.53–1.06) |
| Middle | 0.50*** (0.4–0.63) | 0.72(0.47–1.1) | 0.4** (0.21–0.76) | 0.68(0.45–1.04) | 0.99(0.66–1.5) | 0.77(0.51–1.17) |
| Richer | 0.43*** (0.34–0.54) | 0.53*** (0.33–0.85) | 0.79(0.35–1.76) | 0.57** (0.36–0.89) | 1.18(0.75–1.84) | 0.45*** (0.28–0.71) |
| Richest | 0.30*** (0.22–0.39) | 0.33*** (0.19–0.59) | 0.42** (0.19–0.93) | 0.44*** (0.26–0.75) | 0.97(0.59–1.59) | 0.53(0.32–0.9) |
| Worked in Last One Year | | | | | | |
| Not worked® | 1 | 1 | 1 | 1 | 1 | 1 |
| More Than 6 months | 1.86*** (1.56–2.23) | 1.54** (1.1–2.17) | 1.27(0.78–2.07) | 1.7*** (1.21–2.39) | 1.48(1.06–2.06) | 1.35(0.97–1.89) |
| Less Than 6 months | 1.58** (1.14–2.18) | 0.79(0.42–1.49) | 6.29(0.84–47.42) | 1.24(0.68–2.25) | 0.79(0.43–1.46) | 0.74(0.4–1.35) |
| Chronic Morbidity | | | | | | |
| No Chronic Morbidity® | 1 | 1 | 1 | 1 | 1 | 1 |
| Any Chronic Morbidity | 3.24*** (2.7–3.88) | 1.33(0.91–1.94) | 0.86(0.46–1.61) | 1.09(0.76–1.57) | 1.15(0.81–1.63) | 0.91(0.64–1.3) |
| Constant | 0.054037 | 1.54051 | 15.2 | 2.07 | 1.89 | 1.62 |
| Log pseudo likelihood | -2947.355 | -610.396 | -315.8 | -635.72 | -653.43 | -644.76 |
| Pseudo R2 | 0.0784 | 0.0533 | 0.05 | 0.06 | 0.04 | 0.04 |

Note: ®: Reference Group

Significance levels: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

Confidence Interval are in brackets.

psychological factors (depression, stress, and mental health). It can be concluded from our study that different types of elderly abuses are still a major issue, and there is a need for further studies to facilitate intervention for these silent victims.

Recommendations The percentage of non-reporting incidences of crime against elderly either outside the family (by unknown persons and professionals) or within the family (by family members, relatives, caregivers, nears and dears and even neighbors) are quite high as reported in previous as well as in our study. Majority of such cases reported so far perpetrators of crime are daughter-in-law, son, and daughter. Therefore, active participation of youths and community members are essential. Indeed, even elderly individuals themselves must be made mindful of legitimate arrangements and to take preventative measures. Senior national cells might be built up in each area. Elderly helpline ought to adequately work. Police ought to likewise focus on the security of the individuals who are living alone. Between individual relationships among relatives ought to be reinforced.

One of the prime agendas of government or any policymakers should be to reduce elderly abuse, providing a better quality of life, and improve the social security and health status of the elderly. The findings of the study indicate that so far no proper focus has been made on these issues. Thus, a substantial amount of elderly abuse is reported. There is also an urgent requirement of better health care services, free medical treatment, financial aid, proper pension scheme, and free health insurance scheme for the elderly. These issues should be properly addressed at policy and program level, if not, more damage will occur to the elderly in the future, and their health and social security will be at stake. Some necessary steps regarding these on priority basis should be made like prioritizing social security of elderly, outreach services should also be provided. Despite existing schemes, the government should initiate some good health-related schemes which should be easily accessible to the older adults (Patela and Katariab 2013).

The principle purpose of the talk is the reason we are so unconcerned about the individuals who have sustained us. This developing sympathy and carelessness might be because of the inhumane state of mind, developing financial contemplations and reliance. Government is attempting its best at different levels like old age pensions are given to make them financially independent. Different NGOs additionally work and give some assistance to them. It is the obligation of every last one of us to make a few strides so mishandling might be diminished. The facts demonstrate that the legislature alone can't take care of the issue. The commitment of every last one of us is fundamental. Training needs to sharpen young people and reinforce entomb age holding. Young people are to be made thoughtful and mindful residents. If such cases are found in the general public, prompt social revealing and legitimate advances ought to be taken to review the issue. It is extremely difficult to see that those hands which supported us, influenced us to create what we are today, are asking for little warmth, little care and due regard. We trust that this paper would fill in as an impetus for arousing the general public and help everyone to remember us to give our folks everything of their offer.

Limitations

The present study has some limitations that should be noted. Firstly, the data may not represent the complete picture of the population, as it only includes the states where

most of the elderly lives. Secondly, self-reporting of individual is another limitation of nature of the data. Lastly, children's education was not included in the model as it was difficult to assess. At the point when there are a several children, one would need to choose whose education level ought to be considered in the analysis (as we don't know which child the perpetrator of abuse was in the case of multiple sons or daughters). Also, when no kids were staying with the elderly, data on children wasn't gathered and hence we don't have this information in many cases. Our data also lack association of social support and elderly abuse/violence/neglect/disrespect. However, in our study abuse is suspected to be present in only a small percentage of the elderly population. This type of psychometric study would require a very large sample to be present for study. In future, research addressing these issues will improve the understanding of the relationship between elder abuse with social support and SWB.

Compliance with ethical standards

Ethical Considerations This study is based on secondary data analysis with all participant identifiers removed. Sponsored and carried out by UNFPA, New Delhi; Institute for Social and Economic Change (ISEC), Bangalore; Institute of Economic Growth (IEG), New Delhi; and Tata Institute of Social Sciences (TISS), Mumbai. Informed consent was obtained from all the participants and all the information was collected confidentially before participation.

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