
THE DIFFICULTIES OF ROMANIAN FAMILIES WITH ELDERLY PEOPLE IN CARE (A DIAGNOSIS OF THE ROMANIAN ELDERLY WHO ARE AT RISK)

Sebastian FITZEK¹

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Abstract: *The difficulties of families in Romania that have elderly people in care are the main subject of this analysis. The research is part of the exploratory and diagnosis area of a specific social work theme with multidisciplinary implications. The Romanian society nowadays faces an unprecedented aging process. The need for a diagnosis and for proper questions contributes to the understanding of a complex phenomenon that, in many situations, goes beyond a simple picture of the figures. The main statistical data was extracted from the PHC (Population and Housing Censuses), Eurostat, NSI (the National Statistical Institute of Romania, for demographic, social, and economic indicators), while Eurobarometers and secondary studies relevant for the diagnosis of the quality of life in the case of the elderly have been used for subjective data. Besides the descriptive and explanatory approach of social phenomena related to the elderly groups in Romania, I have chosen an approach of the statistical indicators relevant to this topic that I introduced in the analysis.*

Keywords: *elderly, aging, family, vulnerabilities, risks, violence, aggression*

Introduction

Senectute is often associated with wisdom that elderly people have acquired in their life experience. For many people, senectute is considered a resource, a treasure for younger generations. There are many meanings for the saying “*Ill luck is good for something*” (in Romanian, literally as “*Who doesn’t have elders [as part of their lives], should buy themselves*

¹ Senior Researcher, Institute for Quality of Life Research, Romanian Academy; Lecturer at the Faculty of Communication and Public Relations (FCRP), National University for Political Studies and Public Administration (SNSPA); e-mail: sebastian_thomas2000@yahoo.com, sebastian.fitzek@comunicare.ro

some”), but these are not really taken into consideration in our country, unlike in most developed nations such as the United States of America, Japan, China, South Korea, Germany, the Nordic countries etc., where the elderly are an important and active resource in the process of economic development. In Japan, elderly people represent a distinct social category which never gets retired, a class also called the “viewers at the window”. Such people are maintained by large businesses in expert positions, providing valuable advice in decision-making processes. In Romania, there are elderly people who die in solitude, lacking affection and medical care. Unfortunately, the specific shortcomings and risks of this age are not just financial or medical. The opportunity of retirement has turned into multiple vulnerabilities, contributing to rising poverty rates. Although elders have worked for a lifetime, most of them have become sick, and are poor and lonely. Three decades after the Romanian Revolution, the country is still represented by a weak sovereign state, unprepared to manage its own resources. There are multiple answers to this inability, but in this research I will concentrate on the situation of the elderly people in Romania from a risk perspective. The research efforts are directed towards obtaining a larger understanding of a complex phenomenon, that should go beyond the mere image provided by statistical figures.

It is known that the current ratio of the elderly population to the youth population is in a worrying imbalance, a fact that can have negative effects for the future. Is Romania prepared to face the new challenges? In the first phase, we conducted a general socio-economic diagnosis of the elderly groups by subindicators used by NSI (Eurostat), adding an analysis of secondary data from specific research and reports. The study was part of the theoretical lines defined by the volume “*Asistența socială în România după 25 de ani: răspuns la problemele tranziției?*” (“*Social Assistance in Romania after 25 years: an answer to the problems of transition?*”) (Zamfir et al., 2015), which focuses on the new tendencies of analysis and measurement of the quality of life used in the system of social assistance in recent years. Scientific literature rather addresses the topic in an institutional and legislative manner, from the perspective of the social assistance system, and less from the perspective of the families who have elderly people in care. Rarity of data in this regard is a limit of the study, but this does not diminish the need for an empirical analysis to show the typical advantages or difficulties for the subject.

The title of this article has the role of highlighting the challenges a family faces when choosing to share the household with an elderly person, especially when financial, psycho-emotional or housing difficulties occur. In the question of this research I have sought to unravel which are the most important risk factors when an elderly person is in the care of a family with different limitations: financial or other types of limitation, beyond moral responsibility. Another inquiry regards to what extent would the family be regarded legally, as a private-space/off limits subject, an argument for non-interference by state authorities in conflict situations? The two inquiries will not necessarily meet the proper answer in this study, but they will be regarded on a wider scale, discovering where Romania currently finds itself in this phenomenon.

The socio-demographic context of the elderly groups in Romania in recent years

According to Article 1(4) of Law 17/2000, the elderly are the persons who have reached the retirement age established by law. According to the National Institute of Statistics, the average number of pensioners in Romania slightly declined in 2018, reaching 5.2 million in the first three months, with only 6000 fewer than last semester. However, it is estimated that the share of the population aged 65 or more will double from 15% to 30% by 2060, with the possibility to exert a strong pressure on the costs of pensions, medical services and long-term care services (National Strategy for Promotion of Active Aging and Protection of the Elderly 2015-2020: 3). The average monthly pension did not exceed 1,122 lei (about 240 euros), which cannot provide a decent living standard. Some of the Romanian pensioners cannot pay their usual medicines, nor their daily debts to the government. A major objective of the National Strategy on Social Inclusion and Poverty Reduction (2015-2020) is to increase the self-sufficiency for the elderly through actions that will lead to their appreciation and respect as active citizens with living conditions closer to the European level.

In fact, the poverty rates offered by the NSI showed that, in 2016, 25.3% of the population was considered poor, so almost five million people. In other words, one in four people owns a household with a lower income than the threshold set by the median of the 60% of adult-equivalent income¹. In rural areas poverty is three times more prevalent than in the urban environment.

According to the National Strategy on Social Inclusion and Poverty Reduction (2014-2020) there was a decrease in poverty among the elderly between 2008 and 2012; nevertheless, at national level, one in five pensioners is at risk of severe poverty. Increasing life expectancy due to medical technology and medicines is another important factor worth considering. The question therefore arises as to what extent the increase in life expectancy corresponds to an improvement in the quality of life? The consequences can go in two directions, assuming two scenarios:

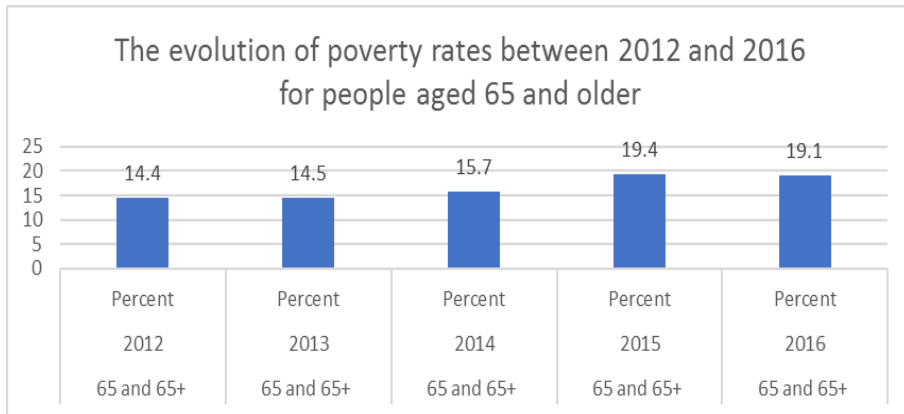
- a. Increased pressure on the pension and social assistance system;
- b. the construction of intelligent public policies that involve and encourage the elderly to live an active and productive life.

Neither scenario depends on a simple choice. The orientation towards one direction or another is rather an effort for the future that we are currently building. The choice of the second scenario starts from a single condition: combating the poverty rate. The 2016 distribution of poverty among the population remained uneven: 36.1% in the North-East region of the country, 34.2% in South-West Oltenia, 32.1% in South-East,

¹ The relative poverty rate represents the share of poor people (by the relative estimation method) of the total population. People in households with disposable income per adult equivalent (including or exclusively the consumption of own resources) are considered beneath the poverty line. Currently, this indicator is determined for the threshold of 60% of the median income available per adult-equivalent. The indicator is sometimes referred to as the 'poverty risk rate' (NSI, SAR102B - Relative poverty rate, by age groups).

while the lowest figures were registered in Ilfov (10.2%). The evolution of poverty rates at national level (between 2012 and 2016) for persons aged 65 and older is displayed in Figure 1.

Figure 1. Evolution of poverty rates between 2012 and 2016 for persons 65 and older



Source: © 1998 - 2018 INC

Figure 1 lets understand that the evolution of the poverty rate for the elderly in the total population worryingly increased from 14.4% in 2012 to 19.1% in 2016. In terms of gender differences, there is an important gap in the group of 65 years and over: in 2016, women registered a score 11.5% higher compared to men (NSI, 2018). This gap could be explained through the earlier retirement of women. Romania is trying today to recover several gaps that separate it from the European standard. One of the major goals of the anti-poverty strategy is to reach 70% of the working population employed in active labor by 2020. Another objective is to reduce the number of people at risk of poverty or social exclusion by 580,000 compared to the number reported in the reference year 2008. This objective includes the whole population, with two segments highly exposed to vulnerabilities: children and elderly. The objectives have already been assumed by Romania in the framework of the Europe 2020 Strategy and the National Reform Program (PNR), being assisted by the financing of some European projects that have come to support the concept of active aging.

An interesting demographic forecast was made by the National Institute of Statistics on employment and unofficial employment in terms of the numerical evolution of the elderly in relation to their pensions, by simulating a program created by the World Bank for the period 2012-2020. The simulation shows how Romania will undergo a major change in terms of population structure (as shown in Table 1). The total population in 2020 will be lower with approximately 177,000 people.

Table 1: Demographic changes obtained from the simulation for the period 2014-2020 (in thousands of people)

Age groups	Year							Modified 2014-2020
	2014	2015	2016	2017	2018	2019	2020	
0-14	3.133	3.127	3.117	3.116	3.117	3.113	3.110	-24
15-19	1.093	1.088	1.092	1.090	1.081	1.071	1.061	-32
20-64	12.464	12.368	12.270	12.174	12.083	12.002	11.907	-557
65+	3.297	3.381	3.457	3.524	3.592	3.656	3.733	+436
Total	19.987	19.964	19.935	19.904	19.873	19.842	19.810	-177

Source: PROST model of the World Bank for Romania

The increase in the number of those 65 and over will exceed 436,000 people in 2020 compared to 2014, while the working age group (20 - 64 years) decreases in this interval with 557,000 people. The group of children between 0 and 14 years decreases with 23,000 and young people between 15 and 19 years decrease with 32,000. In conclusion, the active population decreases as the older population increases. In this situation, the pressure on the Government to manage the pension system, the medical care and the elderly care will increase. Subsequently, the Government will most probably have to raise taxation levels.

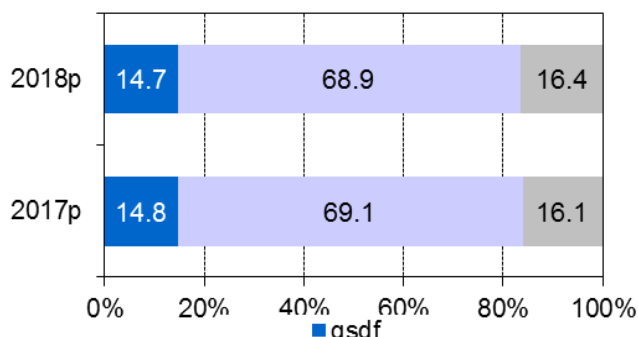
Some of the most important reasons that could explain the demographic aging in Romania are:

- a. migration of young people and of the active population;
- b. the gradual decrease of the birth rate, especially in the last 25 years;
- c. increased adult mortality (stress, economic insecurity, unemployment, increased violence and homicides, economic and psychosocial insecurity, deterioration of the environment and health conditions);
- d. increase of life expectancy among the elderly (phenomenon explained by technical-medical progress).

The forecast made by the World Bank was already confirmed in 2018 by the figures presented in the press release of the NIS (no. 225/29 October 2018: 1). The release shows that the phenomenon of demographic aging has increased, the population aged 65 and over has surpassed by almost 395 thousand people the young population of 0-14 years (3647 thousand compared to 3252 thousand people). In the same press release, we find that the index of demographic aging has increased from 109.2 (as of July 1, 2017) to 112.1 elderly people per 100 young people (as of July 1, 2018). In the same graphs, it was observed that the average age of the population increased from 41.2 years (July 1, 2017) to 41.4 years (July 1, 2018) with a difference of 0.2 years. The growth of the elderly population will create pressure on the pension system. As shown in Figure 2, the government needs to find other solutions to avoid a possible increase in taxation,

especially on the account of the working population. Romania needs to increase investments in preventing some situations in which the demand for free medicines and treatments for different chronic diseases will increase. This requires a better management of the pharmaceutical system in terms of providing adequate and specific medicines and care for the elderly population.

Figure 2. Population structure by domicile by age groups, on July 1, 2018



Source: NSI (nr. 275/29th of october 2018)

Public medical services need to pay specialized attention to geriatrics and family medicine to prevent certain diseases and to better manage human resources. The lack of doctors and the precarious conditions of hospitalization show a turn back, which is unfortunately reflected in the quality of life of the entire population. Prevention and early treatment of cardiovascular disease, diabetes, Alzheimer's dementia and depression have become desirable for a medical system weakened by human and material resources.

Risks and opportunities for elders under family-care

In the population of Romania, the elders occupy the second place as a measure of the poverty rate by children. However, according to a study conducted by the World Bank in 2012, the presence of elder members in families leads to a decrease in poverty. The incidence of poverty among families with an elder member was 21.2%, so 1.6 percentage points lower than the incidence of poverty in families without older members. Also, the incidence of poverty among families with two elder members in 2012 was only 6.9%. It is important to note that, in 2008, the situation of families with an elderly member was actually worse than for families with no older members. Similarly, families with two or more elder members had a slightly lower incidence of poverty in 2008 than families with no older members. However, the situation of families with an elder member has improved considerably in 2008 and 2009 due to the significant improvement in the real value of pensions (The World Bank, Poverty Strategy 2014-2020: 24). The same was confirmed by the report in the "National

Strategy on Social Inclusion and Poverty Reduction 2015-2020”, where the situation of the elderly living in poverty registered a slight improvement.

Table 2 shows that the largest difference between the sexes appears in the group of 65 years and older, in which situation women are at a significantly higher risk than men by 11.5 points. The only reversal occurs in the 50-64 age group with a difference of 3.1 points in favor of women. In conclusion, women in the group of elderly people in Romania are more likely to be at risk of poverty than men. The phenomenon of gender differences appears more frequently in rural areas.

Table 2: Poverty rate by total, sex and age groups in 2016 (%)

Age	0-17	18-24	25-49	50-64	65 and over
Female	38,1%	32,1%	23,6%	17,4%	23,7%
Male	36,4%	32,3%	24,0%	20,5%	12,2%
Total	37,2%	32,2%	23,8%	18,9%	19,1%

Source: NIS, Dimensions of social inclusion in Romania: 14

Lonely elder people have a higher risk of poverty than those living in families, and, according to the report prepared by the Ministry of Family Labor, Social Protection and the Elderly, about 1.2 million people aged 65 and older live alone (three-quarters of whom are women). While 25.8% of the lonely elders live in poverty, only 5.8% of the elderly couples are in this situation. The poverty rate closest to that of the lonely elders is that of households without elderly members (22.7%), with a large gap between single women and single men (30.2%, compared to only 13.8 %) (National Strategy for Social Inclusion and Poverty Reduction 2015-2020: 25). The statistics presented by Eurostat at EU level provide an overview on each country of the lonely elder by gender. They live in their own household without any other family members. Romania is in the European average in terms of the number of elderly single people by sex and does not represent an exception; however, in relation to the evolution over the past ten years, there is a constant increase, which coincides with the further evolution of the number of pensioners in the total population. According to Eurostat, Romania had 205.4 thousand single elderly men in 2010, and 255.7 thousand in 2017. The same happened in 2010 with 672.2 thousand women, raised in 2017 to 763.3 thousand (Eurostat, Number of persons by sex, age groups, household composition and working status, 1000).

The vulnerable group is described in the Social Assistance Law no. 292 of December 20, 2011 as those persons or families who are at risk of losing their ability to meet daily living needs due to illness, disability, poverty, drug addiction, alcohol or other situations. Vulnerability among elderly is not only the physiological or fragile limit, but also includes the social, financial or moral limits. The “loneliness” of those who have lost their spouse or who have been abandoned by their families becomes a psycho-emotional vulnerability. Older people who do not enjoy the presence of a family are more exposed to depression due to isolation, lack of affection and communication. Compared to its Western counterparts, it seems that the Romanian government does not have viable solutions to deal with this phenomenon. A best practice example would be the German “*Senioren-Dorf und Wohnparks*” (villages and parks for the elderly), a project which aims to qualitatively improve the psycho-emotional life of those who choose to spend the rest of their lives in these ‘villages’, in a community with other elders. The main objective is to maintain a collective individuality and at the same time independence for the elderly in houses that benefit (at the level of each apartment) of a small garden, offering an infrastructure that helps and facilitates aging. The same kind of project was developed in countries such as Austria, the Czech Republic, Slovakia and Hungary.

In Romania, the alternative for an elderly person to live outside the family is to stay in a geriatric nursing home. In the provisions of the Law no. 17/2000 on the social assistance of the elderly, the access to the homes for the elderly is granted for the person who *does not have a family or who is not in the care of a person or persons obliged to it, according to the legal provisions in force, it has no housing and neither the possibility of securing her living conditions on the basis of the own resources, does not make its own income or this is not sufficient to provide the necessary care, cannot be housed alone or requires specialized care, is unable to get the own socio-medical needs.* The fulfillment of any single condition of those presented is sufficient in order to be received in a geriatric nursing home, although in the case of those who have a family, but do not want to live together with the family, the situation becomes complicated. The notion of obligation is relative and does not include the concept of abandonment encountered in many situations in Romania. There is also a vulnerable category of elderly people who were left without a home, falling prey to scams¹. There are also homes that provide home medical services in accordance with Art. 15 of Law no. 17/2000, at the request of non-governmental organizations, pensioners’ organizations or recognized religious units in Romania. The homes can provide some home care services for the elderly: household help; legal and administrative advice; prevention of social marginalization and social reintegration in relation to psycho-affective capacity; aid for the maintenance or rehabilitation of physical or intellectual capacities; providing some occupational therapy programs; support for body hygiene; consultations and treatments at the medical office in medical institutions or at the person’s bed, if she is immobilized; nursing-care services;

¹ According to Art. 8 of the instructions of the Law no. 1/507 of 2003, point d): The social workers have the obligation to carry out the necessary investigations in cases of abandonment in order to identify the belongings of the abandoned persons, afterwards to prepare the reintegration into their own family or preparing the admission to geriatric nursing homes or care and assistance centers.

insurance of medicines; providing medical devices; dental consultations and care. In addition to these measures, the system of granting the assistive devices (walking frames, wheelchairs, crutches etc.) necessary to increase personal independence (National Strategy for the promotion of active aging and the protection of the elderly 2015) can be reanalyzed.

In the case of the elderly under the care of families there are risks, but also opportunities according to several criteria listed here without necessarily including all the particular situations:

- diseases that require specialized medical care;
- disabilities that require adequate medical care;
- dependencies such as drug, alcohol, or other situations that lead to economic and social vulnerability;
- social exclusion and marginalization;
- abuse caused by aggression and violence by family members;
- lack of space opportunities;
- ensuring adequate living conditions;
- financial situation sufficient to ensure daily living needs;
- support and collaboration;
- psycho-emotional support from the family.

By ensuring adequate living conditions for the elderly, Rugină (1986: 355) refers to maintaining elder people in their own environment, with or close to the family of children and not in isolation. The family plays an important role in maintaining the self-esteem for the elderly, ensuring them an important role in the lives of others and a sense of usefulness and appreciation. In most cases it can be stated that the material and moral support is reflected in the health of the elderly and that, in general, the persons under the care of a family extend their life expectancy. The strongest psycho-emotional support for the elderly comes from within a family, especially in the relationships between them and their children.

Care needs are established based on a national grid to assess the needs of the elderly, which has been thought of in three distinct categories: physical dependence, mental dependence, psychic dependence. Unlike other European countries, Romania is facing an acute lack of funding for social services and especially for the care of the population in dependency situations. On the other hand, the human resources are insufficient, and the low salaries demotivate social workers to get involved in establishing a performing system. In the conditions of the future growth of long-term care services, the problems now are even more pronounced. As a result, the current prevention services are debatable, and the policies of encouraging and supporting older people to stay in the family are weak. The care and social assistance system may soon be overcome challenges. From a systemic perspective, underfunding of social assistance in Romania is the main cause of the performance deficit, which, together with the lack of personnel, will make its mission increasingly difficult to manage.

An analysis of the strategy for promoting active aging and policies for the protection of the elderly

In the strategy sheet on active aging, the Ministry of Labor, Family, Social Protection and Older People together with the World Bank have set out to carry an inter-sectoral analysis of the current situation. However, the diagnostic results are worrying. Unemployment of people between 57 and 65 years is increasing, and the employment rate of people beyond 65 years remains low. Considering an increase in the number of elderly people by 2020, the objective of encouraging older people to extend their active labor years seems to be a suitable solution to ease the pressure on the pension system. In fact, according to the data provided by the NSI, the employment rate of persons 65 and beyond shows an involution in this regard.

Table 3: Evolution of the employment rate of the population aged 15 and older, by age groups

	2010	2011	2012	2013	2014	2015	2016	2017
15-24 years	24.3	23.4	23.7	22.9	22.5	24.5	22.3	24.5
25-54 years	76.8	75.8	76.6	76.3	77.1	77.4	77.6	79.9
55-64 years	40.7	39.9	41.6	41.8	43.1	41.1	42.8	44.5
65+ years	12.4	11.9	11.8	11.3	10.8	8.9	8.2	8.8

Note: The data only includes figures from the resident population.

Source NSI Press release no.99 / April 18, 2018

It is difficult to believe, based on the figures presented in Table 3, that the employment rate of persons 65 years and older would increase significantly until 2020. The data indicate a visible regress, an objective that in this case becomes increasingly difficult to reach. The results of the strategy, however, depend on the achievement of complex results, which, in turn, are evaluated through a series of specific indicators:

- a. To extend and improve the quality of active life of the elderly:
 - % increase in the number of elderly people active in the labor market who are not affected by occupational diseases;
 - % decrease in the number of persons receiving early invalidity pensions, compared to the previous year, as a result of applying the provisions of Law no. 263/2010 on the unitary system of public pensions, with subsequent amendments and completions;
 - number of jobs favorable to the elderly existing on the labor market;
 - number of senior citizens trained, counselled, mediated;
 - introducing regulations regarding the granting of tax facilities for the elderly exposed to the risk of working in the informal sector in order to access the formal labor market;

- number of support, mediation, support and assistance services for the elderly, in the community.
- b. To promote the active and dignified social participation of the elderly:
- number of elderly people actively involved in community life;
 - number of organizations representing the interests of the elderly, active at national level;
 - number of positive evaluations from the elderly in the community;
 - number of public infrastructures accessible to meet the needs of the elderly;
 - % decrease in cases of abuse reported by elderly people.
- c. To achieve greater independence and security for the elderly with long-term care needs:
- number of elderly beneficiaries of the long-term care system;
 - the regulation of a coherent system for the realization of the long-term care system in both public and private system;
 - resources allocated for the development of the long-term care system;
 - Increasing the number of home care units that provide social services to the elderly.
- d. Cross-cutting goals for a longer and healthier life. Delay of physical aging and the appearance of chronic conditions:
- % decrease in the number of elderly people with serious illnesses;
 - % of health services provided to the elderly.

At point a) the indicator regarding the increase of the number of the elderly active in the labor market who are not affected by occupational diseases, as it has been shown, does not seem to be achievable.

Table 4: The average number of pensioners and the monthly pension

	The average number			Average pension		
	- thousands of individuals -			- monthly lei -		
	Trim.II 2017	Trim.I 2018	Trim.II 2018	Trim.II 2017	Trim.I 2018	Trim.II 2018
TOTAL	5225	5223	5207	1022	1122	1122
<i>of which, according to the level of retirement:</i>						
Social Security	5222	5220	5204	1022	1122	1122
of which, state social insurance	4673	4686	4680	982	1072	1073
<i>of which, social insurance by categories of pensions:</i>						
A) Age limit	3965	3991	3989	1154	1266	1264
B) Early retirement	22	22	21	1165	1280	1283
C) Partial Early retirement	77	86	88	808	924	971
D) Invalidity	595	565	554	591	623	616
E) Heir	563	556	552	570	620	624

Source: NSI Press release no.235 / September 12, 2018

It is worth noting in Table 4 that the number of anticipated pensions has increased, which, again, raises a gradual pressure on the pension system. The other indicators in point a) do not have real support pillars in terms of increasing the number of jobs favorable to the elderly existing on the labor market, given that the employment rate of the population 65 and over is decreasing, according to Table 3. The last three subparagraphs of a) have no relevance in the support and financial protection of the elderly, but they can be taken into account in the evaluation of the quality of life, although their support also implies a financial effort from the social protection system.

At point b) the most important indicator in the subject of vulnerabilities is the one related to the decrease of the cases reported by abuses on the elderly. According to the National Council of Older Persons, Romania faces a worrying increase in this phenomenon, the main problem being the lack of abuse reporting. As a consequence, the real number of abuses does not become known.

For point c), the long-term care system is underfunded and under-represented and therefore unable to respond to the growing number of applications. Developing the private system could be a solution to help the public system, given that its target could also include the poor population that does not allow high maintenance costs. The resources allocated to the long-term care system depend on both financing, public and private, but the European resources remain the most important sources that support smart projects for improving the quality of life at this time. The increase of the number of home care units that provide social services to the elderly remains a dilemma objective beyond the financing of this sector, its main problem being generated by the lack of qualified personnel and especially by the lack of human resources.

Point d) has a cross-sectional objective that aims to achieve a longer and healthier life. This involves delaying physical aging and diminishing the occurrence of chronic diseases. Evolutions can be noticed here, confirmed by the data regarding the increase of life expectancy due to the development of medical techniques and medicines.

The last point is the only objective already confirmed, the others remaining in an area of probabilistic uncertainty that did not belong to the natural range of the desired things. In other words, extending and improving the quality of active life of older people is far from being achieved as long as the number of pensioners is increasing and the pension system is under pressure.

Abuse and violence in the life of elderly people in the care of a family

Three theories exist in scientific literature about family violence and abuse. In the caregiver stress theory, it is claimed that abuse occurs when a family member caring for a dependent old person is not able to perform his duties due to obstacles he cannot overcome. The theory was accepted, but also criticized because it would legitimize the abuse by blaming the victims. The psychoanalytic perspective created the theory of social learning which stipulates that those children who grew up in a violent environment reach maturity and adopt a behavior just as violent as the one in which they grew up. The manifestation of abuse in these cases is a reaction of authority to the

punitive model in which they grew up. The third perspective belongs to the theory of reciprocity of social exchange that explains the interaction between the victim and the abuser manifested in a transfer of material goods that the victim does in the power-domination-submission relationship. The caregiver takes advantage of the vulnerability of the victim, who most of the times cannot defend herself, and pays for her non-violence, buying her peace through various prizes or gifts. The game of attitudes is defined by the contexts in which the abuser is interested in certain advantages that he can obtain by exercising a punitive and authoritative power. In these relationships, the victim seeks to maximize the rewards and minimize the penalties. The theory validates the situation in which the caregiver takes advantage of the vulnerability of the elderly dependent on it by the exchange of cost/benefit in an unequal, unbalanced and abusive relationship.

In the case of the family, violence can be considered a form of negative and destructive behavior that one or more members exercise to maintain a dominant and abusive control over other persons through forms of psychic or physical abuse. Usually, behaviors that target different forms of punishment or revenge turn a family partner into a victim. The categories of abuse mentioned by NCOP are:

1. attacks (physical violence),
2. insufficient nutrition (food deprivation),
3. improper administration of medicines (non-administration of prescribed drugs),
4. emotional, mental and verbal abuse,
5. sexual abuse,
6. financial abuse,
7. voluntary isolation (or keeping the elderly in captivity),
8. failure to provide assistance in daily care activities.

In Romania, the NCOP registered the following types of abuses, which it considers to still be ignored by the protection system for the elderly:

1. Moral abuse, characterized by the non-respect of the dignity of the elderly person, marginalization and social exclusion, ignorance of his rights and freedoms, discrimination on the grounds of age; moreover, moral abuse is found in all other types of abuse;
2. Negligence (disguised abuse) as abuse in the family, at home, but also in the institutionalized framework (nursing home or recovery center) is a disguised abuse, hardly noticeable, ignored in its real dimensions and with serious repercussions on the existence of the elderly. Abuse by negligence can be: involuntary (the elder can be left alone, isolated, forgotten, without help); intentional (the elder is deprived of intent on nutrition, hydration, care, body hygiene and living space);
3. Behavioral (psychological) abuse is a type of abuse commonly encountered, it slowly grinds the resistance (and so weak) of the elderly, intimidates him causing

him to be dominated in the interest of the abuser; psychological abuse is like a slow destruction without traces and manifests itself as a lack of patience in listening to the old man, and through intolerance. Violence against the elderly in relation to the negative notes of the aging process, lack of communication, insults, verbal violence, psychological terror;

4. Physical abuse (violence), is becoming more and more frequent and appears in various forms, from robberies, to beatings or crimes. It is common within the family, the abusers being the close relatives (children, kindergartens, grandchildren), followed by the other more distant relatives and persons outside the family;
5. Sexual abuse is becoming more frequent in the case of older women, subjected to rape by young men or adults, with complex, perverted sexual behavior disorders, in association with the crime of robbery;
6. The financial abuse, also called the hijacking of the assets of the elderly, as the elderly are considered easy targets for the criminals, in relation to the reduced possibilities to defend themselves, both physically and on the possibilities of noticing the abusive intentions of the abuser, falsifying acts, detaining pension under the pretext of shopping etc.
7. The abuse of institutionalization, that is, the admission to a home for the elderly or a recovery center, against the will of the elder, even if there are conditions to stay in the family, at his home (NCOP: 5-6).

Unfortunately, in Romania, the exact information in figures regarding the reporting of abuses on the elderly in the care of a family is missing. The only governmental body responsible for combating this phenomenon is the National Institute for Crime Research and Prevention within the General Police Inspectorate. At the research level there are some data that confirm the presence and the increase of the number of abuses in this segment, but the data do not reflect the situation at national level. Another problem is the well-known principle of outside intervention in internal conflicts because the family is considered a subject of private law. The legal regulations prevent the authority to intervene in the family life, while the victims of the acts of violence are protected by a set of different norms applied in the context. At this time, domestic violence is defined and punished by law, but the legal norms in Romania place more emphasis on defending the rights of the aggressor and less on the protection of the victim.

The national strategy on promoting equal opportunities between women and men and preventing and combating domestic violence for the period 2018-2021 can make a change of the legislative framework in favor of institutions fighting against violence in the Romanian family. The strategy established a set of measures designed to reduce the frequency of acts of domestic violence, to reduce the feeling of insecurity of the victim and to reduce the risk of recidivism through the policies of social reintegration of persons who have committed abuses and crimes of domestic violence. The three general objectives of the strategy are:

1. Prevention of domestic violence in order to reduce the phenomenon;

2. Protection of victims of domestic violence and empowering the aggressors by establishing an integrated institutional framework and adopting specific policies and measures;
3. Promoting cross-sectoral cooperation and supporting partnership with civil society and public-private partnership in the implementation of policies in the field.

The Ministry of Labor, Family, Social Protection and Older Persons, in accordance with the three objectives of the strategy, has proposed the following set of actions:

1. Developing the capacity of local public administration authorities to intervene in the prevention and combating of domestic violence;
2. Implementation at national level of the integrated information system for recording, reporting and managing cases of domestic violence;
3. Increasing the efficiency in combating crimes of domestic violence;
4. Carrying out actions to prevent the phenomenon of domestic violence, in collaboration with partner institutions;
5. Continuous professional training of specialists working in the field of domestic violence (e.g., for social worker, police officer, forensic doctor, psychologist, prosecutor, judge);
6. Recovery of the victim and/or of the family aggressor through integrated and complementary medical, information, counseling, psychotherapy and other therapies, carried out in an integrated manner in order to increase the autonomy and individual social value, to develop responsibility and regain social ability;
7. Continue the financing process for setting up new units for preventing and combating domestic violence.

In conclusion, there is no precise rate to measure the number and frequency of abuses on this subject, although there is no doubt about the extent of this scourge in the Romanian space. In this sense, a series of complex researches are needed to radiograph the image at national level.

Conclusions

The present study was part of the exploratory area of a complex subject that involved a multidisciplinary and structural vision regarding the situation of the elderly in Romania. The study revealed that the difficulties of the families who support the elderly are not only financial, most of the times the psycho-emotional factor is the most important index that establishes consensus or abuse in the relationship between elder people and their caregivers. Education, the environment and the emotional transaction of communication make up the set of causes and conditions that define one situation or another. The context remains an indefinite invariable, but the education and the environment are crucial in the quality of the relationship between an elder and the other members of the family. Domestic violence is a sensitive topic in Romania, which at this time could not yet be measured in statistical figures, but can be framed, in an empirical

analysis based on secondary data. To the first question of the present research I answered - by listing and analyzing specific risk factors - why an elderly person in the care of a family depends more on the psycho-emotional relationship with the other members and less on the financial situation of the family. Most of the times, except in cases of alcohol and drugs, abuses occur, according to the psychoanalytic theory of frustration, in situations where the abuser has grown up in a violent family. The increased frequency of these cases shows that there is a causal relationship with the past. Uncertainty remains a common feature of the second research question. The legal situation in Romania regarding prevention and intervention is uncertain. In the letter of the law, the family is the main subject of the private space, and this argument has generally favored an attitude of non-involvement and non-intervention by the public authorities, with some exceptions that are not well defined. A revision of the legislation at the moment is more than necessary, and this is happening through the proposals made in the Strategy on the prevention and combating of domestic violence in accordance with the provisions of Law no. 217/2003. The Ministry of Labor, Family, Social Protection and Older Persons has proposed a series of measures to improve and mediate an effective legislative framework. It remains to be seen and analyzed in another research to what extent the legal environment has improved its position towards the most painful and sensitive subject and to what extent these actions will reach their final goals.

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