Addressing the issue of elderly abuse in an ageing population: the case of Mauritius

Abstract

Population ageing is no longer confined to industrialized countries and many developing countries whose fertility declines began in the 1970's and earlier are experiencing rapid increases in their proportion of elderly people. In view of understanding elderly abuse theorists have identified several important risk factors such as the pathology of the individual; cycle of violence; pattern of dependency; social isolation of families; and amount of stress. To date no theoretically tested model has emerged in the literature on elderly abuse. In the wake of these population dynamics and the growing concern for elderly abuse, the UN system has initiated a number of actions. The 1st October has been declared as the International Day of Older Persons(since 1990) and the first World Elder Abuse Awareness Day (15th June) was observed for the first time in 2012 with the aim of focusing global attention on the problem of physical, emotional, and financial abuse of elders, on how best to reduce incidents of violence towards elders and to develop elder friendly policies. Mauritius has a growing ageing population and the number of elderly abuse is expected to increase. Although the Protection for Elderly Persons Act of 2005 aims to protect the elderly from abuse, yet its scope of action is quite limited. In view of addressing the issue of elderly abuse in the Mauritian society, a gender perspective should be incorporated in the sensitisation and the detection of elderly abuse. Legislation should be reviewed, sensitisation and training on screeing for elderly abuse should be organised and new services should be developed for elderly care to assist families.

Key words: ageing population, elderly abuse, legal protection and policy issues

Introduction

Although the vast majority of older people enjoy the benefits of family life, with an ageing population there has been a growing awareness, that older people are sometimes abused or neglected. The slowness to accept the existence of elder abuse in most societies is common to other forms of family violence such as child abuse and domestic violence. Elderly abuse is against the spirit of the United Nations Principles for Older Persons: independence, participation, care, self-fulfillment and dignity. Progress on building a response to elder abuse has been slow as the issue is shrouded in secrecy, denial and guilt. The international literature suggests that around three per cent of older people in the community suffer from some form of domestic abuse, neglect or mistreatment at any one time. The literature also indicates that an unspecified level of abuse occurs in institutional settings. While so far there has been no comprehensive study of the prevalence of elder abuse in Mauritius, yet in year 2006 the Government of Mauritius enacted the Protection for Elderly Persons Act to ensure that adequate protection and assistance is provided to the elderly particularly in the context of an increasingly ageing population.Since the collection of data on elderly abuse in the domestic setting has started. This paper firstly overviews the concept of an ageing population in the world as a global trend. Secondly it characterises the ageing phenomenon in the Mauritian society. Thirdly it provides the main discussions in the literature on elderly abuse. Lastly it describes the legislation put in place in Mauritius and examines the areas which are not covered by the legal mechanism thereby providing some recommendations in terms of policy to be adopted to address elderly abuse in the country.

1. An ageing population: a global trend

Population aging, usually defined as a shift of population age composition towards the older ages is often measured with indicators such as the median age, old age dependency ratio, or proportion of people 60 or 65 years and older. It is also measured by increases in the percentage of elderly people of retirement ages. Although the definition of retirement ages may vary, a typical cutoff of 65 years is becoming the norm and nowadays a society is considered relatively old when the fraction of the population aged 65 and over exceeds 8-10% (Leonid.A. *et al* 2003). Population ageing is no longer confined to industrialized countries and many developing countries whose fertility declines began in the 1970's and earlier are experiencing rapid increases in their proportion of elderly people. It is likely to be an irreversible consequence of the demographic transitions that all countries are going through or have completed.It has been observed that as fertility falls, the proportion of children in a population declines, and older, healthier adults assume an increasingly greater proportion of the population. The decline of fertility rates combined with steady improvements in life expectancy over the latter half of the 20th century has resulted in a dramatic growth in the world's elderly population. The number of people aged 65 and over will double as a proportion of the global population, from 7% in 2000 to 16% in 2050. By then, there will be more older people than children (aged 0–14 years) in the population for the first time in human history (World Population Prospects 2006).

The evolving demographic structures and the changing proportions of youth and elderly groups have major implications for social security, health care systems, housing structures, the protection older people's rights and interests and associated development strategies. In the wake of these population dynamics the UN system has initiated a number of actions. The Vienna International Plan of Action (1982), was the first World Assembly on Ageing and twenty years later the Madrid International Plan of Action on Ageing (2002) was prepared with the aim of ensuring "that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights." Resolution 45/106 of the United Nations General Assembly (1990) proclaimed the 1st October as the International Day of Older Persons and the first World Elder Abuse Awareness Day (15th June) was observed in 2012 with the aim of focusing global attention on the problem of physical, emotional, and financial abuse of elders, on how best to reduce incidents of violence towards elders and to develop elder friendly policies. At the *Follow-up to the Second World Assembly on Ageing: Report of the Secretary General to the Second Session* in August 2011 statements from member states and NGOs reveal that there exist both normative gaps and implementation gaps in the international protection system for older persons. However, there is much debate among UN member states and Human Rights NGOs on the necessity of drafting of a new specific Convention on the Rights of Older Persons. Today, the Human Development Index first issued in 1990 is used to rank countries according to their level of development. In much the same way in year 2013 HelpAge International has launched the **Global AgeWatch Index** which ranks countries by how well their ageing populations are faring. The index of older people will thus serve as a challenge to governments and community groups to raise their sights as to the needs and opportunities of older people in each country. Mauritius is the top African country and ranks 33rd worldwide on the Global AgeWatch Index 2013 which takes into account income security, health, education and employment opportunities for the elderly.

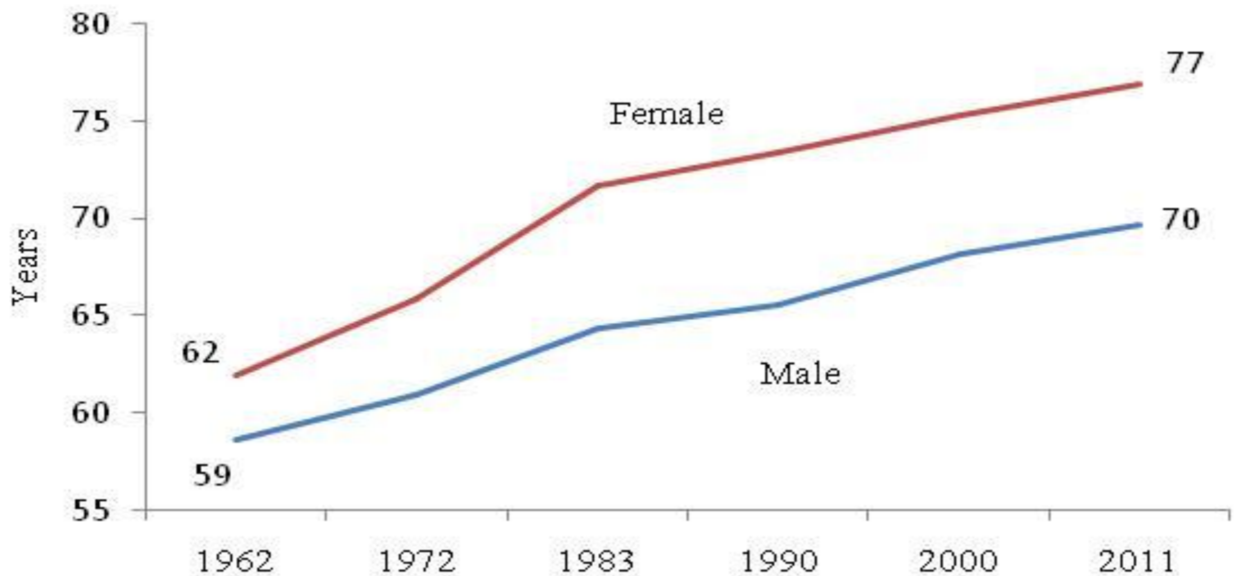
2. Ageing in Mauritius

Mauritius has undergone a significant demographic transition over the past 40 years. Fertility has declined significantly from 3.58 in 1972 to 1.45 in 2011 that is the fertility rate is currently below replacement level. Over the past 40 years the crude birth rate has more than halved and the crude death rate is also falling.

	1975	1990	2000	2010	2012
Crude birth rate	25.3	21.3	17	11.7	11.2
Crude death rate	8.1	6.6	6.7	7.1	7.2
Infant mortality rate	46.4	20.4	15.9	12.5	13.7

Source: Digest of Demographic Statistics, various issues.

There has been a general improvement in life expectancy over the years though improvement was more pronounced among females. This has led to a general increase in the gap in life expectancy at birth between males and females, from 4.9 in 1972 to 7.3 in 1983, 7.8 in 1990 and then to 7.1 in 2000. The life expectancy at birth for 2011 in the Republic of Mauritius was 80.1 years for women compared to 69.8 years for men.



In 1972, elderly persons aged 60 and over constituted about 6% of the population. In 2000, they accounted for 9% of the population, 13% in 2013, standing at some 171 941 people, and it is estimated to represent 23.6 % of the population by 2035.

Year	1972	1990	2015	2020	2035	2050
% 60 years &above	5.9	8.3	13.7	16.5	23.6	28.2

Source: Mauritius Central statistics Office July 1999& August 2011.

According to Coulmas (2007), three different types of society based on the proportion of elderly, can be identified:

- Ageing society: 7-14% of the population are 65 years or older.
- Aged society: 14-21% of the population are 65 years or older.
- Hyper-aged society: 21% or more of the population are 65 years or older.

As per this classification it can be considered that Mauritius will be a hyper-aged society in twenty years time.

3. Concern over the abuse of the elderly

Researchers and service providers began to express concern over the abuse of the elderly as from the 1970s (Chen et al., 1981; Sengstock & Liang, 1983) with the development of policies for family violence, the increase in the number of elderly in the population and the increasing the visibility of problems related to aging. As from the 1970s books like Simone de Beauvoir's *The Coming of Age* and Robert Butler's *Why Survive? Being Old In America* called public attention to older people as a constituency in need. Simone de Beauvoir (1971) in *'The Coming of Age'* (1971) pictures the enduring cultural contempt for the elderly, rendering so many of them—women and men alike—vulnerable, wretched, and isolated, if not abject. She draws attention on the fact that old age is not merely a biological fact but very much related to the culture where one lives. For Butler (1975) in *'Why Survive: Being Old In America'*, old age is a tragedy and he questions the value of long life for its own sake. Modern medicine, he says, has ironically created 'a huge group of people for whom survival is possible but satisfaction in living elusive.' He documents the impoverishment of late life in America where the old is exposed to the unnecessary, often unwitting hardships that millions of old people endures before experiencing death. He proposes sweeping policy reforms to redefine and restructure the institutions responsible for what he calls 'the tragedy of old age in America.'

However, discussion of the old-age population tends to refer to this age group as though this is a homogenous category. Considerable diversity in terms of the characteristics and experiences of those in this chronological age group are observed as each person has a history of his or her experiences from early life and mid life into old age. These histories are shaped by factors such as being a male or female, income level, level of schooling, type of occupation, type of pension available at the age of retirement. In 1974, Bernice L. Neugarten made a distinction between what is now referred to as the 'Third Age'- (the young-old) - the youthful years of retiremen or the late middle-aged persons and 'Fourth' Ages, the "old-old." The young-old are like late middle-aged persons who generally have good health and they are about as active as they want to be. The old-old, tend to be widowed and are much more likely to be living dependently. Although age and ageing have a biological and physiological dimension – physical appearance changes over time, the psychological dimension as to the mental functioning and emotional and cognitive capacities cannot be overlooked. More of it, age and ageing have a social dimension – that is perceptions of how people of a certain age are supposed to behave, and influence how they are positioned in relation to social markers such as gender and social class. Indeed, according to Neugarten (1996), rights, rewards and responsibilities are in all societies

differentially distributed by age: ‘all societies rationalise the passage of life time, divide life time into socially relevant units, and thus transform biological time into social time’. In this respect, several population agencies have adopted a combination of the two approaches to theorising age – scientific (bio-psychological) and the social constructionist approach, the young-old (approximately 65–74), the middle-old (ages 75–84), and the old-old (over age 85). (See The Population Reference Bureau (2011).

Elderly abuse in an ageing population has developed into a public health and criminal justice concern. It is no longer considered as a private matter and similar to other types of violence, abuse of the elderly includes physical, sexual and psychological abuse, as well as neglect. With rapidly aging populations in most countries, the number of reported cases is set to increase if not explode and it is considered that elder abuse might be the crime of the 21st century. A report prepared in the wake of the World Assembly on Ageing locates elderly abuse in stuctural and income inequalities as well as the violation of human rights (Nerenberg 2002). According to the UN Secretary General (2004), mis-use of power, patriarchy and ageism are the major factors contributing to elderly abuse. It is observed that inspite of the UN call in 1991 for dignity for the elderly; elderly abuse continues to pervade our societies.

The definition developed by the United Kingdom’s Action on Elder Abuse has been adopted by the International Network for the prevention of Elder Abuse and the WHO. “Elder abuse is 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”. A wide range of people may abuse the elderly, including relatives and family members, professional staff in institutional care and hospitals, paid care workers, volunteers, other service users, neighbours, friends and associates. Abuse can take when an older person lives alone or with a relative; it may also occur within residential or day-care settings, in hospitals, home support services and other places assumed to be safe, or in public places. It is quite challenging to identify the causes of elder abuse in everyday life as patterns of abuse and abusing vary and reflect different circumstances: *‘Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.’*

Source: No secrets: **Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse 2005 Home Office UK p9.**

The National Center on Elder Abuse (NCEA), a division of the U.S. Administration on Aging, some of the signs and symptoms observed in cases of elderly abuse and encourages people to notice the following:

Type of Abuse	Signs and Symptoms
Physical abuse	Bruises, untreated wounds, sprains, broken glasses, lab findings of medication overdosage
Sexual abuse	Bruises around breasts or genitals, torn or bloody underclothing, unexplained venereal disease
Emotional/psychological abuse	Being upset or withdrawn, unusual dementia-like behavior (rocking, sucking)
Neglect	Poor hygiene, untreated bed sores, dehydration, soiled bedding
Financial	Sudden changes in banking practices, inclusion of additional names on bank cards, abrupt changes to will
Self-neglect	Untreated medical conditions, unclean living area, lack of medical items like dentures or glasses

Source: http://www.ncea.aoa.gov/

In view of understanding elderly abuse theorists have identified several important risk factors such as the pathology of the individual; cycle of violence; pattern of dependency; social isolation of families; and amount of stress (McCreadie, 1996). To date no theoretically tested has emerged in the literature on elderly abuse. Empirical investigation on elderly abuse classify explanations of elderly abuse in terms of three categories; *Psychopathological* that is perpetrators exhibit abnormal behaviour (Anetzberger et al 2000), *symbolic interactional* whereby perpetrators perceive disparities between the role they ascribe to the elderly and the actual role exhibited by the elderly (Steinmetz 1988) and *situational* where perpetrators abuse the elderly under stressful circumstances and the elderly is associated with the stress (Lach et al 1994).

The *No Secrets* report (2005) identifies some of the circumstances where the elderly can be abused:

- On-going relationships which might be of a Long-term nature, such as domestic violence or sexual abuse between spouses or generations.
- misappropriation of benefits and/or use of the person’s financial resources by other members of the household;
- Fraud or intimidation in connection with wills, property or other assets
- Neglect of a person's needs because those around him or her are not able or are not willing to be responsible for their care;.
- Opportunistic abuse, such as theft occurring because money or other personal valuable objects has been left around.
- Situational abuse, which arises because pressures have built up and/or because of the difficult or challenging behaviour of the older person.
- Unacceptable 'treatments' or 'programmes', which include sanctions or punishment, such as the withholding of food and drink, seclusion, the unnecessary and unauthorized use of control and restraint, or the over, or under, use of medication.
- Racist, ageist and other discriminatory practices by staff, including ageism, racism and other discriminatory practices, which may be attributable to the lack of appropriate guidance.

However, elder abuse is likely to be influenced by multiple risk factors and the likelihood of abuse will increase where multiple, possibly interacting, risk factors are present. Hence, elder abuse can potentially occur in a domestic setting, an institutional setting and even in the public sphere. Risk factors which increase the probability of being victimised range from being a woman, dementia, social isolation, poor physical and mental health, substance abuse issues, feelings of shame embarassment, guilt, and fear of retaliation, emotional bonding and dependance, personal-institutional-intentional and non-intentional ageism. In terms of intervention respite care, advocacy, counselling services, guardianship, support group for carers and for the abused, mediation, emergency refuges, financial assistance and legal redress have been organised in a number of countries.

Elderly abuse is not a new phenomenon but it has not received much attention in terms of research and policy decision as it has been the case for domestic violence and child abuse. However, over the past twenty years there is a growing body of literature and research on elder abuse thereby providing evidence of a gradual recognition of the problem and of the need for a response. According to Wolf (2000) awareness of elder abuse, in a domestic setting, first appeared in British scientific journals in the mid 1970s. It was referred to as "granny bashing" (McDonald & Collins 2000, Glendenning 1999, WHO/INPEA 2002) or "battered older lling services, person syndrome" (Choi 2000). It was similarly addressed in a series of studies in the United States (Sayles-Cross, 1988), most notably mentioned as "parent battering" in a U.S. subcommittee hearing on family violence in 1978, which brought elder abuse to the forefront of the American conscience (Hines & Malley-Morris, 2005; Wolf, 2000). While in the United States, these reports were immediately viewed as a socio-political concern, and were quickly met by legislative action, in the UK, it took a further 15 years for the issue to receive political credence (Ogg and Bennett 1992). At international level, there is increasingly recognition of the necessity to penetrate the veil of silence which too often surrounds this phenomenon.

The World Health Organization (WHO) and the International Network for the Prevention of Elder Abuse (INPEA) collaborated on The 'Missing Voices' document, identified as the first project that attempted to gather international information about elder abuse (WHO & INPEA, 2002). This document shows how elder abuse can not be seen outside its social and cultural context and even though risk factors might be the more or less the same across countries. Cultural values, beliefs, and traditions significantly affect family life, define family members' roles and responsibilities toward one another and how decisions are made within families.Culture further influences how families cope with stress and determines if and when families will seek help from outsiders.Besides culture, other variables such as the family structure, religious beliefs and the welfare system have an influence on how older persons are perceived and treated. Changes in the socio-economic environment, norms and cultural values influence family relationships in contemporary societies either positively or negatively. Tracking these changes is of particular significance when designing prevention and intervention strategies, and policies against elder abuse and neglect. **The Toronto Declaration on the global prevention of elder abuse (2002)** which is a call for action aims to raise awareness of the abuse of human rights of older people and identifies the following points to be considered for improvement:

- lack of proper legal instruments to respond and deal with elder abuse
- prevention of elder abuse requires the involvement of multiple sectors of society and the role of primary health care workers have a crucial role to play
- the importance of education and dissemination of information through professional education and the media to de-stereotype older people
- the significance of the cultural and gender perspective in order to fully understand the phenomenon of elder abuse
- elder abuse will only be successfully prevented if a culture that nurtures intergenerational solidarity
- the call for all countries to develop the structures that will allow the provision of services (health, social, legal protection, police referral, etc) to appropriately respond and eventually prevent the problem.

4. Elderly abuse in Mauritius: legal protection and policy issues

In Mauritius, the Ministry of Social Security, National Solidarity, Senior Citizens' Welfare & Reform Institutions presented a paper in 2008, entitled 'Ageing in Place' indicating the number of elderly persons which at present represents 10 % of the population, will go up to 25% in 2047.The pensioner support ratio which in 2007 stood at 6.7 will go down to 2.3 in 2047 while the ageing index will increase from 42.9 in 2007 to 145.3 in 2047. In Mauritius elder abuse was a taboo subject until the promulgation of the Protection for Elderly Persons Act of 2005 in September 2006. The act defines the "elderly person" as a person who has attained the age of 60 and the object of the Protection for Elderly Persons Act is to set up a legal and administrative framework to ensure that adequate protection and assistance are made available to persons in Mauritius. The object of the Act is to set up a Protection of Elderly Network to ensure that adequate protection is provided to elderly persons against ill-treatment be it physical, verbal, emotional harassment and financial prejudice. The Act makes provisions for **a Monitoring Committee** comprising of Representatives of various stakeholders and an **Elderly Watch Network and the Elderly Persons' Protection Unit** which shall comprise of public officers as may be designated by the Permanent Secretary of the Ministry.

The functions of the Elderly Protection Unit are as follows: –

(a) to organise public awareness and sensitisation campaigns on the rights of elderly persons and the need to provide them with assistance and protection;

(b) to receive complaints from elderly persons who are in need of protection or assistance and take such measures as may be necessary;

(c) to apply to the Court for a protection order where it deems it necessary in circumstances where there is a real danger to, or threat on, the life of an elderly person;

(d) to assist in arranging for the admission of an elderly person to a residential care home, where required;

(e) to ensure that every Elderly Watch and other appropriate bodies or authorities get a proper feedback on the situation of elderly persons who are, or may be, in need of protection or assistance.

The functions of the Monitoring Committee are as follows-

(a) To supervise the operations of the Unit and of every Elderly Watch and give to its officers such directions of a general character as it may deem necessary;

(b) to provide adequate resources and facilities for the proper operation of the Unit and of every Elderly Watch.

Elderly Watch is set up at a regional level and each Elderly Watch consists of –

(a) volunteers working for the care of elderly persons of the region as may be appointed by the Minister;

(b) voluntary organisation member of the Senior Citizens' Council as may be designated by that Council;

(c) public officer as may be designated by the Minister.

An Elderly Persons' Protection Order can be issued when information on oath provided by an officer-in-charge of the Elderly Unit, the Court has reasonable cause to believe that an elderly person has suffered, is suffering or is likely to suffer an act of abuse.

Any person who – (a) commits an act of abuse; (b) wilfully fails to provide an elderly person under his care with adequate food, medical attention, shelter and clothing; or (c) fails to comply with a protection order, shall commit an offence and shall, on conviction, be liable to a fine not exceeding 50,000 rupees and to imprisonment for a term not exceeding 2 years.

Following the enactment of the Elderly Persons Act, the Welfare and Elderly Persons Unit (WEPPU) became operational in September 2006 and an intense sensitization campaign was carried out by the Unit targeting stakeholders involved in offering services to elderly persons such as the Social Welfare Centres, the Community Centres, the Police, Ministry of Health, Citiens Advice Bureau, the regional Social Security Offices, NGOs, Senior Citiens Associations, Youth in colleges and the public at large. In the same year the Unit started to receive complaints from elderly persons who are in need of protection from ill treatment. Complaints of elder abuse are reported to the Welfare and Elderly Persons Protection Unit by either the various stakeholders' agencies or through hot lines.

	2008		**2009**		**2010**		**2011**		**2012**	
	M	F	M	F	M	F	M	F	M	F
Physical	15	84	17	50	10	38	15	59	11	32
Financial	27	90	23	86	26	61	26	66	29	43
Emotional	109	345	51	261	81	238	106	312	99	287
Neglect	38	91	44	82	27	68	43	82	31	61
Other	42	94	31	70	65	120	49	74	39	68
Total	231	704	166	549	209	525	239	593	209	491

Source: Welfare and Elderly Persons Unit 2013

Data collected on reported cases at the Welfare and Elderly Persons Unit (WEPU) shows that women are more victims of elderly abuse than men and emotional abuse is the most prevalent type of abuse. The number of reported cases in 2008 is highest and this might be because strong sensitisation campaigns were held in this year with the setting up of the Elderly Unit and the Elderly watch network. Over the next four years the number of reported cases has been in the range of 700-800 yearly. Research in other countries has shown that the various types of abuse often occur together and very often an elderly is a victim of more than one type of abuse (Sengstock & Liang, 1983). In some instances elderly spouse abuse may represent the continuation of a pattern which has continued for many years as a form of domestic violence. In some couples, a long term abusive pattern may be altered, as a formerly abusive husband becomes frailer, his wife, now dominant, may take revenge for years of abuse (Sengstock, 1991). At times elderly abuse develops with the stresses which manifest in old age, such as the spouse's need for extensive care.

It has been found that in cases of spouse abuse, the types of maltreatment may progress from the less to the more serious types (Walker, 1984). This suggests that psychological abuse or neglect or material abuse may be precursors of physical neglect or physical abuse. Furthermore, the data reported at the Welfare and Elderly Persons Unit (WEPU) refers only to cases of elderly abuse in the domestic sphere.In Mauritius, reporting on elderly abuse is still taboo and individuals continue to find elder abuse difficult to discuss, recognise and report. This implies that obtaining a true picture of its prevalence in the community will be difficult if not impossible. Protocols and processes are needed to assist individuals, families, carers in institutional settings and community groups to understand the issues surrounding elder abuse, to recognise individuals who are at risk and to respond when appropriate.The provisions included in the Protection for Elderly Persons Act are quite restrictive and do not capture the full scale of the occurance and detection of elderly abuse. The reliance on Elderly Watch networks and the work of officers posted at the WEPPU do not capture the full range of situations where the elderly can be abused. For example no provision is made for the reporting of elderly abuse in institutional settings.

Policy implications

Although elder abuse is not a new problem and that the amount reported yearly is fairly constant, yet several factors in the Mauritian society may favour its development. The growth of the aged population is clearly obviously one factor. For instance, even if the rate of elder abuse remained the same, the number of cases would increase due to the greater number of elderly. With rising life expectancy, the privatised nuclear family type and a rising cost of living greater stress is placed on families who are unprepared to provide care for more elderly members for a longer period of time. At times, the need to provide care for an aged member of the family may fuel old antagonisms between siblings or between parents and their children, adding to the likelihood of abuse or neglect. Although it is sometimes considered in the Mauritian society that three generations living in a household is the best place to care for the needs of the elderly, yet as the home becomes more crowded children may be boisterous while their grandparents are seeking peace and quiet. These situations strain everyone's nerves and unless appropriate support is provided by stakeholders outside the family unit elderly abuse can very easily crop up. There is a dire need for respite care to support families with an elderly person with chronic illness at home.

Respite care is temporary care to persons with special health care needs, who are at risk of abuse or neglect in crisis situations.

Up to the 1980's a family might have had only one frail parent who needed care for a few years and the extended family was able to cope with the needs of the elderly. Today, a married couple might be both in employment and be caring for both sets of parents. The stress is greater for the nuclear family that is increasingly looking to meets the needs of the elderly by placing him/her in an institutional setting.This implies that elderly abuse might decrease in the domestic setting but unless carers in institutional settings receive proper training and protocols are set up and enforced, elderly abuse can now be experienced in such places. Also, certain types of persons tend to be at greater risk: mentally incompetent elderly, such as those suffering from Alzheimer or related disorders, or the physically impaired elderly are at particularly high risk because of the difficulties involved in their care. In view of the high risk in such cases, the State should train professionals to provide special care to these patients and their caregivers. Although special attention should be paid to certain categories such as the mentally incompetent and the physically impaired, elderly who are fully competent and capable of caring for them should also be screened to prevent elderly abuse. A two-level process which involves (i) identifying abused or neglected elders at risk and (ii) focusing on elders actually suspected of being victims should be implemented through the use of a screening tool, such as the Elder Abuse Screening Test (EAST) (Neale, et al., 1991). Such tools consist of short series of questions designed for use with mentally competent elders to establish whether they may be in an abusive or threatening situation.

Given the number of elderly who attend medical care in the health system, medical practitioners should be formed to detect cases of elderly abuse. For example when an elderly exhibit signs of depression, such as downcast eyes or speaking in a monotone, this can be an indicator of psychological abuse or neglect (Blazer et al., 1987). Similarly at times elders may appear anxious around a caregiver or other family members, or state that they do not want someone around. Their concern could be a sign of psychological abuse or neglect. In cases where elderly abuse is detected in the family setting as with other types of domestic abuse, it is critical that officers of the WEPPU make an initial assessment of the dangerousness in the situation and if the elderly victim's life or safety is in question, there might be an immediate need for separation of victimfrom the family setting. Should the elderly be left in the family setting a proper care management and some kind of supportive mechanism should be established to empower family members to refrain from victimising the elderly.

In Mauritius the protection the elderly in residential care homes is implemented through the Residential Care Homes Act of 2003. This Act is to apply general supervision and control over residential care homes, to supervise compliance by licenses, to set up codes of practices for residential care homes and to monitor conformity with the code. As far as The National Policy on Ageing 2008 is concerned, it is based primarily on the Vienna Plan of Action (1982), the UN Principles for Older People 1991 and the Madrid International Plan of Action on Ageing 2002. The policies fundamentally progress round over themes such as preparation for Retirement, Health/Nutrition, Housing, Income Security, Employment, Intergeneration Relationship, Social Welfare/ Leisure and Institutional Care. Both the action plan and the Residential Care Homes

Act of 2003 do not address the issue of elderly abuse in the community and residential care homes respectively.

In the Mauritian context the following recommendations are proposed to further address elderly abuse:

1. Women are more prone to become victims and a gender perspective should be incorporated in the sensitisation and detection of elderly abuse.
2. The legislation should be amended to cater for elderly abuse in both the domestic and institutional setting.
3. In terms of the mechanism to be set up to screen for, to detect, to report and to prevent elderly abuse measures should be taken in terms of (i) the three major categories of old age the young-old (approximately 65–74), the middle-old (ages 75–84), and the old-old (over age 85), (ii) the physically impaired and (iii) mentally incompetent elderly.
4. Health professionals and carers working in institutional settings should be sensitised and trained on how to prevent elderly abuse. Protocols in these settings should be set up and enforced.
5. To assist the Mauritian family to cope with stressful situations, therapeutic adult day care, sitter-companion services and in-home respite care services should be developed to care for the elderly.

Conclusion

Starting in the USA in the 1970s, awareness on what was then termed 'granny battering' is now a concern for all countries particularly those having an ageing population. Elderly abuse which remains a taboo subject is both a domestic and a public problem. Mauritius is the top African country and ranks 33rd worldwide on the Global AgeWatch Index 2013. However, the prevalence of elder abuse in Mauritius has not yet been established. Data collected by the Welfare and Elderly Persons Unit (WEPU) at the Ministry of Social Security, National Solidarity, and Senior Citizens' Welfare & Reform Institutions on elderly abuse shows that there is a significant number of reported cases of elderly abuse. The Protection for Elderly Persons Act of 2005 makes provisions for a Monitoring Committee comprising of Representatives of various stakeholders and an Elderly Watch Network and the Elderly Persons' Protection Unit. However, this act does not cature the full range of situations of abuse an elderly person might face. With an ageing population it can be expected that these figures will increase. There is a need to legislate or amend legislation to protect the elderly from abuse and to adopt policies to prevent elderly abuse. Futhermore, the elderly should not be treated as a homogeneous group and a targeted approach should be devised to address the needs of the specific categories of the elderly. In view of preventing elderly abuse at both domestic and institutional level, systematic screening should be carried out by stakeholders caring for the needs of the elderly. The Mauritian family should be assisted to care for the elderly through respite care. Respite care is no longer a luxury in the Mauritian society and family members should be sensitised and encouraged to look for professional elderly carers. The Toronto Declaration on the global prevention of elder abuse (2002) which aims to raise awareness of the abuse of human rights of older people should stand high on the agenda of policy makers in the country.

References

Anetzberger, G. J., Palmisano, B. R., Sanders, M., Bass, D., Dayton, C., Eckert, S., & Schimer, M. R. (2000). A model intervention for elder abuse and dementia. Gerontologist, 40(4), 492-7.

Bernice L. Neugarten, Joan W. Moore and John C. Lowe, 'Age Norms, Age Constraints, and Adult Socialisation', and Bernice L. Neugarten, 'Age Distinctions and Their Social Functions', in Dail A. Neugarten (ed.), The Meanings of Age: Selected Papers of Bernice L.Neugarten (1996), pp. 24–5, 59–60.

Blazer, D., Hughes, D. C., & George, L. K. (1987). The epidemiology of depression in an elderly community population. Gerontologist, 27, 281-287.

Chen, P. N., Bell, S. L., Dolinsky, D. L., Doyle, J., & Dunn, M. (1981). Elderly abuse in domestic settings: A pilot study. Journal of Gerontological Social Work, 4, 3-17.

Choi N (2000) "Elder Abuse, Neglect and Exploitation", *Journal of Gerontological Social Work*, 33(2):5–25.

Coulmas, F (2007). *Population Decline and Ageing in Japan – The Social Consequences*, Routledge

Glendenning F (1999) "Elder Abuse and Neglect in Residential Settings: The Need for Inclusiveness in Elder Abuse Research", *Journal of Elder Abuse & Neglect*, 10(1/2):1–11.

Hines, D. A., & Malley-Morris, K. (2005). *Family violence in the United States: Defining, understanding, and combating abuse*. Thousand Oaks, CA: Sage.

Lachs, M. S., Berkman, L., Fulmer, T., & Horwitz, R. I. (1994). A prospective community-based pilot study of risk factors for the investigation of elder mistreatment. J Am Geriatr Soc, 42(2),169-73 .

Leonid A. Gavrilov and Patrick Heuveline 2003 Ageing of Population in '*The Encyclopedia of Population*.' New York, Macmillan USA,2003http://longevityscience.org/Population_Aging.htm

Linda A. Jacobsen et al., "America's Aging Population," *Population Bulletin* 66, no. 1 (2011)

Mauritius Central statistics Office July 1999& August 2011.

McDonald L and Collins A (2000) *Abuse and Neglect of Older Adults: A Discussion Paper*, Family Violence Prevention Unit, Health Canada, Ottawa.

Neale, A. V., Hwalek, M. A., Scott, R. O., Sengstock. M. C., & Stahl, C. (1991). Validation of the Hwalek-Sengstock Elder Abuse Screening Test. Journal of Applied Gerontology, 10, 406-418.

No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse 2005 Home Office UK

Ogg, J. and Bennett, G., 1992. Elder abuse in Britain . *British Medical Journal*, Vol. 305: 998-999.

Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2006 Revision and World Urbanization Prospects: The 2005 Revision, *http://esa.un.org/unpp*

Salend, E., Kane, R. A., Satz, M., & Pynoos, J. (1984). Elder abuse reporting: Limitations of statutes. Gerontologist, 24, 61-69.

Sayles-Cross, S. (1988). Profile of familial elder abuse: A selected review of the literature. *Journal of Community Health Nursing*, *5*(4), 209–219.

Sengstock, M. C. (1991). Sex and gender implications in cases of elder abuse. Journal of Women and Aging, 3(2) 25-43.

Sengstock, M. C., & Barrett, S. (1993). Abuse and neglect of the elderly in family settings. In J. Campbell and J. Humphreys (Eds.), Nursing care of survivors of family violence (pp. 173-208). St.Louis, MO: Mosby.

Sengstock, M. C., & Hwalek, M. A. (1986). The Sengstock-Hwalek Comprehensive Index of Elder Abuse (2nd ed.) Detroit: SPEC Associates.

Sengstock, M. C., & Liang, J. (1983). Domestic abuse of the aging: Assessing some dimensions of the problem. In M. B. Kliman (Ed.), Interdisciplinary topics in gerontology, Vol. 17: Social gerontology (pp. 48-58). Basel: Karger.

Steinmetz, S.K. (1988). *Duty bound: Elder abuse and family care*. Newbury Park, CA: Sage Publications.

United Nations Department of Economic and Social Affairs, Population Division (2002) *Population Ageing 1950–2050*. New York: UN DESA.

United Nations Department of Economic and Social Affairs, Population Division (2009) *World Population Ageing*. New York: UN DESA.

Walker, L. E. (1984). The battered woman syndrome. New York: Springer.

WHO/INPEA (2002) *Missing Voices: Views of Older Persons on Elder Abuse*, World Health Organization, Geneva.

Wolf R (2000) “The Nature and Scope of Elder Abuse”, *Generations*, 24(2):6–13.