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## Abuse in geriatrics-prevalence and its perpetrators

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### Abstract

Ageing is the process of growing older at the cellular, organ, or whole-body level throughout the life span. According to the 2011 Census, 8.6 per cent of people are aged above 60 years. Subsequently, the global population of the elderly is projected to increase further and reach 1.4 billion by 2030 and 2.1 billion by 2050. Several elder abuse cases have been reported as these people are easy victims of violence and criminal activities. The term “abuse” comprises various dimensions such as physical abuse, emotional abuse, financial abuse, sexual abuse and violation of rights. Elderly abuse has been described as intentional actions that cause harm or risk of injuries, such as a caregiver’s failure to satisfy the basic needs and safe living conditions of the elderly (Cohen, 2004). The paper concluded that most geriatrics faced financial abuse in district Nuh. In contrast, the same trend was also observed in district Hisar, and their daughter-in-law was the primary perpetrators. All types of abuses (physical, emotional, and sexual) were found more in female than male except financial abuse.

**Keywords:** geriatrics, abuse, perpetrators, Haryana

### 1. Introduction

Ageing is a worldwide phenomenon. Even though it is a severe issue in developed nations, the implications of Ageing are also visible in many developing countries. It is occurring at a different pace in different parts of India. Among the Indian states, Kerala has the highest proportion of the aged population (10.5%) in 2001. The rapidly growing numbers of older people in both developed and developing countries mean that more and more people will be entering the age when the risk of developing certain and debilitating diseases is significantly higher. Though old age cannot be called a disease because of the impairments, people cannot do their own basic activities. They usually suffer from multiple symptoms due to the debility of various body functions, including immunity.

Ageing is mainly associated with social isolation, poverty, the apparent reduction in family support, inadequate housing, impairment of cognitive functioning, mental illness, widowhood, financial loss, bereavement, limited options for living arrangement and dependency towards the end of life. All these problems have an impact on the quality of life in old age.

The aged segment has its own economic, health and assistance related problems in association with very low literacy level. Nearly 60-75 per cent of all geriatric are economically dependent on others, usually their children. Even those with pensions find their economic status lowered after retirement (Mahajan and Ray, 2013) <sup>[1]</sup>. Changes in the family system from joint to nuclear family and work participation of females indicate care-related problems of the aged. This breakdown of the social backbone has a significant effect on the finances of the family as well. There is less pooling of the resources with a decrease in finances, elder care takes a hit. The priority in a house is often to the child and the spouse.

Geriatric are socially insecure, and due to the unequal distribution of all the material resources, often they face discrimination. They are treated as a burden by the family members. Most societies show an apathetic attitude towards them. So many cases of elderly abuse come to the light that it is necessary to give serious thought to the issue to lead their remaining life respectfully with security and care. They need more care, attention, social security, emotional well-being and want to live life without mental and physical tensions for better livelihood chances.

Elder abuse is a significant public health problem that can lead to serious physical injuries and long-term psychological consequences. Around 1 in 6 people (60 years and older) experienced abuse in community settings during the past few years. From 52 studies in 28 countries from diverse regions, including 12 low and middle-income countries, estimated that, over the past year, 15.7% of people aged 60 years and older were subjected to some form of abuse (WHO, 2018).

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Elder abuse as physical abuse is any act by another that produces pain or injury to the older person; sexual abuse is any intimate behaviour that is undesired or lacks competent consent by the older person; and emotional abuse is the inducement of fear, intimidation, or a lowering of self-esteem to punish or control the older person. It also includes financial exploitation of the elder, such as using the elder's goods, income and assets without their consent.

An immediate effect of population Ageing is the increased number of retirees, implying that a growing number of elderly populations have to be supported by the young and economically active. Geriatric care is expensive and not easily accessible, and it is often neglected. This is reflected in the recent increase in the incidences of reported abuses of elders (Soneja, 2018) <sup>[15]</sup>. The issues and needs of the geriatric population of India are indigenous, often varying at the state level. Such abuses are growing now a days because of many reasons amongst which decreased family size, westernization, urbanization, migration of people from villages to cities being few of them.

## 2. Method

The study was conducted in Haryana state. According to ethnicity and ecology, Haryana state has been divided into five cultural zones- Bagad, Khaddar, Nardak, Ahirwal and Mewat (Figure 1; Singh, 1994) <sup>[14]</sup>. Amongst the five zones, two zones were randomly selected i.e. Mewat and Bagad zones. Bagad zone consists of four districts viz: Sirsa, Hisar, Fatehabad and Bhiwani, whereas Mewat zone also consists of four districts viz: Faridabad, Nuh, Palwal and parts of Gurgaon. Data for the present study were collected from 200 elderly persons (65 years and above old-age pensioner) from Mewat and Hisar districts. One block from each district viz., Nuh blocks from Nuh and Hisar II from Hisar district were selected randomly. From the selected two blocks Nuh and Hisar II, two villages from each block i.e. Ghasera and Shahpur Nangli from Nuh, Patan and Gorchhi from Hisar II block, were selected by using a simple random sampling method. An interview schedule was developed and used as a tool for data collection.

## 3. Results

### 3.1 Nature and types of abuses faced by the geriatrics

Figure 2 depicted the nature of abuses faced by geriatrics. It was found that the majority of the geriatrics (52.0%) faced financial abuse, followed by emotional abuse (38.0%) and physical abuse (18.0%) in district Nuh. In contrast, the same trend was also observed in district Hisar. The majority of the geriatrics (27.0%) faced financial abuse followed by emotional abuse (24.0%), physical abuse (21.0%) and only 1.0 per cent geriatrics faced sexual abuse.

### 3.2 Types and Extent of abuses faced by geriatrics

Table 1 depicted the prevalence of abuses (physical, emotional, financial, and sexual) among geriatrics. It was found among physical abuses, geriatrics' movement was restricted within a house (WMS-0.94) with the rank I followed by pinching (WMS-0.66) with rank II and threatening (WMS-0.33) with rank III, in Nuh while in Hisar, threatening to geriatrics (WMS-0.90) with rank I followed by pinching (WMS-0.47) with rank II, restricted movement within the house (WMS-0.38) with rank III, shaking them (WMS-0.23) with rank IV, burning and tying them to

bed/chair (WMS-0.19) with rank each V respectively. Slapping / kicking (WMS-0.14) with rank VI and hitting to geriatrics and striking with an object (WMS-0.09) were at rank VII. The data showed that the extent of abuse rarely showed that geriatrics faced physical abuse sometimes (WMS-1.93) in Nuh and always in Hisar (WMS-2.68).

Among the various forms of emotional abuses, neglect of the geriatrics (WMS-1.31) was at rank I followed by blaming (WMS-0.42) with rank II, calling by bad names /using abusive language (WMS-0.36) with rank III, shouting on geriatrics (WMS-0.31) with rank IV and unfortunately they were kept hungry by not serving food on time (WMS-0.13) with rank V whereas, in Hisar, neglect of the geriatrics (WMS-1.08) was also at rank I followed by geriatrics were called by bad names /using abusive language (WMS-0.62) with rank II, blaming and shouting on geriatrics (WMS-0.54) with rank III each respectively and kept hungry by not giving food on time (WMS-0.11) with rank IV.

Regarding financial abuses, geriatrics cash or household goods stolen (WMS-1.86) was more prevalent with the rank I followed by transfer of their land/property without their consent (WMS-0.25) with rank II, forged signatures of geriatrics (WMS-0.17) with rank III and hiding geriatrics papers (WMS-0.15) with rank IV in Nuh whereas, in Hisar, transfer of geriatrics land/property without their consent (WMS-1.18) with the rank I followed by stolen cash or their household goods (WMS-0.44) with rank II, misused of cheques, credits or accounts of geriatrics (WMS-0.20) with rank III and blaming them as theft (WMS-0.14) with rank IV were the major financial abuses faced by geriatrics. Regarding sexual abuse, only single geriatric reported unwanted touching in Hisar, whereas in Nuh, no such case was found.

Regarding the extent of physical abuse, the majority of the geriatrics sometimes faced restriction in movement at home followed by faced pinching and rarely threatening in district Nuh. Regarding the extent of emotional abuse, almost all the geriatrics faced blaming, calling by wrong names, kept hungry and shouting rarely and always faced neglect in district Nuh.

The majority of geriatrics always faced stealing their cash or household goods in the form of financial abuse whereas all other financial abuses were rarely faced. There was no case of sexual abuse observed in Nuh. In district Hisar, all the physical abuses were faced rarely by the geriatrics. Regarding the extent of emotional abuse majority of the geriatrics faced sometimes negelation followed by the rest of the emotional abuses rarely. In comparison to Nuh majority of the geriatrics sometimes faced the problem of transfer of land and property without consent in the form of financial abuse whereas all other form of financial abuse were faced rarely by the geriatrics and unwanted touching in the form of sexual abuse was faced by the geriatrics rarely in district Hisar.

### 3.3 Districts wise types and extent of abuses faced by geriatrics

Table 2 clearly revealed that in Nuh, geriatrics had faced a high level of emotional and financial abuses (WMS-2.53 and WMS-2.43 each respectively) followed by a medium level of physical abuses (WMS-1.93), whereas comparatively in Hisar, geriatrics faced a high level of emotional abuses (WMS-2.89) and physical abuses (WMS-2.68) followed by a medium level of financial abuses (WMS-1.96) and very low level of sexual abuses (WMS-1.00).

### 3.4 Comparison of gender –wise abuses among geriatrics

Table 3 showed that 76.0 per cent of the female geriatrics faced physical abuse, 64.0 per cent faced emotional abuse, which was higher than the male geriatrics, whereas 68.0 per cent male geriatrics faced financial abuse, which was higher in comparison to 31.0 per cent female geriatrics in Nuh district whereas in Hisar 71.0 per cent the female geriatrics faced physical abuse, 50.0 per cent faced emotional abuse, 25.0 per cent faced financial abuse and only 1.0 per cent faced sexual abuse which was higher than the male geriatrics.

### 3.5 Perpetrators of abuses by the geriatrics

Table 4 indicated that the majority of the daughter-in-law (84.6%) were the primary perpetrators of physical abuse, followed by only 7.6 per cent sons and grandchildren each

respectively in Nuh. The majority of the daughter-in-law was also the significant perpetrators for emotional abuse (52.8%), followed by grandchildren (22.6%), sons (16.9%) and spouse (7.5%), but in case of financial abuse, grandchildren of the geriatrics (44.8%) were the significant perpetrators followed by sons (29.3%) and daughter-in-law (25.8%).

In Hisar also, 65.6 per cent of daughter-in-law was the significant perpetrators for physical abuse followed by sons (28.1%) and spouse (6.25%) while for emotional abuse also daughter-in-law was the important perpetrators (63.8%) followed by sons (19.4%), grandchildren and spouse (8.33% each respectively) whereas for financial abuse 54.4 per cent sons were the major perpetrators followed by daughter-in-law and grandchildren (22.7% each) and only 1.0 per cent grandchildren were the perpetrators for sexual abuse.

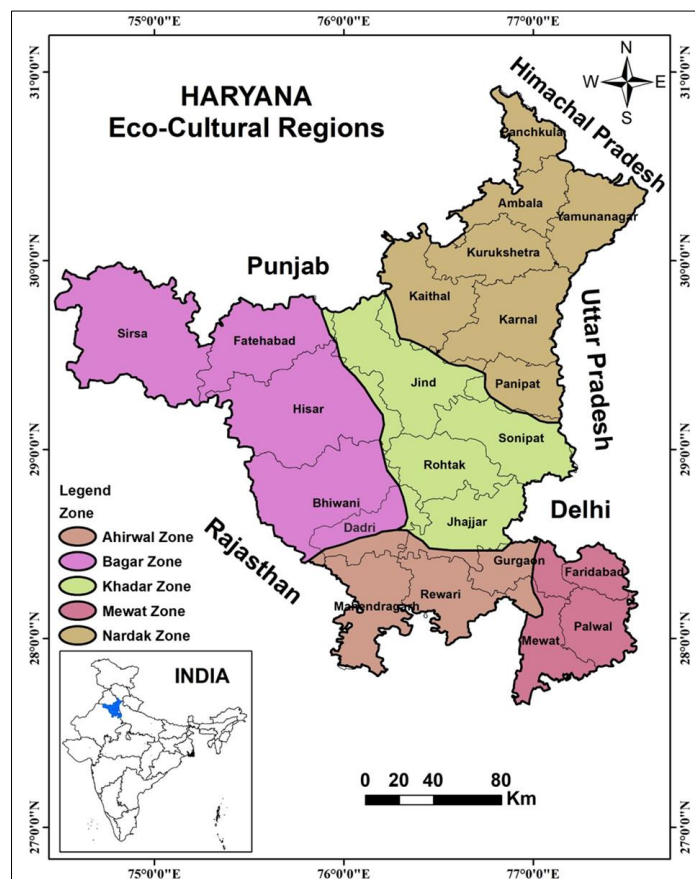


Fig 1: Map showing selection of respondents.

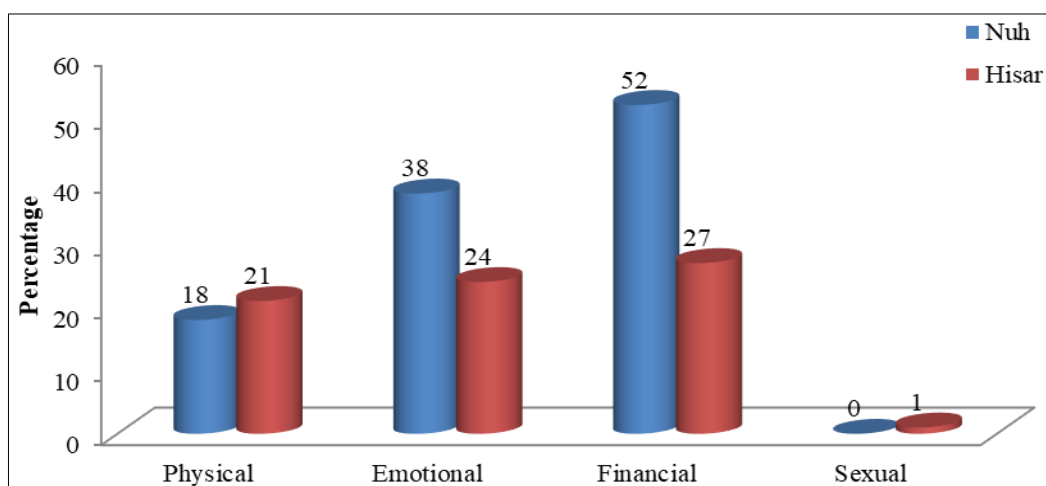


Fig 2: Nature and types of abuses faced by the geriatrics.

**Table 1:** Types and Extent of abuses faced by geriatrics n=200

Sr. No.	Abuses	Extent of abuses									
		Nuh			WMS		Hisar		WMS		Rank
		Always (3)	Sometimes (2)	Rarely (1)	WMS	Rank	Always (3)	Sometime (2)	Rarely (1)	WMS	Rank
Physical abuse (n=39) 18+21											
1.	Hitting	-	-	-	-	-	-	-	2.00	0.09	VII
2.	Slapping /kicking	-	-	-	-	-	-	1.00	1.00	0.14	VI
3.	Pinching	4.00	-	-	0.66	II	-	4.00	2.00	0.47	II
4.	Burning	-	-	-	-	-	-	2.00	-	0.19	V
5.	Striking with object	-	-	-	-	-	-	1.00	-	0.09	VII
6.	Shaking	-	-	-	-	-	-	2.00	1.00	0.23	IV
7.	Threatening	2.00	-	-	0.33	III	2.00	5.00	3.00	0.90	I
8.	Tying to bed/ chair	-	-	-	-	-	-	2.00	-	0.19	V
9.	Restrict movements in house	4.00	2.00	1.00	0.94	I	1.00	2.00	1.00	0.38	III
	Total	10.0	2.00	1.00	1.93		3.00	19.0	10.0	2.68	
Emotional abuse (n=72) 38+24											
1.	Blaming	2.00	2.00	6.00	0.42	II	3.00	2.00	-	0.54	III
2.	Calling bad names/ using abusive language		6.00	2.00	0.36	III	2.00	4.00	1.00	0.62	II
3.	Neglection	7.00	9.00	11.0	1.31	I	5.00	4.00	3.00	1.08	I
4.	Kept hungry / not giving food on time	-	2.00	1.00	0.13	V	2.00	2.00	1.00	0.11	IV
5.	Shouting	2.00	3.00	-	0.31	IV	2.00	3.00	1.00	0.54	III
	Total	11.0	22.0	20	2.53		14.0	15.0	7.00	2.89	
Financial abuse (n=79) 52+27											
1.	Misuse of cheques, credit cards or accounts	-	-	-	-	-	2.00	-	-	0.20	III
2.	Steal cash or household goods	10.0	32.0	3.00	1.86	I	4.00	-	-	0.44	II
3.	Hiding papers	-	4.00	-	0.15	IV	-	-	-	-	-
4.	Forge signature	1.00	3.00	-	0.17	III	-	-	-	-	-
5.	Identity theft	-	-	-	-	-	-	2.00	-	0.14	IV
6.	Transfer of land/property without consent	3.00	2.00	-	0.25	II	6.00	6.00	2.00	1.18	I
	Total	14.0	41.0	3.00	2.43		12.0	8.00	2.00	1.96	
Sexual abuse Hisar (n=01)											
1.	Unwanted touching	-	-	-	-	-	-	-	1.00	1.00	I
	Total								1.00		

Frequency and percentage are the same.

**Table 2:** Districts wise types and extent of abuses faced by geriatrics n=200

Abuses	Nuh		
	Low (1-1.66)	Medium (1.67-2.33)	High (2.34-3.00)
Physical Abuse		1.93	
Emotional Abuse			2.53
Financial Abuse			2.43
Sexual Abuse			-
Abuses	Hisar		
	Low (1-1.66)	Medium (1.67-2.33)	High (2.34-3.00)
Physical Abuse			2.68
Emotional Abuse			2.89
Financial Abuse		1.96	
Sexual Abuse	1.00		

**Table 3:** Comparison of gender –wise abuses among geriatrics n=200

Abuses	Nuh F (%)	Male	Female	Hisar F (%)	Male	Female
Physical	13.0	3(23.0)	10(76.0)	32.0	9(28.0)	23(71.0)
Emotional	53.0	19(35.0)	34(64.0)	36.0	9(16.0)	27(50.0)
Financial	58.0	40(68.0)	18(31.0)	22.0	7(12.0)	15(25.0)
Sexual	-	-	-	1.00	-	1(1.00)

**Table 4:** Perpetrators of abuses by the geriatrics

Abuses	Perpetrators (Nuh)			
	Son	Daughter-in-law	Grandchildren	Spouse
1. Physical (n=13)	1(7.6)	11(84.6)	1(7.6)	-
2. Emotional (n=53)	9(16.9)	28(52.8)	12(22.6)	4(7.5)
3. Financial (n=58)	17(29.3)	15(25.8)	26(44.8)	-

4. Sexual (n=0)	-	-	-	-
<b>Perpetrators (Hisar)</b>				
1. Physical (n=32)	9(28.1)	21(65.6)	-	2(6.25)
2. Emotional (n=36)	7(19.4)	23(63.8)	3(8.33)	3(8.33)
3. Financial (n=22)	12(54.4)	5(22.7)	5(22.7)	-
4. Sexual (n=01)	-	-	1(1.00)	-

#### 4. Discussion

The results pinpointed that near about half of the geriatrics (39.5%) suffered from financial abuses, 31.0 per cent of geriatrics suffered from emotional abuses, 19.5 per cent of geriatrics suffered from physical abuses and all types of abuses (physical, emotional and sexual) were found more in female than male except financial abuse. The majority of the daughter-in-law (84.6%) were the significant perpetrators of physical abuse, followed by only 7.6 per cent sons and grandchildren each respectively in Nuh. The majority of the daughter-in-law was also the significant perpetrators for emotional abuse (52.8%), followed by grandchildren (22.6%), sons (16.9%) and spouse (7.5%), but in case of financial abuse, grandchildren of the geriatrics (44.8%) were the significant perpetrators followed by sons (29.3%) and daughter-in-law (25.8%). In Hisar also, 65.6 per cent of daughter-in-law were the major perpetrators for physical abuse followed by sons (28.1%) and spouse (6.25%) while for emotional abuse also daughter-in-law was the significant perpetrators (63.8%) followed by sons (19.4%), grandchildren and spouse (8.33% each respectively) whereas for financial abuse 54.4 per cent sons were the major perpetrators followed by daughter-in-law and grandchildren (22.7% each) and only 1.0 per cent grandchildren were the perpetrators for sexual abuse.

These findings have replicated a pattern previously expressed by Govil and Gupta (2014) [8], Pongiya *et al.* (2011) [12], Ekta *et al.* (2019) [7] and Anand (2016) [4], who jointly revealed that thirty-five per cent elderly had faced abuse. The elderly who faced verbal abuse (30.1%) were highest, followed by economic abuse (22.5%) and physical abuse (18.0%). Neighbours (56.8%), sons (43.1%), relatives (38.6%), and daughter-in-law (31.9%) were involved in the majority of cases responsible for abuses.

#### 5. Conclusion

In both the districts, near about half of the geriatrics (39.5%) suffered from financial abuses, 31.0 per cent of geriatrics suffered from emotional abuses, 19.5 per cent of geriatrics suffered from physical abuses and all types of abuses (physical, emotional, and sexual) were found more in female than male except financial abuse and maximum abuses caused by a daughter-in-law.

#### 6. Authors contributions

AK and MD proposed the problem. AK collected the samples, interpreted the results and wrote the initial draft of the manuscript. MD and FK helped in data interpretation, writing and finalization of the manuscript.

#### 7. Declaration of competing interest

The authors declare that there is no conflict of interests.

#### 8. Compliance with ethical standards

The article is original and has not been published previously and it is not under consideration for publication elsewhere. The publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published

elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder.

#### 9. Ethical approval

All procedure performed in study involving human participants were in accordance with ethical standards of the institution.

#### 10. Informed consent

Informed consent was obtained from all individual participants included in the study.

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