

Elder Abuse in India: Issues and Considerations

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ABSTRACT

The abuse of an elderly has remained a private matter which was only seen as a social welfare issue and was very well hidden from the society. Generally, elder abuse can be understood as any form of behavior(s) that leads to decrease in wellbeing of an old person. Like the other forms of family violence, it has developed into a public health and criminal justice concern where the focus is on the dealing with elder abuse. Abuse of an elderly may be either intentional, unintentional or neglect causing harm to the older person temporarily or for a period of time. The present paper discussed the variety of factors that lead to elder abuse and important characteristics for identifying potential abusers so that mistreatment can be prevented. The issue of elder abuse is discussed in the Indian context and how it can be prevented. Older persons are in need of vital support that would keep important aspects of their lifestyles intact while improving their over-all quality of life.

Keywords: *Elder Abuse, Elderly, Indian Context*

In old age, an individual experiences a decline in physical and mental activity. There is also a gradual shift in economic status moving from economic independence to economic dependence. Elders are vulnerable and subjected to various forms of abuse on a daily basis in one or the other way as they are physically frail and are less able to stand up to bullying or fight back when attacked. Different words and phrases are commonly used for elder abuse like elder mistreatment, senior abuse, abuse in later life and abuse of older adults. Generally, elder abuse can be understood as any form of behavior(s) that leads to decrease in wellbeing of an old person. In other words, elder abuse is a violation of an individual's human and civil rights that causes distress and manifests itself once or repeatedly.

Elder Abuse was known as mistreatment of older people and was first described in a British scientific journal as "granny battering" (Baker, 1975). Later, many researchers defined the construct of elder abuse differently. Johnson (1986) defined elder abuse as a state of self or other inflicted suffering unnecessary to the maintenance of the quality of life of the older person. This definition views elder abuse in terms of suffering as a determinant of whether mistreatment has occurred. Bookin and Dunkle (1985), however, defined elder abuse in terms

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of its effects upon the older person by putting the focus of intervention on the harm done to the elderly and moving away from any cultural biases. According to WHO (2008) elder abuse is defined 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. They also viewed it as series of actions in a relationship of trust or dependence that produces physical or psychological harm. This harm may be caused by caregivers such as spouse, family members or friends or may be the result of a lack of training of social and health institutions, who cannot meet the needs of older persons.

Understanding of abuse differs with culture as a behavior considered abusive in one culture may not be so in another. This is one reason why many cases of elder abuse go unreported. Also, it is considered as a social crime where even the elderly do not prefer to report the abuse because of fear of retaliation, loss of family pride and self-neglect. They start accepting the inappropriate series of actions of caregivers as misgivings of old age. Also, the problem is further aggravated with lack of institutions where such reporting could be made, lack of trust in the existing judiciary system and being unable to go through judiciary process and then live with the uncertain consequences of it. The problem of elder abuse continues to thrive in societies leaving each of its members vulnerable to its sufferings later in life.

Forms of Elder Abuse

Abuse of an elderly may be physical, psychological, financial, sexual or neglect causing harm to the older person temporarily or for a period of time. The kind of abuse depends on the frequency of mistreatment, severity and consequences, its duration and above all, the cultural context. **Physical abuse** refers to infliction of non-accidental force against an elderly that result in pain, injury or physical coercion. It can range from slapping to severe beatings, inappropriate use of medications, physical restraints and physical punishment of any kind. **Psychological or emotional abuse** refers to intentional infliction of emotional harm and psychological distress upon an older adult. It may include humiliation, blaming and isolating an elder from friends or activities. It can range from ignoring, intimidating, threatening or to make insulting or disrespectful comments to the older person. **Financial or material abuse** refers to an illegal or improper exploitation or use of funds or resources of an older person without that person's knowledge or consent. It may include use of an older adult's money for purposes other than what was intended by the older adult, misuse of an elder's credit cards or accounts, forging the elder's signature, investment fraud, or denying the older person access to his or her own funds. **Sexual abuse** refers to non-consensual sexual contact of any kind with the older person. It may include physical sex acts, showing an elderly pornographic material, or forcing the elder to undress. Older people are reluctant to report elder abuse as they may have difficulty to distinguish between normal care giving and sexual abuse because of their developmental or cognitive disabilities. The prevailing stereotype that elders are not sexually attractive may lead to reluctance of reporting sexual abuse. **Neglect** refers to a refusal or failure to fulfill a caretaking responsibility. Caregivers may exercise two types of neglect; passive and active. The difference lies in the intent of the caregiver as active neglect includes caregiving strategies that intentionally withhold meeting of the physical, social or

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emotional needs of an older person. With passive neglect, this failure to meet the needs of an elderly is unintentional as they do not have appropriate knowledge and resources.

Risk Factors of Elder Abuse

The responsibilities and demands of elder care giving escalate as the elder's condition deteriorates. The causes and consequences of elder abuse are overlapping. Studies reported cognitive and physical impairments of the elderly pose as risk factors for abuse. (Pillemer, 1989). For instance, the rate of abuse among Alzheimer patients is higher than average (Homer & Gilleard, 1990). An abuse may also occur if either an elderly or caregiver has a period or history of mental illness, drug or alcohol dependence, low self esteem, anger or frustration. Several studies have found that depression, suicidal thoughts and feelings of unhappiness, shame or guilt are common among victims (Bonnie & Wallace, 2003).

Although, majority of caregivers provide appropriate care to elderly, the responsibility of care giving creates stress which affects both caregivers and care recipients. Studies have indicated that the level of stress of caregivers is an important risk factor for elder abuse (Steinmetz, 1988; Eastman, 1994). Besides caring for an elderly, there are other contributory factors that add on the caregiver stress and trigger the abuse. These are financial difficulties, heavy physical and emotional cost of being a caregiver, personal stress, inadequate support and addiction to alcohol and other drugs. Also, caregivers sometimes are unable to balance their own needs and that of an elderly which ultimately leads to a range of abusive behaviors. The risk of elder abuse even becomes greater when the caregiver is responsible for an older person who is physically or mentally ill. Also, the nature of the relationship between the caregiver and the elderly may be an important predictor of abuse (Nolan, Grant & Keady, 1996).

The community factor of social isolation is one of the significant risk factors for abuse (Podnieks, 1992). Social isolation has become both a cause and a consequence of abuse as older people become isolated because of physical or mental infirmities which reduce the opportunities for social interaction. There can be different types of isolation like physical isolation such as leaving an older adult who requires care alone for significant periods of time; social isolation such as not allowing an older adult to see friends or engage in social activities and emotional isolation such as not engaging with the older adult or responding to their emotional needs. Also, violence becomes a risk factor for elder abuse as in some families it is a habitual behavior pattern. Moreover, a history of abuse in the family becomes an important indicator of elder abuse. For example, spousal abuse becomes elder abuse, or abused children become abused caregivers to elderly parents. In some families violence is a normal reaction to stress and may continue from generation to generation.

Gender has been proposed by some as a defining factor in elder abuse. Women are subject to oppression and hence more likely to suffer elder abuse (Aitken & Griffin, 1996). They appear to suffer the worst cases of abuse, both physical and psychological (Pillemer & Finkelhor, 1988). However, other studies stated that older men are at risk of abuse by spouses, adult

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children and other relatives in about the same proportions as women (Pillemer & Finkelhor, 1988; Podnieks, 1992). There are certain social attitudes that affect the risk of elder abuse and make it easier for abuse to continue without being identified. There is a lack of respect for older adults and societal belief that they should not interfere in the family matters of others. Shame and embarrassment often make it difficult for older persons to reveal abuse. They don't want others to know that such events occur in their families. Other risk factors may include the depiction of elderly as weak and dependent by the society; fading bonds between generations of a family and migration of young couples to other areas, leaving elderly parents alone.

Older people are dependent on their caregivers and may be a risk factor for elder abuse as the dependency is due to decreased physical and cognitive ability. As the older people are dependent on their caregivers for day-to-day care, the abusive caregiver may also be dependent on the elderly in order to meet their own physical, psychological, social, emotional or financial needs. Studies have reported the association of dependency with increased risk of abuse emphasizing the more the elderly is dependent on the caregiver more is the probability of abuse (Pillemer & Moore, 1989).

Overall, social isolation of the abused person with the family; physical disability and cognitive impairment; pathology of the caregiver; caregiver stress or anger and over dependence of the elderly on the caregiver may affect the physical and psychological wellbeing of an elderly.

The abuser and their characteristics

The abuser may be a family member, spouse or social worker from the institution where the older person is living. Many abusers dominate elderly and sometimes their behavior is not entirely in their control. Sometimes, abusers may feel powerless in some aspects of their own lives so they feel more in control of their own lives when they can control other people. Also, the abusers who have problems with their own social relations often neglect their elders and as a result they suffer from emotional or psychological abuse. Sometimes, the abusers are also financially dependent on their elderly however; in many cases the elderly and caregivers are mutually dependent on each other. . Studies have found sex-related differences for elder abuse.

By type of abuse, women appear to be responsible for most cases of neglect, while men commit the more extreme forms of abuse, as well as physical and sexual abuse (Sonkin, Martin & Walker, 1995). Psychopathology studies on elder abuse found that caregivers who abuse have more psychological and substance-abuse problems than caregivers that do not abuse (Cooney & Mortimer, 1995). The majority of researchers have found high substance abuse (particularly alcoholism) among abusers that has been associated with situations of serious and sustained abuse (Bristowe & Collins, 1989). The psychological disorder most often found in elder abusers is depression (Pillemer, 2005).

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There is empirical evidence indicating that stress and burnout syndrome are stronger predictors of elder abuse than objective measures such as demographic variables or the number of tasks a caregiver has to carry out (Coyne & Reichman, 1993). Taking care of an elderly relative can be an important source of stress for families. There are also a series of factors that can make the situation worse, such as being poorly informed about the aging process, a lack of caretaking skills, and inadequate support. Pillemer and Finkelhorn (1988) provided additional support for caregiver personality issues like abuser deviance as being important in the development of an abusive relationship.

Ramsey-Klawnsnik (2000) proposes the following five types of abusers. Overwhelmed abusers are well intentioned and generally qualified to provide care but when care needs exceed what they can provide, they may abuse verbally or physically. Impaired abusers are well intentioned but have problems that prevent them from delivering care. These caregivers may suffer from mental or physical problems that serve as barriers to providing adequate care. They may be unaware of the deficits in their care delivery. Narcissistic abusers enter into caregiving relationships to meet their own needs. Domineering abusers may feel entitled to exert power and authority. They may have narcissistic tendencies and often feel that the elderly deserved the maltreatment. This type of offender is prone to neglect, sexual and financial abuse. Sadistic abusers have sociopathic personalities and take pleasure in the mistreatment of the elderly. The abuse of others allows them to have feelings of power and importance.

Garcia and Kosberg (1992) identified anger as the intermediary step or link between stress and abuse. Just as caregivers who have had close and positive relationships with the elderly in the past are less likely to experience stress, so too are they less likely to become violent. It has also been observed that care receivers who were violent toward their caregivers prior to the onset of their illnesses, are more likely to suffer abuse at the hands of their caregivers (Hamel et al, 1990). The likelihood that caregivers will abuse also appears to be strongly linked to how they perceive their situations. Abusive caregivers are more likely than non-abusive caregivers to feel that they aren't receiving adequate help from their families, social networks or public entities (Anetzberger, 1987).

Hence, a better understanding of those who abuse is important for identifying potential abusers and preventing mistreatment. When caregivers lack adequate income, problem-solving skills or social support, or when they believe that the situation is beyond their control, it triggers a sequence of events that lead to mood disturbances and a loss of rational behavior. It is these mood disturbances that culminate in mistreatment. Also, the quality of relation between the abuser and an elderly, caregiver's perceptions of burden, and caregiver's patterns of coping that explain why stress leads some caregivers, but not others, to abuse.

Elder abuse in homes and old age homes

Mistreatment of elderly has been identified in institutions such as nursing homes, residential care, hospitals and day care facilities in almost every country. Members of staff, residents,

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voluntary visitors, relatives and friends may be responsible for elder abuse. Most old age homes do not take care of extra needs of elderly especially those who are suffering from chronic conditions. Abuse and neglect can occur in many types of institution, including those that seem to provide high-quality care to patients.

In an institutionalized abuse, the institution itself is abusive or negligent. The spectrum of abuse and neglect within institutions spans a considerable range and may be related to the provision of care like inadequate nutrition and deficient nursing care; problems with staffing like work related stress and staff burnout, poor physical working conditions, training and psychological problems among staff; difficulties in staff–resident interactions – for example, poor communication and cultural differences, environment like a lack of basic privacy, and proneness to accidents within the institution.

Placement of older people in old age homes raises a number of issues about their private and family life. Older people are forced to live in old age homes when they would prefer to live in their own homes. This has a negative impact on their way of life as they lose their friends and the surroundings in which they were living for many years.

To reduce the risk of elder abuse, there should be counseling and medical facilities which currently many institutions are lacking. The institutions should take responsibility of the elderly so that they feel that they are living in a home away from home. There is also a need of better supervision and regulation of old age homes to ensure that they are providing the services expected from them. Adequate arrangements should be made for the professional training of the caregivers who are working in old age homes. It is the primary responsibility of the government to supervise and regulate these institutions in order to ensure its quality.

Elder Abuse in India

Though India is growing old, old age has never been a problem in India because of the prevailing joint family system that involves respect for elders. However, our society is in transition period in which the cherished values are being eroded. The structural changes in the Indian society have led to a disintegration of joint family system that has resulted in the rejection of the aged. The changing life styles and generation gap involving isolation and insecurity has lead to an emergence of elder abuse.

The social workers of various institutions dealing with abuse in India enforce unquestioning rules in the name of discipline or imposed protective care. This leads to exploitation of the dependence of the older people, and is aggravated by a lack of professionally trained management. In India, people go to institutions when they have no relatives to care for them. Some elderly do not even take support of the institutions dealing with elder abuse because they are reluctant to do so and they do not want the society to intervene as they consider this purely a family matter. So, despite of the fact that their caregivers are not treating them well, still they don't want to leave their homes and live in these institutions.

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Poverty and breakdown of community economic life fosters dependency in the Indian society that leads to either elders relying on their family members for care that may lead to reluctance of caregivers to financially support the elderly resulting in abuse. Also, in some cases, the caregivers may be dependent financially on the elderly resulting in financial abuse. They support family members using their income from pensions. But having an income also leads to elder abuse as those with low income are at risk for neglect, while those with some income are at greater risk for psychological and/or physical abuse (Brown, 1989).

Indians are living more today than in the past but disabling conditions, which include diabetes, cataracts, arthritis and mental health problems, create heavy demands on caregivers that are believed to raise risk (Carson & Hand, 1998). Further contributing to risk is a critical shortage of skilled nursing facilities and community-based long term care services for Indians. The demands on caregivers are particularly great when seniors lack adequate services in their homes, including running water, indoor toilets, electricity and phones. It has been noted, in fact, that admissions to nursing homes are often the result of problems at home, including unsafe conditions, lack of transportation, and insufficient caregivers, as opposed to health problems (Brown, 1989).

One major reason for elder abuse is increasing migration in India. People living in villages and small towns come to live in big cities in search of a good living. This migration makes it difficult for people to assume responsibility for their elders and reduces the number of caregivers available for them. The more ambitious youth moves away, leaving behind the less adaptable. They suffer from neglect, isolation and increased economic burden resulting in financial abuse. Age India (2011) did a study in twelve major cities of India and reported different kinds of elder abuse cases in its study. According to it, the elderly are abused verbally (60%), physically (48%), emotionally (37%) and economically (35%) and 20% elderly feel neglected themselves from the family as well as society.

A variety of other factors have been suggested as potential risk factors in the Indian society. These include poor health and nutritional status; significantly higher than average rates of physical disability; substandard housing; frequent losses; emotional trauma caused by death, divorce, and abandonment of family members; job loss; a high percentage of single-parent (mostly female) headed households; mental health problems, including depression; lower educational attainment and elevated high school dropout rates; increased prevalence of child abuse and neglect; high crime rates; drug and alcohol abuse and the associated problems of automobile accidents and fetal alcohol syndrome and effect; teenage pregnancy; low self esteem; a loss or diffusion of identity; and a sense of powerlessness and hopelessness about the future (Brown, 1989; Carson & Hand, 1998).

Elderly Indian women appear to be at greater risk of abuse and neglect than men, and men are more likely to abuse. The study of physical abuse in an urban setting found that victims were female and abusers were male in 88% of the documented cases, with women being 9.4 times more likely than men to be abused. Women who commit abuse are typically caregivers who

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are divorced with children of their own; the types of abuse they are most likely to commit are psychological abuse and neglect (Brown, 1989).

Counterbalancing these negative forces in the Indian society, there is a belief that individuals should be responsible for the welfare of children and the elderly. It further promotes cooperation, interdependency and support, and a sense of community and cooperation (Brown, 1989). The Indian concept of justice and responsibility focuses on healing relationships and reinforcing appropriate behavior among community members. Despite evidence that family ties are weakening, extended families are still widespread and continue to provide care to elders. Respect for elders is still instilled in children, and elders serve as teachers, role models, and sources of historical and cultural information. Grandparents, especially, hold positions of respect (Carson & Hand, 1998).

Preventing Elder Abuse

Extended family networks and kinship responsibilities often make it difficult for an elderly to leave an abusive relationship. Moreover, abuse of an elderly is aggravated by the ageing process and diseases of old age. In most of the cases, the abuser may be the abused person's only source of companionship. In these cases, it becomes very difficult for the practitioners to prevent elder abuse because they have to strike a balance between taking an action to end an abuse and an older person's right to autonomy.

There are private and charitable organizations that work for and provide services to the abused elderly. In some countries, telephonic services are also available that receive the reports of mistreatment and the social workers in these organizations assess and develop intervention plans for the same. There are institutions and support groups that work for the prevention of elder abuse. The elderly who is suffering from abuse can share their experiences with others who are suffering the same. Discussing their problems with others can raise confidence in them and give the strength to cope with their anxieties, fears and self-doubt. The institutions and support groups also help those elderly who had been ejected from their homes by their families to form their own community, work together and construct ways to generate income and livelihood for their own.

Moreover, intervention programs are conducted in hospital settings that deal with physical and mental health issues of elder abuse. Also, health practitioners investigate in detail to notice the signs of elder abuse such as delays between injuries or illness and seeking medical attention, vague explanations for injuries or illness from the elderly and differing case histories from the elderly and the caregiver. They focus on interviewing the elderly alone and conducting a full comprehensive assessment of physical, psychological, social and emotional health. Besides this, they also pay close attention to the characteristics of the caregiver and most importantly on the relationship between the elderly and the caregiver.

There are education and public awareness campaigns which conduct variety of training sessions, workshops, conferences and seminars to change the attitude and behavior of the

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society towards elder abuse. These programs focus on the causes of elder abuse, its signs and symptoms, its indicators and details of local organizations that can provide assistance. They also include aging process as well as development of skills for working with older people. These programs are not only for the mental health practitioners and social workers but also for the general public.

Though not directly but media also helps in preventing elder abuse by raising public awareness about it. It is important for the people living in a particular community to understand that no individual of whatever age should be subjected to violent, abusive, humiliating or neglectful behavior. Further, more positive images and a greater prominence for older people in the media can change attitudes and reduce the stereotyping that exists around the elderly.

Respite care referring to having someone else care for the elderly, even for a few hours each week is essential to reducing caregiver stress, a major contributing factor in elder abuse. It is important for every caregiver to spend some time alone and free himself/herself from the responsibilities of the elderly. There are organizations that provide respite care and people opt for such in-home help especially for those elderly who are difficult to take care off because of their chronic physical and mental illness. It is important for older persons and their families to have an easy access to information on the availability of such services.

Social contact and support can prevent elder abuse and be a boon to older persons and to family members and caregivers as well. When older people meet likeminded people, they freely discuss their problems and issues and are more likely to engage in constructive social work. Having other people to talk to relieves their stress and families in similar circumstances can band together to share solutions and provide informal respite for each other. Social isolation has a negative impact on an older person's physical and mental health and also increases the probability of abuse. It may also happen sometimes that caregivers may try to keep elderly away from their social networks because it becomes easy for the caregiver to engage in abuse of the elderly who is solely dependent on him/her.

Counseling for behavioral, emotional or personal problems of both the caregiver and the elderly can play a significant role in helping them to change lifelong patterns of behavior or find solutions to problems emerging from current stresses. Counseling programs for elderly who are in emotional distress can help increase their confidence and capacities to manage pre-existing conflicts. Making programs available to tackle alcohol and substance abuse have an important function in preventing abuse in older people. For example, if there is a substance abuse problem in the family, treatment is the first step in preventing violence against the older family member. Counseling of older people to adjust to the needs and changed circumstances of the younger generation can be done, and likewise, the youngsters can be taught to be more considerate towards their elders. Hence, counseling proves to be an important component of family therapy is beneficial for both the younger as well as the older generation.

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It is likely for the caregivers to commit elder abuse when they consider care giving as a burden, when they do not receive sufficient support from others and when they have their own physical and mental health issues. They are burdened in the sense that they have to take care of children and the elderly at the same time which leads to ignore the latter and add to the risk of abuse. In these cases, caregivers should be trained to manage situations, maintain their own health, to keep a good work-life balance, and to develop stress management strategies. It is also important for the care givers to have a good social network as it helps to prevent stress and feelings of overburdened. Being a part of a social network also helps them to discover solutions to manage difficult situations encountered in providing care.

It is very important to guide older people on the ways to protect their finances. They should be encouraged to plan their finances in advance and take care of their personal financial issues along as they are able to do so. They should know the ways of managing their financial matters liking using debit cards, online banking etc. If they are unable to manage their financial matters, they should give the responsibility of handling the financial transactions to a trustworthy person.

CONCLUSION

Perhaps the most insidious form of abuse against the elderly lies in the negative attitudes towards, and stereotypes of, older people and the process of ageing itself, attitudes that are reflected in the frequent glorification of youth. As long as older people are devalued and marginalized by society, they will suffer from loss of self-identity and remain highly susceptible to discrimination and all forms of abuse. Among the priorities for confronting and eradicating the problem of elder abuse are greater knowledge about the problem, stronger laws and policies and more effective prevention strategies. The elderly citizens are in need of urgent attention. They do not need our pity, but the understanding love and care of their fellow human beings. It is our duty to see that they do not spend the twilight years of their life in isolation, pain and misery. Older persons are, therefore, in need of vital support that will keep important aspects of their lifestyles intact while improving their over-all quality of life (Dandekar 1993).

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