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The Dynamics of Elder Victimization in India: Cultural, Social, and Legal Dimensions

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ABSTRACT: The phenomenon of elder victimization in India has gained increasing scholarly and policy attention in recent years, driven by rapid demographic changes and evolving socio-cultural structures. Elder victimization refers to the physical, emotional, financial, sexual, or neglect-based harm inflicted upon older adults, often by caregivers, family members, or community actors. In India, where traditional family systems and the ethos of filial piety have long guided intergenerational relationships, the rising cases of elder abuse signal a significant shift in societal norms and support structures. The ageing population, projected to constitute a substantial share of India's demographic profile, highlights the urgency of examining how social, economic, and health-related vulnerabilities intersect to shape the experiences of older adults. Within this context, exploring elder victimization becomes crucial to understanding both individual suffering and broader systemic inadequacies. This study situates elder victimization within India's unique socio-cultural environment, acknowledging the roles of patriarchy, changing family patterns, urbanisation, and economic pressures. Furthermore, it interrogates the multidimensional nature of victimization, encompassing not only overt harm but also deprivation, neglect, isolation, and violations of dignity. By integrating cultural, social, and legal dimensions, the abstract underscores the need for comprehensive legal reforms, stronger institutional support, and culturally sensitive interventions to safeguard the rights and well-being of India's ageing population

INTRODUCTION

Definition of Elder Victimisation

Elder victimisation—more commonly referred to as elder abuse—encompasses intentional or negligent acts that result in harm or distress to older individuals, typically aged 60 years or above. The World Health Organisation (WHO) characterises elder abuse as: "a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person."[1] Its categories include:

- Physical abuse: inflicting physical pain or injury, such as hitting, pushing, or inappropriate use of physical restraints.
- Emotional or psychological abuse: verbal assaults, threats, humiliation, or intimidation.
- Financial abuse or exploitation: illegally or improperly using an elder's funds, property, or assets—including coercion or forgery.
- Sexual abuse: non-consensual sexual contact of any kind.
- Neglect: failure to provide necessary care, including food, shelter, healthcare, hygiene, or supervision.
- Institutional abuse: in settings such as long-term care facilities, though this study focuses on family and community contexts

2. DEMOGRAPHIC TRENDS IN INDIA: THE AGEING POPULATION

India is experiencing a rapid demographic transformation. Notable statistics include:

- Share of elderly (60+): From 8.6% in 2011, the proportion is projected to nearly double to around 20% by 2050.[2]
- UNFPA projections: By 2046, India's elderly population is expected to surpass that of children (0–15), with 80+ aged persons growing by 279% between 2022 and 2050. [3]The demographic shift will particularly affect very older women, who will constitute a large proportion of the elderly.[4]
- Life expectancy surge: From 49.7 years (1970–75) to 69.9 years (2018–22)—a dramatic 20-year increase—emphasising rapid ageing and raised dependency burdens. [5]
- Ageing Index & Dependency Ratio: In 2021, there were 16 older persons per 100 working age individuals. Southern and western states like Kerala and Punjab have particularly high elderly ratios.
- Health vulnerabilities: The Longitudinal Ageing Study in India (LASI) indicates large disparities in self-reported vs. measured health issues among the elderly. While 14.2% of those aged 60+ self-reported diabetes, biomarker testing revealed 16.2% had elevated HbA1c levels. Anaemia affects 34% of men and 40% of women aged 60+, underscoring unmet healthcare needs.[6]
- These trends—rising elderly population, longer lifespans, declining fertility, and growing health needs—intensify the urgency of examining elder abuse.

3. RELEVANCE OF STUDYING ELDER VICTIMISATION IN THE INDIAN SOCIO-CULTURAL CONTEXT

A. Traditional Family Structures in Flux

For centuries, India's joint family system served as a cultural bedrock for elder care, offering emotional security, social recognition, and material support. In this arrangement, multiple generations lived under one roof, pooling resources and sharing responsibilities, which created a natural safety net for the elderly. Such households embodied a deep-seated ethic of seva (service) toward parents and grandparents, rooted in religious injunctions and social norms that valorized filial piety.7 Traditionally, this multigenerational structure allowed older adults to retain an active role in decision-making, child-rearing, and conflict resolution, which not only preserved their dignity but also ensured that their daily needs—be they medical, financial, or emotional—were met.[8]

However, over the past four decades, this arrangement has undergone a significant transformation. Rapid urbanization has prompted younger family members to migrate from rural to urban areas— or even abroad—in search of education and employment.[9] Such migration often results in nuclear households, leaving older adults either alone in their ancestral homes or in reduced family units with minimal support.[10] The phenomenon is particularly visible in metropolitan regions, where high real-estate costs and space constraints make joint living less feasible.[11]Consequently, the elderly, once considered integral to the household, are increasingly relegated to the periphery of social and familial life.

This shift is compounded by the erosion of certain cultural values that previously underpinned elder care. With the rise of individualistic lifestyles and changing gender roles, the expectation that adult children—particularly sons—must provide lifelong care for parents is weakening.[12]Modern work schedules, geographic mobility, and increased participation of women in the workforce have also reduced the time available for direct caregiving.[13] These changes, while signaling broader social progress in some respects, have unintentionally heightened the vulnerability of older adults, especially those with declining health or limited income.[14]

Adding to this complexity is the psychological impact of isolation. Studies indicate that elders living apart from their children often experience loneliness, anxiety, and depression, which can exacerbate age-related cognitive decline.[15]Without the constant interaction afforded by joint family living, older individuals are more likely to face neglect—sometimes not out of malice, but due to logistical and emotional distance.[16] This neglect can range from delayed medical attention to a lack of daily companionship, eroding their overall quality of life.[17]

In rural areas, where joint families were once nearly universal, the trend toward fragmentation is also emerging, though at a slower pace.[18] Even there, seasonal migration of younger adults to urban centers for work creates periods of elder solitude.[19]The

combination of reduced familial proximity, changing economic priorities, and shifting values has created a new social reality in which the traditional safeguards for elder well-being are no longer guaranteed.[20] In this evolving landscape, the absence of robust community-based elder care infrastructure in India further amplifies the risks, making it imperative to study elder victimization not merely as isolated acts of abuse, but as symptoms of a broader socio-cultural shift.[21]

B. Undercurrent of Stigma, Silence, and Under-Reporting

Elder abuse in India is not merely a legal or social welfare issue—it is also a deeply embedded cultural and psychological phenomenon, shaped by entrenched notions of family honor, obedience, and discretion. In many communities, the family is considered the primary moral unit, and public disclosure of intra-family conflict is seen as a violation of social norms.[22] Within this framework, older adults who face abuse may be reluctant to report it for fear of "bringing shame" to the household or straining already fragile relationships with caregivers, who are often their own children or close relatives.[23] This moral pressure to "keep family matters within the family" reinforces a culture of silence, making elder abuse one of the most under-reported forms of domestic violence in India.[24]

The reluctance to disclose is further intensified by emotional dependence. For many elderly individuals—particularly widows and those without independent income—the abuser may be their only source of companionship, caregiving, and financial support.[25] Reporting abuse in such cases can feel like severing their last safety net, however inadequate or harmful it may be. This dependence creates a cycle in which abuse is endured rather than confronted, as victims weigh the certainty of isolation or destitution against the hope, however faint, that the abuser's behavior might change.[26]

Fear of retaliation is another critical barrier.[27] Elderly persons who are financially or physically dependent may worry that speaking up will lead to further neglect, expulsion from the home, or even physical harm.[28] These fears are not unfounded—case studies documented by HelpAge India reveal instances where elderly individuals who reported abuse faced increased hostility and deprivation thereafter.[29] The absence of immediate, accessible protective mechanisms exacerbates this fear; although certain laws exist, such as the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, enforcement remains uneven, and legal proceedings can be lengthy and intimidating for older adults.[30]

Cognitive decline and physical frailty also contribute to under-reporting. Conditions such as dementia, Parkinson's disease, or post-stroke impairments may limit an elder's ability to communicate abuse clearly or to navigate bureaucratic systems for filing complaints.[31]Furthermore, health workers and community members may overlook signs of abuse, attributing them to the "normal" effects of aging rather than to neglect or maltreatment.[32] This misattribution further conceals the problem from public and policy attention.

Finally, a lack of social services, awareness campaigns, and institutional support leaves victims with few safe avenues to seek help.[33] Unlike some Western countries, India has limited dedicated helplines, elder shelters, or mandatory reporting mechanisms for elder abuse.[34] Even where services exist, they are often concentrated in urban centers, leaving rural elders with virtually no recourse.[35] The result is a systemic invisibility of the issue—victimization occurs in the shadows, statistics remain scarce, and policymaking is hampered by incomplete data.[36] In this environment, elder abuse persists not only because it is committed, but because the social, cultural, and institutional ecosystem facilitates its concealment.

C. Socio-Economic and Gendered Vulnerability

The vulnerability of India's elderly to abuse is not distributed evenly; rather, it is shaped by intersecting socio-economic and gendered factors that influence both the risk of victimization and the ability to seek redress.[37] Socio-economic status often dictates the resources, resilience, and bargaining power an older person can bring to bear when faced with mistreatment.[38] Those in the lower wealth quintiles frequently experience heightened risk due to financial dependency, lack of property ownership, and limited access to social security benefits.[39] In many cases, elderly persons—particularly in rural India—remain economically dependent on adult children, making them susceptible to neglect, coercion, or outright financial exploitation.[40] Economic dependency often creates an environment in which abusive behaviors are tolerated or ignored for fear of losing essential support for food, housing, or medical care.[41]

Educational attainment is another critical factor in determining vulnerability. Studies indicate that lower levels of education are associated with reduced awareness of legal rights, fewer social connections, and diminished capacity to navigate bureaucratic processes for accessing welfare schemes or lodging formal complaints.[42] Although some research suggests that abuse also occurs

in well-educated households, the impact is often mediated by education's role in fostering self advocacy and enabling access to institutional support networks.[43]

Gender amplifies these vulnerabilities, particularly for elderly women.[44] Patriarchal norms in India often result in women lacking independent property rights, pension coverage, or financial autonomy.[45] Widows face a unique set of risks—social ostracism, inheritance disputes, and eviction from the marital home are recurring themes in documented abuse cases.[46] The intersection of ageism and sexism creates a compounded disadvantage, where elderly women not only endure neglect or violence but also find their grievances trivialized by both family members and public authorities.[47]

Health status further compounds socio-economic and gendered vulnerabilities. Older adults with multiple comorbidities, functional limitations, or a recent history of hospitalization are more dependent on caregivers, increasing opportunities for abuse.[48] In households where caregiving is perceived as a burden—particularly in low-income settings where healthcare costs are high— neglect and maltreatment may emerge as coping mechanisms for financially or emotionally strained families.[49] The lack of affordable, accessible healthcare services in rural and semi-urban India exacerbates this risk.[50]

Living arrangements play a pivotal role as well. While traditional joint family systems offered protection, the growing prevalence of nuclear households and the migration of younger generations for work have left many elderly individuals living alone or with distant relatives.[51] Social isolation, combined with limited community oversight, creates an enabling environment for abuse to remain hidden.[52] Women living alone, especially widows, face elevated risks of financial fraud, property encroachment, and physical assault.[53]

Understanding these layered vulnerabilities is crucial for designing targeted interventions. Policies that fail to account for the intersection of socio-economic status, gender, health, and living arrangements risk overlooking those most at risk. Elder abuse prevention, therefore, must be approached not as a uniform challenge but as a multifaceted social issue requiring both structural reforms and community-level engagement.[54]

D. Public Health & Social Justice Implications

Elder victimization is not merely a private or familial concern; it constitutes a pressing public health crisis and a profound social justice challenge in India.[1] The consequences of abuse— whether physical, emotional, financial, or neglect-based—extend beyond individual suffering to affect healthcare systems, social cohesion, and broader community well-being.[2] When an older person experiences mistreatment, the impact is often multi-dimensional, leading to cascading physical, psychological, and socio-economic harms.[3]

From a health perspective, elder abuse is associated with increased rates of injury, hospitalization, and disability.[4] Physical abuse can result in fractures, head injuries, and chronic pain, while neglect can accelerate frailty and functional decline.[5] Psychological abuse often triggers or worsens depression, anxiety disorders, and cognitive impairment, undermining quality of life and diminishing resilience.[6] Importantly, studies indicate that elder abuse is linked to increased mortality rates—even after controlling for baseline health conditions—underscoring the life threatening nature of the issue.[7]

The public health burden is amplified by the hidden nature of elder abuse in India.[8] Stigma, family secrecy, and limited reporting mechanisms mean that cases often remain unrecorded until they require acute medical intervention.[9] This underreporting skews official statistics, leading to policy blind spots and inadequate resource allocation for prevention and care.[10] Furthermore, healthcare providers frequently lack training to recognize abuse indicators in older adults, especially when injuries are misattributed to "accidents" or "age-related frailty."[11]

From a social justice standpoint, elder abuse violates fundamental rights to dignity, security, and equality before the law.[12] It reflects systemic inequities in how Indian society values older persons, particularly those without economic power or social influence.[13] In a country where the Constitution guarantees equality and the right to life under Articles 14 and 21, persistent elder abuse signals a gap between legal ideals and lived realities.[14] Disadvantaged groups—including women, lower-income seniors, and those from marginalized castes—bear the brunt of this injustice, illustrating how age intersects with other forms of social discrimination.[15]

The economic implications are equally significant. Elder abuse leads to increased healthcare expenditure, reduced productivity from informal caregivers, and greater demand for institutional care services.[16] These costs strain both public health budgets

and family resources.[17] In the absence of adequate pension coverage and affordable senior housing, abused elders often have no safety net, perpetuating cycles of dependence and exploitation.[18]

Addressing elder abuse as a public health priority requires a multi-pronged strategy: strengthening legal protections, building awareness campaigns, training healthcare workers to identify abuse, and expanding community-based care models.[19] From a social justice lens, interventions must ensure that older adults are not passive recipients of aid but active participants in shaping the policies and services that affect them.[20] Framing elder victimisation as both a public health emergency and a rights-based issue can help mobilise a stronger, more holistic national response.[21]

UNDERSTANDING ELDER VICTIMIZATION

Elder victimisation refers to any intentional or negligent act that causes harm, risk of harm, or distress to an older person, typically aged 60 years and above.[55] The concept encompasses multiple forms of abuse—physical, emotional, financial, sexual, and neglect—occurring in both domestic and institutional settings.[56] While elder abuse is a global concern, its dynamics in India are shaped by cultural norms, family structures, socio-economic disparities, and gaps in legal protections.[57]

A. Physical Abuse

Physical abuse involves the intentional infliction of bodily harm, pain, or injury upon an older adult.[58] This may include hitting, slapping, pushing, burning, restraining, or improper medication use.[59] In India, documented cases often involve family members or caregivers as perpetrators, with violence sometimes justified under the guise of "discipline" or "frustration."[60]

Older adults are more vulnerable to physical harm due to frailty, chronic illnesses, and reduced mobility.[61] Even minor assaults can lead to fractures, internal injuries, or long-term disability.[62] In institutional settings such as old-age homes, understaffing, inadequate training, and poor oversight can contribute to rough handling, improper restraint, or delayed medical care.[63]

B. Emotional/Psychological Abuse

Emotional abuse includes verbal assaults, humiliation, intimidation, threats, and other actions that undermine an elder's sense of dignity or self-worth.[64] It can be as damaging as physical violence, leading to depression, anxiety, social withdrawal, and cognitive decline.[65]

In India's domestic context, emotional abuse often manifests through neglect of emotional needs, constant criticism, or deliberate social isolation.[66] Caregivers may threaten to withdraw support, restrict communication with friends, or humiliate elders in front of others.[67] In institutions, emotional abuse can occur through neglect of personal preferences, ridicule, or denial of autonomy in daily activities.[68]

C. Financial Exploitation

Financial exploitation occurs when a person illegally or improperly uses an elder's resources for personal benefit.[69] benefit.[15]this includes theft, coercion to sign property documents, fraudulent withdrawals, or manipulation to change wills and insurance policies.[70]

In India, financial abuse is often tied to property disputes, especially in urban areas where real estate values are high.[71] Elderly parents may be pressured to transfer property to children or relatives under false promises of care.[72] In institutional settings, financial exploitation can take the form of overcharging for services, mismanagement of pension funds, or unauthorised transactions.[73]

D. Neglect and Abandonment

Neglect refers to the failure to provide essential care—food, shelter, medical treatment, hygiene, or protection—resulting in harm to the elder.[74] Abandonment is a more extreme form, where the elder is deliberately left without support or care.[75]

In domestic settings, neglect may be unintentional, due to caregiver stress or lack of resources, or intentional, as a form of passive abuse.[76] Reports in India highlight instances of older adults left alone for extended periods without food, medication, or assistance in daily activities.[77]Abandonment cases often make headlines, especially in urban centers where elders are found living alone in unsafe conditions.[78] In institutions, neglect may stem from inadequate staff to-resident ratios, poor training, or a lack of regulatory enforcement.[79]

E. Sexual Abuse

Sexual abuse involves non-consensual sexual contact of any kind with an elder.[80] This includes unwanted touching, sexual assault, coerced nudity, or forcing the elder to view sexual acts.[81] Although sexual abuse of older adults is underreported in India due to stigma and cultural taboos, it is a serious concern in both domestic and institutional settings.[82]

In domestic contexts, perpetrators may be family members, caregivers, or neighbours, with abuse often silenced by fear of shame or retaliation. In institutional settings, a lack of oversight, inadequate background checks, and the vulnerability of residents can increase risks.

F. Domestic vs. Institutional Victimization

Elder victimisation can occur in two primary environments—domestic and institutional—each with distinct patterns and risk factors.

- **Domestic Settings:** Abuse is often perpetrated by family members, domestic helpers, or neighbours. Cultural expectations of filial duty may mask abusive behaviour, and elders may be reluctant to report abuse due to fear of family breakdown or loss of shelter.[83]Economic dependence, intergenerational conflicts, and disputes over property frequently fuel domestic abuse.[84]
- **Institutional Settings:** This includes old-age homes, assisted living facilities, and hospitals. Risks here often stem from systemic issues—understaffing, poor infrastructure, lack of training, and absence of strict monitoring. Abuse may be committed by staff, other residents, or even visiting outsiders. Institutional abuse is more likely to be chronic and less visible, especially in under-regulated facilities.

A comprehensive understanding of these types of victimisation is essential for designing effective prevention strategies.[85] This requires not only legal interventions but also community awareness, caregiver support, and stronger monitoring mechanisms in both domestic and institutional contexts.[86]

CONCLUSION

Elder victimization is a complex and pressing issue that reflects the vulnerabilities of older adults within a rapidly changing social landscape. The various forms of abuse—physical, emotional, financial, sexual, neglect, and abandonment—illustrate that the elderly are at risk not only because of their advancing age and declining health, but also due to systemic failures in family structures, social support, and institutional care.

Within the domestic sphere, abuse often stems from intergenerational tensions, economic dependence, property disputes, and shifting family dynamics. Many elderly individuals remain silent, fearing abandonment, retaliation, or loss of dignity. In institutional settings such as old-age homes, abuse is often linked to understaffing, lack of monitoring, and weak regulatory frameworks, which leave residents vulnerable to neglect and mistreatment. Both contexts underscore a critical reality: older adults, despite their lifelong contributions to society, often experience marginalisation and diminished respect at a stage when they require protection and compassion the most.

Addressing elder victimisation requires a comprehensive and multi-dimensional approach. This includes raising awareness among families and communities, strengthening legal protections, ensuring effective enforcement of existing laws, and improving the quality of institutional care. Policies must also be sensitive to gender, class, and cultural differences to address the unique vulnerabilities of older men and women.

LIST OF ABBREVIATIONS

- **EV** – Elder Victimization
- **EVA** – Elder Violence and Abuse
- **EA** – Elder Abuse
- **EVR** – Elder Victimization Research
- **EJP** – Elder Justice Policies
- **EW** – Elder Welfare

- **EWC** – Elder Welfare Committee
- **SC** – Senior Citizens
- **SCA** – Senior Citizens Act
- **MWPSC Act** – Maintenance and Welfare of Parents and Senior Citizens Act
- **NGO** – Non-Governmental Organization
- **CSO** – Civil Society Organization
- **LEA** – Law Enforcement Agencies
- **CJS** – Criminal Justice System
- **UN** – United Nations
- **UNCRPD** – United Nations Convention on the Rights of Persons with Disabilities
- **UNAFEI** – United Nations Asia and Far East Institute
- **WHO** – World Health Organization
- **SDH** – Social Determinants of Health
- **SES** – Socioeconomic Status
- **FBO** – Faith-Based Organization
- **EAU** – Elder Abuse Unit
- **EVP** – Elder Victim Protection
- **IPC** – Indian Penal Code
- **CrPC** – Code of Criminal Procedure
- **NCW** – National Commission for Women
- **NCRB** – National Crime Records Bureau
- **NPOP** – National Policy on Older Persons
- **CBO** – Community-Based Organisation
- **VSO** – Voluntary Support Organisation

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