International Journal of Engineering & Technology, 7 (3.25) (2018) 463-466

International Journal of Engineering & Technology

Website: www.sciencepubco.com/index.php/IJET

Research paper

Older Person in Society: Addressing the Social Phenomena

Usharani Balasingam[1*]

[1]*University of Malaya*
**Corresponding author E-mail: usha@um.edu.my*

Abstract

Persons over 60 years of age are categorised as older people under the United Nations (UN). Elder abuse has been 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, according to the World Health Organisation (WHO)". The form of abuse may be physical, psychological, emotional, sexual or financial abuse. It may be with or without intent. This is also seen from the perspectives of neglect, violation and deprivation. The earth has an ageing population which has brought about the need to address elder illtreatment. This universal problem faces nations across divides and boundaries and is a social issue that resonates to the core of the human heart. It has been reported by the WHO that is an issue with multiple facts: humanitarian, as it cause untold suffering of individuals especially if it is at the hand of loved ones, it is functional as it tear into the heart of society, it is costly as it requires societal resources and financial investment, it calls for protection of the older person who is vulnerable and require safeguarding, it shapes the mores of the society and laws that should inform and guide behaviour and expectations. Furthermore it is suggested that the case of ill treatment is widespread and needs to be addressed by special services and programmes and that it is a burden as it is a cause of premature death and disability. This paper includes a review on the studies of some of the risk factors that have been conducted and some responsive protection mechanisms put in place to ensure an older person right to live a life of dignity with integrity into the older persons twilight years is protected.

Keywords: *Older Person (Elder) Maltreatment, Risk Factors, Human Right and Dignity*

1. Introduction

According to World Population Ageing Report[1] the earth population of older people (elder) was 9.2 % in 1990, 11.7 % in 2013 and is expected to be 21.1 % by 2050. It is expected the numbers of the oldest of the old (aged above 80 years) is to triple in 2050. It is reported[2] that the population in Southeast Asian Region is aging rapidly ahead other of other regions . The most rapid aging population is Singapore. Malaysia comes second for the time frame 2000 to 2030 at 277 % of the population. Malaysia is expected to be an ageing nation when by 2030 when her older persons shall constitute 15 % of her population. The scale and speed in which the change in population ageing (aged above 60 years) is anticipated to occur in South East Asia is reported to be compressed into a shorter time span of 20 -30 years instead of 50-100 years as in the West. Hence, the phenomena of aging that has resulted in elder maltreatment and the specific related issues arising therefrom will be faced by the region too as it is universal in application. Within the region of the South East Asia nations, the response has been to formulate policies or enact particular legislation addressing certain concerns for the older persons[3]. The world population report[1] reported that aging population is predominantly female. In terms of dependency, it is reported that globally 40% of older persons live alone or with spouse only with 75% of this occurrence in developed countries. Whereas in the developing countries the rate is 25 % and the rate is 12.5% in countries that are least developed. As far as the need to work of persons aged above 65 years it was 8 % in more developed regions compared to 31 % in lesser developed regions. It is also noted that though the countries in Organisation of Economic Co-operation and Development (OECD) have social security mechanisms, the poverty rates of older persons tend to be higher than the population average.

2. Materials and Methods

The method of study is one of documentary review and analyses of literature on the elder maltreatment to address:
2.1 Related instruments on older persons with focus on older person maltreatment.
2.2 The risk factors.
2.3 Possible response mechanism.

3. Older Person Related Instruments

An older person has been defined as a person aged 60 years and older (World Assembly on Aging in Vienna) in 1982. On the international platform, United Nations has six plans bearing on the older persons. These are the Vienna International Plan for the Ageing (1982), UN Principles for Older persons, International Day for Older Persons, UN Proclamation on Ageing 1992, International Year of Older Persons 1999, Madrid International Plan on Ageing 2002, Millennium Development Goals, 2000, Copenhagen Declaration on Social Development 1995, United Nations Guide to Implementation of the Madrid Plan of Action on Ageing 2008. The other primary documents that have incidental sources that relate to the older persons include the Universal Declaration of Human Rights (Article 22 right to social security and Art 25 (1) right to adequate standard of living), World Health Organisation (right to health) and UN Convention on the Rights of Persons with Disabilities (Art8(1)(b)-combat stereotypes, prejudices and

Copyright © 2018 Authors. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

harmful practices, Art 16 (2) prevent exploitation violence and abuse) and the Convention on Elimination of Discrimination Against Women. (Art 11 and 12- eliminate discrimination against women and the General Recommendation 27 –deals with older women).

Within the realm of Asia-Pacific, on the second review of the Madrid International Plan on Action on Ageing[4], it is reported that by 2050; the number of older persons in Asia Pacific will increase three times with one out of four being an elder. The women will comprise 60 % of this group and that as such gender discrimination may be carried into old age. It is expected that the reducing workforce may impact the economy in the future. It may also place the elder in a position where they may be marginalized and be financially destitute. It is noted that the current change in family dynamics in terms of size and fidelity has even today resulted in inadequate support and care services that will only increase in the future. Hence it there is a need to reflect on the changes need to social security system and welfare and care services. It is reported that the challenge may be addressed with proper planning that cover social and economic aspects that consider the entire lifetime of an elder with the expectation that there is a right of an elder to full inclusion into all aspects of society. Hence there is a need to create enabling environment to promote active and positive ageing. The Bangkok Statement which was adopted called on its members to prioritise within the policy frameworks the rights of the older persons and make this issue one of national level significance drawing various sectoral responses in a planned, coordinated and integrated manner. The need for policy and laws to be inclusive to elders, secure financial protection and freedom from ill treatment and the negatives connotation of ageism. The headliner for the three pronged approach are "older persons and development, advancing health and wellbeing into old age and ensuring enabling and supporting environments. "

4. Elder Mal Treatment

David Hutton[5] is quoted in that "Health is defined not only by an absence of disease or infirmity, but also by a capacity to cope with life challenges and to maintain one's physical, mental and social well-being."[5].

Mental capacity decline with age and makes the older person vulnerable to be exploited. In America, David Hutton reports that severe or moderate memory loss happens to 11% women and 15% men aged 65 and above whereas Alzheimer disease occurs in about 3% of all adults between 67-74 and those over 85 have a 25 % probability of having it in developing nations[5]. The vulnerable state of the older person mentally, physically or financially provides the opportunity for abuse.

The term "ageism " was introduced by Dr Robert Bulter in 1968. It was defined as " *a systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplish this with skin colour and gender. Old people are categorized as senile, rigid in thought and manner, old-fashioned in morality and skills…Ageism allows the younger generation to see older people as different from themselves; thus they subtly cease to identify with their elders as human beings.* "[6]

Elder Abuse (Maltreatment) under Toronto Declaration (WHO) reads 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. It can be of various forms: physical, psychological/ emotional, sexual and financial or simply reflect intentional or unintentional neglect.* "

It is noted that the above definition does not cover self-abuse by an older person. It also does not cover chemical abuse which relates to misuse of medication, alcohol, prescription. It also does not cover social abuse which is the forced isolation and restricting the older person's contact with others[7]. Hence, it is a relevant consideration if the definition should be expanded to include this in the scope of abuse.

4.1. Selected Literature on Types of Abuse, Perpetrators and Risk Factors

By identifying types of abuse, potential abusers and risk factors, we may be able to intervene earlier or prevent maltreatment by informing and shaping policy, education awareness and laws.

WHO Europe[8] conducted a survey in a Macedonia community on the prevalence of elder ill-treatment (abuse) and neglect of people aged 65 living at home. The data was collected by way of interviews and questionnaires based on the definition ill-treatment by WHO and adopting the questionnaire based on the ABUEL (Elder abuse: a multinational prevalence survey) and AVOW (Prevalence Study of Violence and Abuse against Older Women). 32.0% of the total number of participants reported that they had suffered ill-treatment or neglect. The rates of ill-treatment reported were psychological (25.7%), physical (5.7%), physical injury (3.1%), financial (12.0%), sexual (1.3%) and neglect (6.6%). It was reported that 18.0% suffered one type of ill-treatment, 8.8% suffered two types, and 5.0% suffered three or more types. Psychological ill-treatment was mostly carried out by sons (29.5%), partners (25.5%) and daughters-in-law (22.6%). The most frequently reported type of psychological ill-treatment was being insulted or sworn at (14.5%). Physical ill-treatment was mostly carried out by partners (30.9%), daughters-in-law (23.6%) and sons (20.0%). The forms of physical ill-treatment were being pushed (1.1%), kicked (0.8%), grabbed (0.8) and slapped (0.6%). Physical injuries were mostly caused by partners or spouses (40.0%) and sons (20.0%). Perpetrators of financial abuse were mostly victims' sons (47.0%) or their partners or spouses (8.7%). The most frequently reported types of financial ill-treatment were requiring the elder to give money (4.0%) or taking their money (3.8%). Respondents reported sexual abuse primarily from a partner or spouse (76.9%) and some other people they knew (23.1%). The most frequently reported type was the most serious pattern of sexual abuse: forced to have intercourse against their will (0.3%). Only women reported sexual abuse. Perpetrators who neglected older people were daughters-in-law (50.8%), sons (47.6%) and partners (17.4%). Getting to the doctor (3.1%), shopping (2.1%) and transportation (2.0%) were the primary areas for which older people did not receive help from their family. The findings also concluded that abuse is severely underreported. Psychological abuse and neglect are the least likely to be reported.

4.2. Risk Factors

The risk factors[8] for abuse at a personal level indicated that being female, less educated, suffering from chronic diseases (heart, stomach , diabetes, rheumatism or mental health) and poor sensory functioning (example poor vision) was another potential risk factor. The lower household income and household facilities increased likelihood of abuse. The risk level at the relationship level was that abuse was more likely when residing with relatives than with partner and child.

The risk factors[17] for victim risk is found that the female are more likely to be abused and suffer worst case of abuse from a physical and psychological context, social isolation , dependency (physical and cognitive) of elderly victim of abuse increase risk of abuse . The perpetrators of abuse are more likely women for neglect and men for physical and sexual abuse. It is suggested that like the victim, the persons who resort to ill-treat elders are themselves isolated and not socially active or supported. They are financially dependent on the victims, have problems relating to substance-abuse than caregivers who do not abuse. The perpetrators are usually the adult offspring and partners of the victims and that stress and burnout syndrome are stronger predictors of elder abuse.

4.3. Comparative Studies

In the WHO[8] study comparative studies that were made in the

United Kingdom wherein it was which found that overall, 51% of maltreatment involved a partner/spouse, 49% another family member, 13% a care worker and 5% a close friend. Whereas in America the Hartford Partnership Program for Aging Education (HPPAE) in the United States of America was referred to have found that 40% of perpetrators are children, 14% are partners or spouses and 25% are other family members. Abusers are most often the primary caregiver. The person who abuse is often financially dependent on the elder, more likely an adult child than a spouse and male rather than female.

In Malaysia 85.3% of the elderly live with their children, 7.3% with their spouses and 7.4 % live on their own (National Family Population and Development, Malaysian Population and Family Survey, 2004). Hence it may be inferred in tandem in the studies above and also confirmed by Nurchaya Talib (2015) that abusers are usually family members and primary caretakers of the older person. Rajini Sooryanarayana[9] likewise reports a similar pattern in India, China and Korea. The added characteristic was that the study conducted in Malaysia was that the almost 10 % of the abusers had addition problem that related to drugs or alcohol or mental problems and 4% had criminal records as well. Of the older person who reported abuse, 65% disclosed to a family member, 7.1 % to a friend, 7.1 % to a medical doctor and 14.3 % to the police. According to preliminary findings from University of Malaya, it was found that the mortality rates are higher among older persons who are abused financially and psychologically. The study confirmed findings by Cornell University, Yale University from America that abused victims are three times more likely to die than non-abused victims. Similar finding are echoed in research conducted by and University of Newcastle and La Trobe University[10].

According to Esmaliza Ismail[11], filial piety is becoming a thing of the past. There are increasing older persons who are abandoned or placed in old folks home in Malaysia. She reports on the mushrooming of retirement villages when older person are affluent in other jurisdiction like Australia. This is to complete the above picture that though the studies were conducted on older person who lived in own homes, there is the other side of those who live in old folks homes, government funded when there is neglect and abandonment[12]. There is also a scenario of an older person living in care facilities who is vulnerable to abuse not by relatives but by non- related care givers in a nondomestic environment.

5. Responsive Mechanism

Within the region of the South East Asia nations, the response has been to formulate policies (Malaysia, Cambodia, Laos, Myanmar) or enact legislation (Philippines, Singapore, Thailand and Vietnam) addressing certain concerns for the older persons[3]. This is a very sensitive area where the older person who is abused do not want punishment to be visited upon the wrongdoer who is usually the carer as there are ties between the parties especially in a family context as seen above. Hence given the added dimension of the relationship between the related parties, the focus is to ensure that the carer concerns are addressed alongside the older person to promote in living of older person with family with access to community day centers that might relieve the tension between the parties and enhance the quality of life and inclusive involvement of the elder.

5.1. Maintenance of Elder Persons

In states where there is a direction to legalise filial piety as it is done by imposition through statute by way civil obligations and criminal penalties. The maintenance of elder may be supported by the government or be imposed on the children. In affluent states like Brunei and welfare states, the Old Age Pension and Disability Act 1954 an older person receives monthly payment of BND 250 from the government. In countries like Singapore and India there is a legal obligation under Maintenance of Parents Act 1995 and Welfare of Parents and Senior Citizens Act 2007 (WPSCA)[13] respectively for children to maintain their parents. In China, there is an obligation for the children to visit their parent (Rohaida Nordin, 2017). In India, the abandonment of a parent is criminalized as an offence attracting three months imprisonment or a fine 5000 rupees or both. Likewise under Section 10 (1) of the Singapore Maintenance of Parents Act 1995 failure to pay maintenance is criminalized by the option to sentence to imprisonment not more than one month for each month unpaid allowance.In California civil action for support can be sought against children by parents and public bodies or agencies. (Nuraisyah Chua Abdullah, 2017).

5.2. Maltreatment against Older Person (Elder)

Where there is no dedicated law to elder abuse, the provisions of other statutes are resorted to cover elder abuse. However this method might not address the specific needs of older person abuse. The scope of maltreatment definition and casting over the net of persons upon whom the obligation is imposed is dependent on the statute. In Malaysia for instance the Domestic Violence Act (DVA) 1994 was enacted to deal with spouse ill- treatment (which is extended to for elder abuse in given situations). However it is limited to the person who is wholly or partially incapacitated or infirm by reason of physical or mental or ill age and living within a domestic relationship with the offender. Further the DVA is reliant upon the Penal Code for a police report to trigger investigation and remedial matters like protection orders that might be inappropriate or difficult where the victim and abuser are coresiding. There is no general or mandated reporting imposed on any party. Hence the law is piecemeal and not targeted to resolve the specific issues. The other deterrent method is by way of penal statute that imposes higher punishment on offences committed against the elder as aggravating factor.

In countries like America, the Federal Statute United States Elder Justice Act 2009 enables federal resources to "fund to prevent, detect, treat, understand, intervene in and where appropriate prosecute elder abuse, neglect and exploitation." At the state level Adult Protective Services Act offers a comprehensive mechanism for a wider definition and reporting of elder abuse and handling of elder abuse.

The approach is more comprehensive as it deals also with the issue of reporting of abuse that is the primary weakness of this silent crime. The Illinois Adult Protective Services Act and Related Laws (2013) section 4 provides for a general obligation on any person to report abuse, neglect, and financial exploitation or self-neglect to the Department. There is mandatory provision for reporting that identifies a professional or a professional delegate who engages in social services, law enforcement, education, the care of eligible adult or of any the listed professions among the list mandated reporters. The reporter who does so in good faith is immune from civil, criminal or professional liability.

5.3. Care and Support for Domestic and Professional Carer

(United Nations, 2013) reports that training and awareness which includes the public, practitioner and older persons themselves is a key step. Reference is made to Austria initiative between 2009 and 2012 three brochures, Recognising Violence, Questions and Answers on Violence against Older People (2009), Recognising Violence, Questions and Answers about Dementia (2010) and Violence and Recognising Violence: Older Persons in Institutions (2012). The training of professional staff who work with and care for older persons is crucial in institutional settings is important. The example cited is training on elder abuse provided by the National Centre for Protection of Older People for thousands of personnel in health and social services. Training for carers in a do-

mestic setting is crucial as the aim is to house the older person at home with incentives or reliefs. In Japan, it is reported that training to such care givers is given since 2006 under the Act on Prevention of Elder Abuse, Support for Caregivers of Elderly Persons and Related Matters. The practice is reportedly followed by other countries that have started offering adult day-care services and subsidizing informal caregiver respite.

5.4. Supervision and Laws over Professional Carers

In this regard, the concern is on the licensing, supervision and control which are over the professional carers to ensure that proper mechanism are in place beyond licensing to ensure that the older person abuse does not occur. There are differing dimension of the extent the local countries regulate over this matter. In Malaysia, as pointed out by Human Right Commission[2], the institution care in Malaysia is governed by two types of licensing under the Care Centres Act 1993 and Private Healthcare, Facilities and Services Act 1998 and Regulations 2006. However there are other forms that are run by other entities and registered under the Registrar of Society (ROS) or the Registrar of Companies (ROC). It was pointed out that there is a need for law reform in this area recognising among others that the Care Centres Act does not define types of enrolment or the continuum of care required of the older person. There is a need to ensure that the standard of private care must be scrutinised, to ensure exploitation and abuse do not occur. A possible comparative model for residential care the Ireland Health Act 2007.

5.5. Disinheritance Incentive

In America, there are states like Michigan that have expanded the slayer rule (a law that prevents a killer from benefiting from the victim death) to extend it to persons who is convicted of committing older person abuse from inheriting from the persons estate[14].

5.6. Elder enabling Provisions

It has been recognised that the older person should be allowed to plan ahead and contemplate his old age provisions. The laws have been put into effect to facilitate this in some jurisdictions. The United States Uniform Power of Attorney Act 2006 is identified by to be enacted to ensure or have mechanism to prevent financial abuse. Likewise the Mental Capacity Act 2005 in United Kingdom also to enable forward decision making by older adults by the tool of a durable power (lasting power) of attorney[15]. that survive the incapacity of the donor. The use of the vehicle of a trust and trustee over an older person can relate to property but has its limitation in that personal and welfare decisions is outside its scope[16]. Advance Medical Directive (AMD) is a legal document that is signed in advance by the older person to inform the doctor (when the older person is terminally ill and unconscious) that no extraordinary life-sustaining treatment is to be used to prolong life and it needs to comply with formalities as norm for documents created to confer power or authority on another.

5. Conclusion

Older person rights and dignity is one that is continuous and continuing existing until death. The response against ageism is not just limited to the person (mind, body and soul) freedom from abuse. It also covers a right to financial security and other related issue of social security and financial independence that is to be jointly addressed within the framework of any older person policy or law. The differing level and extent of response differs within region and in a region between the countries are determined by various factors including the political, social will and economic considerations within the country. Ultimately the existence of the human is one of co-existence that is founded by respect of the other and with nature cultivated with the right set of values that needs to be translated to positive affirmative care , protection and respectful regard for especially the vulnerable.

References

[1] World Population Ageing (2013), Population Division, Department of Economic and Social Affairs, United Nations Secretariat, New York, NY 10017, U.S.A.

[2] Human Rights Commission of Malaysia (Suhakam) (2015), Report on Care Services for Older Persons and Support for Caregivers, Malaysia : Human Rights Commission of Malaysia.

[3] Mohammed Abu Taher et al (2017), In Quest of a Legal Framework Addressing Elder Abuse and Neglect in Malaysia : Lessons from the Asean and International Perspectives , in Siti Zaharah et al (ed) *Protecting the Elderly against Abuse and Neglect Legal and Social Strategies, pp 27-26* Malaysia :University of Malaya Press.

[4] Report of the Asia –Pacific Intergovernmental meeting on the second review and appraisal of the Madrid International Plan of Action on Ageing 10-12 September, 2012 United Nations Economic and Social Commission for Asia and the Pacific (2012). Bangkok . Members are Armenia, Australia, Azerbajian, Bangladesh, Brunei, Cambodia, China, Korea, Fiji, Georgia, India, Indonesia, Kazakhstan, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Philipines, Republic of Korea, Russian Federation , Samoa, Thailand, Turkey, Tuvalu, Uzbekistan, Vietnam. Associate member : Macao, China

[5] David Hutton (2008), *Older people in emergencies: consideration for action and policy development* .WHO Library Press: Geneva Switzerland.

[6] Frances Murphy (2013), The 18- Bill Elder Abuse legislative Package : The Pressure's on the House The Wayne Law Review Vol 58 1167.

[7] Jasphal Kaur Bhatt (2017), Protecting The Elderly in Malaysia: A constitutional and human rights perspective in Siti Zaharah et al (ed) *Protecting the Elderly against Abuse and Neglect Legal and Social Strategies, pp 47-64* Malaysia :University of Malaya Press.

[8] WHO (2002), *The Toronto Declaration on Global Prevention of Elder Abuse.*

[9] Rajini Sooryanarayana et al (2017), Elder Abuse in a Rural Community in Malaysia : The Who and The How in Siti Zaharah et al (ed) *Protecting the Elderly against Abuse and Neglect Legal and Social Strategies, pp 65 -80* Malaysia :University of Malaya Press.

[10] Indramalar S (2017, June 15) No Money and an early death, The Star Thursday p 18.

[11] Esmaliza Ismail & Siti Sarah Sulaiman (2017), Regulatory Framework for the establishment of retirement villages for the elderly in the context of Town and Country Planning in Siti Zaharah et al (ed) *Protecting the Elderly against Abuse and Neglect Legal and Social Strategies, Malaysia pp 257 -252* :University of Malaya Press.

[12] Indramalar S (2017, June 15), Swindled by their families and dumped at welfare homes The Star Thursday p 18.

[13] Guide for providers to the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 Health Information and Quality Authority Ireland

[14] Linda KK (2013), Slayer Statutes and Elder Abuse : Good intentions, right results ? Does Michigan Amended Statute do enough to protect the elderly , *Quinnipiac Probate Law Journal, Quinnipiac Probate Law Journal Association* 26, 373.

[15] Nurazlina Abdul Raof & Nuraisyah Chua Abdullah (2017), Financial Exploitation of Elderly : Analysis of Power of Attorney in Siti Zaharah et al (ed) Protecting the Elderly against Abuse and Neglect Legal and Social Strategies, Malaysia pp165-184 :University of Malaya Press.

[16] Usharani Balasingam (2017), Elder Protection from Financial Abuse: Fiduciary Duty and Protective Measures in Siti Zaharah et al (ed) Protecting the Elderly against Abuse and Neglect Legal and Social Strategies, Malaysia pp 185-200 :University of Malaya Press.

[17] Isabella Iborra Marmolejo (2008), *Elder Abuse in the Family in Spain, International Network of Prevention of Elder Abuse.*