Elder Abuse and Neglect in South Africa: A Case of Marginalization, Disrespect, Exploitation and Violence

Monica Ferreira, DPhil
Pat Lindgren

ABSTRACT. The problem of elder abuse and neglect in South Africa is widespread but the definition of abuse remains problematic. An expanded typology is needed to classify certain types of abuse reported commonly such as marginalization, disrespect, exploitation and violence. The history of elder abuse and responses are traced, relevant legislation and selected intervention programs are reviewed, and research and the status of elder abuse are evaluated. Intervention to address socio-structural factors that impact elders’ settings, increase their vulnerability, and diminish their ability to realize human rights can contribute to an improvement in their condition and a reduction in abuse and rights violations in the long term.


Monica Ferreira, DPhil, is President, International Longevity Centre–South Africa, University of Cape Town, Faculty of Health Sciences, Observatory 7925, South Africa (E-mail: monicaferr@mweb.co.za).

Pat Lindgren is Director, Action on Elder Abuse South Africa, P O Box 16063, Vlaeberg 8018, South Africa (E-mail: pat@actiononelderabusesa.co.za).
Elder Abuse and Neglect in South Africa: A Case of Marginalization, Disrespect, Exploitation and Violence

ABSTRACT. The problem of elder abuse and neglect in South Africa is widespread but the definition of abuse remains problematic. An expanded typology is needed to classify certain types of abuse reported commonly such as marginalization, disrespect, exploitation and violence. The history of elder abuse and responses are traced, relevant legislation and selected intervention programs are reviewed, and research and the status of elder abuse are evaluated. Intervention to address socio-structural factors that impact elders’ settings, increase their vulnerability, and diminish their ability to realize human rights can contribute to an improvement in their condition and a reduction in abuse and rights violations in the long term.
South Africa remains a country in transition, despite a lapse of 13 years since the advent of full democracy which ended apartheid in 1994. Under the previous political dispensation, the country’s multicultural population was divided in four ethno-racial groups – blacks, coloreds (people of mixed race), Asians/Indians and whites – and people in different groups had unequal opportunities for self-advancement. Poverty remains widespread in the country, especially among the majority black population, and is exacerbated by high unemployment and effects of the HIV/AIDS epidemic. Although the government is succeeding in transforming the country in ways that will benefit the previously disadvantaged majority, the pace of transformation has not met people’s expectations, nor has the situation of the majority improved substantially. Thwarted expectations, and social and economic change during this period contribute to a high prevalence of lawlessness, crime and violence, especially gendered violence (Maitse & Makate, 2005).

Since 1994, the new government has rewritten virtually all policies and several pieces of legislation, in order to implement its transformation agenda and to give previously disadvantaged groups a better deal. However, the government’s priorities have focused on issues of the youth, while concerns of older persons have been marginalized. Nonetheless, the socio-economic condition of older people has improved substantially, mainly due to equalisation and wider distribution of the non-contributory social old age grant. Although the country has a progressive new Constitution and conjoint Bill of Rights (the Constitution was adopted by means of Act 108 of 1996), and legislation, the application of legislation may be less systematic in the case of older persons, who may have difficulty in accessing legal protection and whose rights may be violated in numerous arena. Statutory law co-exists with customary law moreover, and where customary law is practiced, largely by male dominated tribal authorities in rural areas, older women are especially disadvantaged in matters relating to widowhood, patrilineal inheritance and land ownership. In addition, harmful traditional and cultural practices render such women vulnerable to violence, exploitation and abuse (Maitse & Majake, 2005; Ferreira, 2004a; UNFPA, 2002; Gorman, 2000).

Under apartheid, separate government administrations existed for the different ethno-racial groups, which resulted in fragmented and inequitable service delivery, and disadvantaged the majority of citizens further. Historical sectoral divides between the ministries of health and social welfare (the latter ministry has been renamed the Ministry of Social Development) regarding responsibility for the well-being and welfare of older persons continue to result in uncoordinated rather than comprehensive approaches to problems and the situation of older persons. For example, the social development ministry is tasked with the subsidization of frail care, which is primarily a health matter; nursing regulations are determined by the health ministry, while monitoring of facilities should be done jointly. Formal responses to elder abuse by either ministry are variable and uncoordinated. Indeed, the burden of program and service delivery in this area is carried by non-governmental organizations (NGOs).

The definition of elder abuse in South Africa has been problematic through a lack of consensus on what constitutes abuse in local settings. Neither are specific types of abuse manifested in the society covered by definitions used in Western countries, nor do the types of abuse fit Western typologies of elder abuse (Ferreira, 2004a;
Elder Abuse and Neglect in South Africa

United Nations, 2002). Definitions and typologies used locally are elaborated below, followed by a short history of an awareness of and responses to elder abuse, and a brief overview of relevant legislation. Selected programs to address abuse and empower older persons are then described, followed by a review of research and an evaluation of the status of elder abuse and intervention.

Definitions

A reason for a lack of a consensual definition of elder abuse in the country is that different role players use varied definitions, some of which adhere in part to the definition of the British NGO Action on Elder Abuse (see United Nations, 2002, p.4), while others use expanded definitions to accommodate types of abuse and violation of human rights common in the country. Ferreira (2004a) has elaborated how expanded definitions and typologies used in certain other developing countries (see Moser & Clark, 2001; UN, 2002) are appropriate for use in Africa’s regional and local contexts. While Western typologies classify abuse typically as physical, emotional, financial and neglect, some expanded typologies include sexual, spousal, systemic and ecological abuse, as well as loss of respect towards, and the abandonment of older persons (UN, 2002, p.4). Some types of abuse manifested in Sub-Saharan Africa are conceivably more violent than types reported commonly in developed regions (Ferreira, 2004a; Gorman, 2000). Violent forms of abuse common in South African society include sexual rape of older women by sons and grandsons in order to extort pension money and allegations of witchcraft against frail and vulnerable older women in order to seize assets, both which have severe consequences for the women (Ferreira, 2004a; Joubert, Lindgren & Bradshaw, 2005; Kohnert, 2003; South Africa (Republic), 2001; Keikelame & Ferreira, 2000; HelpAge International, 1999).

The definition of elder abuse is complicated further in that older persons have been encouraged, in series of consultations, to report practises they perceive as abusive, which have shaped some definitions. Such practises include perceptions of marginalization and exclusion as a result of structural deficits and social transformation, which older interviewees perceive to constitute a violation of their human rights (Joubert et al., 2003; UNFPA, 2002). On the other hand the fluidity of the definitions may represent a response to the plight of numerous older people who perceive they are treated unjustly but lack recourse to means to remedy the injustice.

The definition of the national NGO Action on Elder Abuse South Africa (AEASA) is conservative and refers to “…any act of commission or omission, intentional or unintentional, that causes an older person to experience distress, harm, suffering, victimization or loss that usually occurs within a relationship where there is an expectation of trust” (AEASA, 2006). Legislation to protect older persons from abuse embodied in the earlier Aged Persons Amendment Act 100 of 1998 defined abuse as “….the maltreatment of an aged person or any other infliction of physical, mental or financial power on an aged person which adversely affects that person.” The recent Older Persons Act 13 of 2006 defines abuse as physical, sexual, psychological and economic, and “….the violation of an older person’s rights enshrined in Chapter 2 (Bill of Rights) of the Constitution” and “….any conduct or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress or is likely to cause harm and distress to an older person….” The health ministry’s National Strategy on Elder Abuse (South Africa (Republic), n.d.) defines the abuse simply as “…harm inflicted on an individual usually by someone in
a position of power, trust or authority over the individual. It may happen once-off or become a regular feature.”

While definitions of elder abuse are therefore varied, in each case they contain elements of definitions of Western countries, human rights, and broad needs and concerns of South Africa’s older population. More recent definitions provide increasingly for the advancement of older persons’ human rights (Joubert et al., 2005).

**History**

An awareness of elder abuse as a problem in South Africa started to grow from the mid 1980s and efforts to address the abuse began earnestly in the early 1990s. Early formal efforts were undertaken mainly by the government administration for whites and little is known of efforts, if any, of the administrations for the other racial groups. Similarly, research on aging and older persons undertaken earlier was conducted primarily by white researchers in settings in which mainly white older persons resided or congregated. Only from the late 1990s were a small number of empirical studies of elder abuse undertaken (see e.g. Joubert, Swart & Reddy, 1999; Keikelame & Ferreira, 2000; Mosaval & Ferreira, 2000).

Efforts to address elder abuse, both national and local, were initiated mainly by the former South African Council for the Aged, now Age-in-Action. The NGO has been a key player in the promotion and drafting of legislation to protect older persons. It has championed the cause of disadvantaged older individuals, and has advocated for equality in the subsidization of services and the distribution of social grants to the population, thus contributing to combating perceived systemic abuse (Joubert et al., 2005; UNFPA, 2002). However, sectoral divides between the government ministries of social development and health continued to militate against integrated and comprehensive formal responses to the problem. Previously, the Department of Welfare of the House of Assembly (the administration for whites) concerned itself with the implementation of various provisions in legislation dating from 1967 (South Africa (Republic), 1967), which attention and action culminated in the drafting of “Guidelines to Protect the Aged in Homes for the Aged and the Community” (South Africa (Republic), 1993). The drafting of the guidelines was in fact prompted by and mirrored the content of a report on a think-tank convened by the former Centre for Gerontology (now the Institute of Ageing in Africa) at the University of Cape Town, in 1992 (Conradie & Charlton, 1992), in response to an increasing number of reports of malpractices in residential care facilities for older persons. A platform was provided on this occasion for stakeholders to consider the extent and causes of alleged mistreatment in homes for the aged and to identify solutions. Recommendations in both the think-tank report and the welfare department’s subsequent guidelines pertain to monitoring the quality of care provided in such facilities, in-service training of personnel, communication between management and personnel, and a code of conduct and discipline for personnel (South Africa (Republic), 1993; Conradie & Charlton, 1992).

Following on the outcome of the think-tank, a pressure group was formed, known as Concerned Friends of the Frail and Aged (CFFA), which became active in mobilizing support to curb elder abuse, especially in residential care facilities (Conradie, 1999). The group succeeded in making the national welfare ministry aware of the problem
and forging a groundswell against the increasing number of reported cases of abuse. It was restructured later as an NGO, known as Focus on Elder Abuse (FEA), to become the first organization in South Africa dedicated to addressing elder abuse. After years of lobbying, FEA’s efforts resulted in the drafting and promulgation of amended legislation (South Africa (Republic), 1998), which acknowledged that elder abuse is a serious problem in the country (Joubert et al., 2005; UNFPA, 2002). However, the legislation focused on institutional abuse and ignored the fact that the majority of older persons live in the community, either in a rural area or an urban area, often with family, and that many are abused.

Meanwhile, in the mid to late 1990s, the directorate for geriatrics of the Ministry of National Health identified elder abuse as a priority and proceeded to develop “National Guidelines on Prevention, Early Detection/Identification and Intervention of Physical Abuse of Older Persons at Primary Level” (South Africa (Republic), 1999). Incongruent in the guidelines is that they pertain only to physical abuse, while emotional abuse and some other types of abuse were left for other directorates to address, again reflecting the fragmentation of formal approaches to elder abuse. Nevertheless, the commitment and efforts of the health ministry culminated, after a two-year process of consultation with a large number of role players, in a National Strategy on Elder Abuse, in 2000 (South Africa (Republic), n.d; Joubert et al., 2005; UNFPA, 2002).

Another development around this time was the establishment of a telephone helpline, in 1998, by the former South African Council for the Aged with the support of Focus on Elder Abuse (later incorporated in Action on Elder Abuse South Africa (AEASA)), the former Association of Retired Persons & Pensioners, and the Citizens Advice Bureau (Bryan, Joubert & Lindgren, 2001; Joubert & Lindgren, 2003; Joubert et al., 2005). Then, in 2000, shocking video material of physical abuse and neglect of frail residents of a home for the aged was screened on national cable television and the public outcry was such that the government was forced to respond. A ministerial committee inquiry was set up to investigate alleged abuse in state subsidized residential care facilities, and at pension pay points and service centres, in particular, as well as specific reported cases of abuse. Public hearings and observation in facilities were conducted in all nine provinces, and the findings were reported in a two volume report (South Africa (Republic), 2001; Joubert et al., 2005; UNFPA, 2002).

Substantial ground has been covered subsequently, in terms of a heightened awareness of elder abuse and organized responses to the problem, both which have evolved fairly rapidly since the turn of the century. Noteworthy are activities of the only independent national non-profit organization dedicated to combating elder abuse, AEASA, described later, and the drafting and readying of the Older Persons Bill South Africa (Republic), 2003), and indeed enactment of the bill in November 2006, to provide protection for all older persons against several types of abuse and neglect, and violation of their rights, discussed below.

**Legislation**

Legislation to protect older persons from mistreatment and abuse was embodied first in the *Aged Persons Act* 18 of 1967, as amended from time to time, appearing
ultimately in the *Aged Persons Amendment Act* 100 of 1998. However, the act provided primarily for the registration of residential care facilities and standards of care to be maintained in the facilities, which at the time of its enactment were reserved primarily for whites. A number of facilities were provided for vulnerable colored older people but very few homes for their black counterparts (UNFPA, 2002). Since 1994, all facilities and services in the country have been desegregated racially. The amended act (1998) provided for “….the protection and welfare of certain aged and debilitated persons, for the care of their interests, for the establishment and registration of certain institutions, for the accommodation and care of such persons in such institutions, for the payment of certain other allowances (subsidies)…” However, the act covered only the range of services provided by the social development ministry under its mandate. Nevertheless, a significant amendment to the 1967 act, in terms of legal protection against abuse, was compulsory notification of abuse of an older person, in terms of Section 6A(1) of the amended act (1998), by a dentist, medical practitioner, nurse, social worker, or other person who examines, attends to, or deals with such older person.

The Older Persons Bill, enacted in late 2006, was drafted within the social development ministry in wide consultation with stakeholders. A media release of the ministry explained that objectives of the bill, at the time, were to “maintain and increase the capacity of older persons to support themselves and the well-being of those around them” and not to view them “as recipients of grants or objects of welfare,” but to “focus primarily on the rights of older persons” (*Cape Argus*, 2006). Provisions in the act cover *inter alia* the promotion and protection of older persons’ rights and the provision of programs, including community services that promote the independence and empowerment of older persons and home based care services for frail and homebound individuals. Hence, the act doubles intentionally, or unintentionally, as a national policy on aging (the country lacks such a policy), albeit confined to the ministry’s interpretation of its mandate. In addition, the act provides for regulation of the establishment, registration, monitoring and evaluation of these services and appropriate training and registration of carers. While the media release (*Cape Argus*, 2006) pointed out that abuse of older persons is addressed additionally through provisions in the *Domestic Violence Act* 116 of 1998, it explained that important new provisions include removal of the perpetrator (and not only the victim) from an abusive situation by law enforcement officers and compulsory reporting of suspicion that an older person has been abused.

The provision for mandatory reporting under the new act ensures that every citizen, not only professionals, has a duty to report suspected abuse. The reporter is assured of protection from liability should a report be found upon investigation to be unfounded; thus staff who report suspected abuse should not fear losing their job. While numerous professionals may now indeed report suspected abuse, a large number remain ignorant of a mandatory requirement to do so. Procedures for reporting are cumbersome, moreover, and need to be simplified. While the new act provides for the removal of the perpetrator to be done in cooperation with the South African Police Service, regulations for the procedure are being drafted at present.

Older persons are afforded additional protection by the *Domestic Violence Act* 116 of 1998, the *Employment Equity Act* 55 of 1998, the *Housing Development Schemes for Retired Persons Act* 65 of 1988 (amended in 1991), the *Rental Housing Act* 50 of
1999, the *Promotion of Equality and Prevention of Unfair Discrimination Act* 4 of 2000, and the *Promotion of Administrative Justice Act* 3 of 2000. Although the country’s Constitution and Bill of Rights provides for equal protection of the rights of all citizens and the benefit of the law, it does not refer to older persons specifically and they may not enjoy equal protection in practice (Van Zyl, 2001). Law enforcement agencies may fail older claimants who attempt to report abuse, or the claimants may be marginalized in judicial processes (Ferreira, 2004a). “They will see you are old,” an older claimant will tell. “Your case will not go forward” (Keikelame & Ferreira, 2000, p.14). However, older claimants often withdraw charges against a perpetrator, due to pressure from family, and an already overloaded justice system simply rejects the case.

**Programs**

Only single established programs to address elder abuse, which may be viewed as best practises, are described broadly. Action on Elder Abuse South Africa (AEASA) has a mission to address and prevent elder abuse and to help victims and their families through legal and rehabilitative services. The organization lobbies, networks, and promotes collaboration between government bodies and concerned organizations; operates a tollfree telephone helpline – HEAL (Halt Elder Abuse Line); ensures that abused and traumatized indigent persons are placed in a safe and appropriate facility; provides legal support and advice to victims; resolves family violence through appropriate intervention by trained professionals; provides training on elder abuse to a broad audience; and develops, produces and disseminates materials to provide information to those concerned with elder abuse (AEASA, 2004). In recent years, AEASA worked closely with the South African Human Rights Commission and other stakeholders to develop the Older Persons Bill, now enacted – in particular, drafting the sections on protection.

The national, tollfree helpline (HEAL) is one of AEASA’s main programs. Trained counsellors listen to, advise, and refer callers when intervention is needed, while HEAL Response Units, using trained volunteers in the community, follow up referrals and seek professional assistance when needed. The service offers additional protection to a victim, as a community volunteer is close by should the victim need support, which is a deterrent to a perpetrator. Data reported on cases of abuse are captured and disseminated (AEASA, 2004; Joubert & Lindgren, 2003; Joubert et al., 2005). To date, HEAL has received 12 100 calls, either reporting suspected elder abuse or neglect, or seeking related information and advice. The program is unique in that despite minimal financial resources, it extends its activities beyond listening, counselling and referral, to intervention and follow-up, thus providing a comprehensive service of prevention, early detection and intervention.

The work done by AEASA and HEAL falls within the national Victim Empowerment Programme. A certified short course on Victim/Survivor Empowerment and Support was developed and is offered by the Centre for Applied Psychology at a distance education institution, the University of South Africa. The course is specially adapted to cover victims of elder abuse. Staff of Age-in-Action, HEAL, and some government departments were the first participants in the course, in 1998. Training of AEASA’s volunteers is based on the content of the course and is offered by HEAL Response
Unit co-ordinators, with input from representatives of specialist organizations in domestic violence.

Under its elder abuse program, the NGO Age-in-Action has established six shelters in three provinces to meet the physical and emotional needs of abused, destitute and abandoned older persons who are unable to return to their home (Joubert et al., 2005). In some of the country’s nine provinces, in collaboration with the Department of Social Development and other stakeholders, residential care facilities have set aside “emergency beds” for older persons who are removed from abusive situations. In Gauteng Province, Age-in-Action has developed a “foster care” program for vulnerable and abused older persons.

Finally, the South African chapter of the International Network for the Prevention of Elder Abuse (INPEA), represented nationally by the second author who is based at AEASA, has contributed substantially to raising awareness of elder abuse. On June 15, 2006, AEASA coordinated activities nationally to mark the first World Elder Abuse Awareness Day (WEAAD). Organizations and groups of older persons country wide were invited to hold awareness talks and provided with Elder Abuse Awareness Kits. To coincide with WEAAD, AEASA and HEAL launched the first HEAL White Socks Day. Pairs of white socks bearing the HEAL logo on the ankles and HEAL’s tollfree telephone number on the foot were sold to members of the public. An information flyer on elder abuse was inserted in each packet, with a request that the socks be worn on June 15, to show solidarity with victims of elder abuse. In the Eastern Cape and Mpumalanga provinces, awareness activities were attended by numerous older persons and purple ribbons were distributed to mark the day. In the Southern Cape a poster competition was organized for school children and after judging, brightly colored posters were mounted in care facilities for elders in the area. The Minister of Social Development issued a statement in support of WEAAD, denouncing elder abuse and promoting respect for the dignity of older persons.

Research

Research on elder abuse in South Africa has been extremely sparse, although evidence that is available gives some understanding of the context and causation of types of abuse. A review of research literature on aging in the 1980s and 1990s (see Ferreira, Esterhuysen, Rip & Setiloane, 1991) showed that while earlier studies focused largely on areas of life and care in residential care facilities, none referred to elder abuse or neglect. Only a single source listed in the bibliography (Eckley, 1990) dealt with elder abuse, albeit through a focus on family violence, which was followed by a similar overview article five years later (Eckley & Vilakazi, 1995). The early and later literature tended moreover to give overviews of the problem of elder abuse, often reliant on an extrapolation of figures of prevalence rates in Western countries, rather than to report local evidence, and to speculate on causative factors in the occurrence of elder abuse in various settings (Conradie, 1999; Eckley & Vilakazi, 1995). For example, Conradie (1999) considered challenges of caring for residents in homes for the aged that were racially segregated previously but are now integrated, and a need for residents to understand and tolerate the ethno-cultural practises of coresidents. She suggested that opportunities for abuse in such settings are compounded through inadequate training, poor service conditions, low job
satisfaction of care staff, challenges of caring for frail residents, and a lack of support for carers.

Empirical studies on elder abuse began only in the late 1990s. The South African Medical Research Council, in association with the South African Council for the Aged (now Age-in-Action), conducted series of unstructured interviews with older persons to learn of their perceived needs and those of their communities (Joubert, Swart & Reddy, 1999). What emerged surprisingly in interviews, were subjects' perceptions of abuse relating to poor service delivery in the payment of social pensions, exploitation at shops, unsatisfactory health care services, personal safety issues, a loss of respect for elders, having to care for grandchildren, and diverse infrastructural deficits, such as inadequate housing, a lack of sanitation, poor roads, and problems with transportation (see UNFPA 2002). Such infrastructural deficits are experienced by disadvantaged communities across the country and cannot be viewed strictly as elder abuse. Nonetheless, the study highlighted that such deficits are perceived by older persons as abusive and discriminatory, thus constituting systemic abuse, and contributing to their marginalization and exclusion, and therefore violating their human rights.5

At about the same time a qualitative study was conducted among older residents of historically black townships of Cape Town using focus group methodology (Keikelame & Ferreira, 2000), in order to establish participants' understanding and experience of elder abuse in their communities and to determine how older persons and their communities may be empowered to prevent the abuse. A range of types of abuse were reported to occur in the participants' social environment and the authors were able to construct a rudimentary classificatory system for use in this population, which includes i) physical abuse (beatings, shoving); ii) emotional/verbal abuse (discrimination, hurtful words, denigration, intimidation); iii) accusations of witchcraft (brandishment, ostracism, physical danger, seizure of assets); iv) financial abuse (extortion and control of pension money and assets, exploitation and theft of property); v) sexual abuse (incestuous rape, criminal rape);6 vi) neglect and a lack of respect (loss of respect for elders, withholding affection); and vii) systemic abuse (dehumanizing treatment at health clinics, pension pay points, and government offices). The study contributed to cross-cultural knowledge on perceptions of abusive and neglectful behavior.

A similar study was conducted a short while later in Muslim communities of Cape Town and an imam was interviewed as an opinion leader (Mosaval & Ferreira, 2000). Although participants in these focus group discussions reported little physical and sexual abuse, financial abuse, mainly extortion of pension money by children, was extremely common, as were verbal abuse and perceived disrespect common. Study participants perceived themselves to be victims of elder abuse, defined broadly and including marginalization and discrimination, on grounds of their age and ethnicity. The imam identified social stressors resulting from rapid social change in post-apartheid society as contributing to abuse and disrespect shown to elders, which he attributed to a “decay in morals.” He viewed a perceived loss of respect for elders as a consequence of their neglect by family, in turn a function of strained family relations in a society in transition.
Evidence yielded by the small number of studies on elder abuse in local settings has enabled the construction of a rudimentary classificatory system of types of abuse common in the country. However, a need for an increased number of carefully conducted studies is evident, in particular assessments of the effectiveness of various response programs and studies in institutional settings.

**Status**

The incidence of elder abuse in South Africa is mooted to be increasing, but neither evidence nor rates are available to support this perception. However, an awareness of the problem is growing indisputably, in a large measure due to programs and activities of AEASA; thus, whereas elder abuse may earlier have been covert, increasing reporting and exposure of cases of abuse may contribute to a perception of an increase in abuse. Nonetheless, formal responses to elder abuse at a national level remain inadequate, which shortcoming may be ascribed in part to a blurring of what indeed constitutes abuse in relation to responses that are available. In the absence of reliable data on the extent of elder abuse, statistics of crime and victimization, and fear of crime, in the older population, where available, are often transposed to indicate abuse (e.g. South Africa (Republic), n.d.), which obscures the definition and estimates of the incidence of elder abuse further. Nor have older persons’ perceptions of systemic abuse and their consequent perceived marginalization and exclusion been entirely credible, and remain at variance with legal provisions available to address such cases of perceived abuse or violation of rights. Neither do older persons perceive that their marginalization and exclusion in a transforming society have been addressed formally or satisfactorily; they continue to view themselves as victims of social and political history and developmental backlogs (Ferreira, 2004b), which they refer to as abuse. In short, “elder abuse” has become a veritable catch-all term for any social, economic or political injustice or inequality that older persons perceive is discriminatory of them.

Improved evidence on elder abuse and violation of older persons’ rights, as well as the multiple forms in which abusive practises or rights violations are manifested is needed, both to achieve clarity on a definition of elder abuse and to inform appropriate policy and program design and implementation. Policy makers’ reliance up to now on information garnered in series of ad hoc consultations with groups of older persons and NGO workers, although legitimate and valuable in terms of insight that the inquiries yield, cannot substitute for evidence established rigorously.

The *Older Persons Act* constitutes a landmark for human rights in terms of a national response to elder abuse and the protection of older citizens in the form of comprehensive legislation; the act enhances the status of elder abuse in a variety of forms and increases avenues for redress substantially. For the first time, legislation in the area gives equitable attention to residents of care facilities (an estimated 3–5 per cent of the older population) and older persons who reside in the community. Additional, progressive provisions in the act include recognition of a need for frail care for older persons with mental illness; keeping a register of persons convicted of elder abuse – although the provision remains conflictual; and liability of persons convicted of an abuse to a fine or imprisonment, or both.
However, as encouraging as the new legislation is, it should not be viewed as a panacea for elder abuse in South Africa, as legislation alone cannot protect elders from abuse. Hence, the status of elder abuse must still be viewed as part of a broad landscape of chronic poverty, wide unemployment, complex social problems – drug and alcohol abuse in particular, structural inequalities, and other human rights issues and problems in the country, which contribute to an environment in which abuse and neglect occur, and must be addressed simultaneously. Deficiencies that militate against efforts to address and prevent abuse, apart from a lack of a clear definition of abuse, and an absence of formal structures, mechanisms and resources to respond to violations and to empower older persons to withstand abuse and neglect, are equally challenges of severe developmental backlogs. Hence, new legislation that simply criminalizes elder abuse and provides stiff penalties for abusers may on its own not be a first-line response to prevent abuse (Ferreira, 2004; UN, 2002). The NGO sector’s promotion of awareness of abuse, training in human rights, and political action may be more successful initial strategies to effect change in this area, while intervention to address social, economic and political factors that contribute to violence and abuse in specific settings may both improve the general conditions of older persons and their communities and reduce violations of their rights in the long term (Ferreira, 2004a; UN, 2002; Joubert et al., 2005).

**Conclusions**

Types of elder abuse and neglect manifested in contemporary South African society may be related to socio-structural factors that impact settings, increase older persons’ vulnerability, and diminish their ability to realize human rights. Older persons’ vulnerability and risk may then be viewed as a function of a range of endemic negative factors and social and economic change that contribute to the abuse and neglect (Ferreira, 2004a). Types of abuse most commonly reported by older persons are perceived marginalization, disrespect, exploitation and violence, which they view as discriminatory and a violation of their human rights. In the national and local contexts, the problem of elder abuse may only be addressed effectively when people’s basic needs and rights are met throughout the life course (Ferreira, 2004a; UN, 2002). While the South African government has demonstrated a political will to combat elder abuse and to protect older persons’ rights, most recently through comprehensive new legislation, the NGO sector carries the burden of responding to the abuse. Thus, expanded agenda are needed to develop and implement formal strategies beyond those that are in place at a national level, to investigate and redress cases of marginalization, exploitation and violence in settings in which they occur.

**NOTES**

1 South Africa’s population numbers 47.5 million, 3.3 million of which is aged 60 years and over and constitutes 7.7 per cent of the total population. The ethno-racial composition of the total population is blacks 79.3 percent, coloreds 8.9 percent, Asians/Indians 2.5 percent, and whites 9.3 percent. The composition of the population age 60 and over is blacks 65.9 percent, coloreds 8.1 percent, Asians/Indians 3.2 percent, and whites 22.7 percent (Statistics South Africa, 2006).
2 Under South Africa’s non-contributory social old age pension program, men age 65 and over and women age 60 and over who are eligible according to a means and assets test receive a monthly cash transfer equivalent to US$116. The rate of uptake of the pension among blacks and coloreds is extremely high. Sharing of pension income by black female beneficiaries with household and family members is common (Joubert, Lindgren & Bradshaw, 2005; Ferreira, 2004b; Joubert & Lindgren, 2003, UNFPA, 2002; HAI, 1999).

3 Customary law is a form of colonial rule, or decentralized despotism, wielded by chiefs under “tribal” institutions, especially in rural areas. The transition to democracy in South Africa in 1994 has largely left these traditional institutions untouched (Maitse & Majake, 2005, p.5). Tenets of customary law may be respected in courts of statutory law. Older persons, especially females, may be disadvantaged by customary law rulings, and may experience difficulty in accessing statutory legal avenues to redress the rulings.

4 Under apartheid, a tricameral parliamentary system was operated to support the separate development of the different ethno-racial groups. The House of Assembly represented the white population, the House of Delegates the Asian/Indian population, and the House of Representatives the colored, or mixed race population. Blacks were disenfranchised and the affairs of the black population were administered by the House of Assembly. The tricameral system determined the provision of services to the different groups and disproportionate allocation of services led to inequities. (See UNFPA, 2002.)

5 In an early study among older persons, Swart and Joubert (1998) identified a type of abuse which they called political/ideological abuse, where older persons perceived they were marginalized in new government policy which favoured children and youths.

6 Study participants did not view incestuous sexual intercourse, albeit forced and non-consensual, as rape; only criminal sexual violation perpetrated by a non-relative outside the household was viewed as rape (Keikelame & Ferreira, 2000; see UNFPA, 2002).
REFERENCES


Elder Abuse and Neglect in South Africa


Mosaval, Y., & Ferreira, M. (2000). Bejaarde ouers het las geword [older parents have become a burden]: Disrespect and elder abuse in the Muslim community of the Cape Peninsula. Cape Town, University of Cape Town, Institute of Ageing in Africa. Available online at www.instituteofageing.uct.ac.za


