



The impact of neglect and abuse on the psychological well-being of elderly women in Kerala: A study in Ernakulam district, Kerala

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Abstract

There is great variance in the psychological distress and the experience of neglect and abuse among the women older than 60 years of age. This segment of the population faces a various number of abusive and psychological problems. Longer life expectancy, early widowhood compared to men, lesser entitlement to assets, declining care and increasing dependency, sexual discrimination and many other factors make the life of elderly women particularly more vulnerable. This study focuses on the impact of the experiences of neglect and abuse on the mental health of the elderly women in Kerala. The study aims to assess the emotional and related social determinants of psychological well-being among elderly women. A cross-sectional exploratory study was conducted in a total sample of 240 taken from elderly women above the age of 60 years using multistage random sampling; a number of 80 elderly women each representing urban, mid-urban and rural areas in Ernakulam district, Kerala. A significant relationship was found between the experiences of neglect and abuse and psychological well-being of the elderly women. In this context, both family support and emotional care for elderly women has paramount importance to promote happy and active aging.

Keywords: elderly women, psychological well-being, neglect and abuse, social determinants

1. Introduction

World population is aging which is a worldwide phenomenon. The reports say by the year 2025, a major proportion (75%) of the world population would be found to be elderly population. Ageing is a serious concern in almost all developed countries while its implications are also noticed in developing countries including India (United Nations, 2002) [23]. India is no exception from considering neglect and abuse as a social problem as it is fast becoming an international social issue. While ageing occurs differently in different parts of India, the highest proportion of the ageing population (10.5%) is in Kerala as per 2001-11 census. Several social changes and resulted in changes in family structure can be accounted for the emergence of the issues of elder abuse. The recent trend towards nuclear family set up has contributed to the increasing vulnerability towards older people. In India, it is the traditional practice that the responsibility of caregiving mostly falls on the immediate family member and mostly by sons and daughter in laws. While the elderly expect more care, support and quality time from the family members, the younger generation hardly has time to make sure their well-being and satisfaction which results in the problems within the family members and thus results in neglect abuse

Aging women often have more challenges while they also face other health, economic and social issues of all the elderly. The challenges of aging are often more prominent among older women. Life expectancy is increasing at a slightly greater rate and is projected to increase into the next century. Since women have a longer average life expectancy than men and also tend to marry men older than themselves women will

outlive their husbands and many can expect to be widows for 15 to 20 years. Studies say compared to men, elderly women are three times more likely to be widowed or living alone, spend more years and a larger percentage of their lifetime disabled, are nearly twice as likely to reside in an old age home, and live in poverty.

Though there is no universally recognized definition of elder abuse (Bennett & Kingston, 1993; Wolf & Pillemer, 1989) [5, 25], elder abuse is generally defined as the actions of violence or mistreatment which are committed intentionally or unintentionally, in the form of abuse and neglect (Hudson & Carlson, 1999) [9]. Elder abuse and neglect has become an area of research during the last decade and there was also recognized a mounting interest among practitioners and researchers for analytically studying this phenomenon (Wolf, 2003) [24]. The literature states a few categorical constructs of elder abuse such as physical, emotional, medication, financial, psychological and sexual abuses. Mistreatment towards elder is a broader term that covers abuse and neglect among older persons. Any Intentional action that cause harm or create a severe risk of harm (to a vulnerable elder by a caregiver or any other person who stands in a trust relationship to an elder or any failure by a caregiver to satisfy the elders' basic needs or to protect the elder from harm can be defined as the elder mistreatment (National Research Council, 2003) [13]. Though many authors and studies use different terms to address abuse and neglect as maltreatment, neglect, including self-neglect, sexual abuse, and financial abuse, the elder abuse and neglect can be broadly termed as the infliction of physical, emotional, or psychological harm on an older adult is elder abuse.

(Prakash, 2001). There is lack of consensus on what constitutes elder abuse, most of the researchers specify that an act of abuse or neglect must be intentional and should be resulting in the process of physical pain or injury for it to be considered abusive (Pillemer and Finkelhor, 1988) ^[14].

In a study on aging, disability, and disabled older people in India Prakash (2003) bring about information from the elderly about their conceptualization of elder abuse. Despite the gender, both elderly men and women felt that the elderly women are more likely to be abused. The transition of marital status from married to widowhood brings more vulnerability and dependency among women. The reasons for increased elder mistreatment of elderly women are their lack of awareness and access to legal provisions. Since this abuse and neglect occurs both from family members including children, grandchildren and other relatives and from people outside the family including friends, domestic helpers, thieves, etc.; there are no specific laws to protect the elderly women and hence there is a to sensitize laws to protect their needs. The poor economic background and dependency affect more and most victims of elder abuse are widowed women which confirms that abuse has negative implications on the social, psychological, and behavioral pattern of the elderly (Srinivas and Vijayalakshmi, 2001) ^[19]. In this study, the researcher attempted to find the relation between the experiences of neglect and abuse and the mental well-being of the elderly women and the supporting determinants of physical health of the elderly women that affect the mental health of elderly women.

2. Objectives

This study attempts to analyse

- Socio-demographic profile and socio-economic status of the respondents
- The experience of neglect and abuse among elderly women
- Psychological distress among Elderly women
- Contributing factors to general health and mental health of the elderly women

3. Methodology

Study Design

A community-based cross-sectional design was used in the study. An epidemiological and descriptive design is adopted utilizing both qualitative and quantitative data.

Study Area

The study was conducted in Ernakulam district in Kerala and carried out through rural areas, mid-urban areas and urban areas.

Study Population

The elderly women above the age of 60 years in Ernakulam, Kerala, constitutes the study population.

Variables

The major variables of the study includes the experience of neglect and abuse among the elderly women, their mental health status and the contributing social determinants including satisfaction on financial security, safety, neglect,

abuse, depression, anxiety and loneliness due to family behavior, and their psychological distress.

Sampling Technique

Multi-stage random sampling technique was used for the study. A representative sample of 240 elderly women was selected for the current study. 4 wards each were randomly selected from 1 corporation, 2 municipalities and 2 panchayaths representing urban, mid-urban and rural areas respectively and 80 samples were selected from each category thus making a total of 240 samples.

Research Tool

Data collection was conducted through guided, face to face interviews using a structured interview schedule.

Data Collection

Data were collected using a house to house survey. The researcher adopted a census model method for collecting data from the respondents

Data Analysis

The data collected was analyzed as per the objectives of the study using SPSS 20.0 version by applying statistical tests. Some salient findings are detailed. Findings related to backgrounds are also briefly mentioned.

4. Results and Discussion

4.1 Demographic Profile

The majority of the respondents (55.3%) belongs to the age group of 60 to 70 years and their mean age is 70.57 years (SD 7.643 years). The young old population is comparatively high in the study which emphasizes that there is a need for long-term care since this age group maybe representing more in the social construct (Gilleard & Higgs, 2014) ^[8]. Hindus constituted 37.8% (98/240), Muslims 26.2% and Christian 36% (132/240) of the population. At the time of the survey, 43.8% were married. There were a higher number of female widows, 52.5% since women having longer life expectancy compared with men, elderly women are more likely to be widowed or living alone. Elderly population analysis shows that in upper age groups, there is a significant increase in the population of older women. Generally, women live longer than men but studies suggest that from the age of 70 onwards, there is a sudden acceleration in decline in the number of old men. Whereas it has been found that the faster decline in the number of old women starts only after the age of 80 years (Agewell, 2011) ^[1]. Among the total elderly women in the study, 8.8% were illiterate and 5.4% haven't gone to school but knows how to read and write. Majority of the elderly women (47.9%) has completed primary education. Access to education can play a crucial role in providing job opportunities to women in Kerala or it even empower the unemployed housewives.

Majority of the elderly women were found to be unemployed (42.5%, 102/240) and housewife (37.9%, 91/240). Unemployment lays as a causative factor towards inadequate social security which in turn leads to financial distress. The deterioration of health status and an increase in economic dependency may have devastating impact of elderly women (Alam and Karan, 2011) ^[4] while the studies estimate that the

incidence of financial insecurity is greater among the rural elderly women (particularly widows), the elderly women residing in nuclear families or living alone, and the elderly with health problems (Rajan, *et al.*, 2003) [16]. the living arrangement of the majority of elderly women (49.6%) are living as a widow with their children while 22.1% are living with elderly husband, 7.9% are living alone and only 20.4% elderly women are living with their husband and children together. According to studies (Rajan, 1989) [15], projections of population by broad age group between 1986 and 2026 show a continuous increase among the elderly and in 2026, more women will be in older age groups than men. Because of the longer life expectancy of women than men on an average the population of widowed women has increased. Hence the living arrangements of such elderly women have become major problems not only for the elderly but also for the younger persons. It shows compared to the earlier times, the joint family system of living arrangement is disappearing to a great extent and a noticeable population is moving to the nuclear family system which has its own advantages as well as disadvantages. Better emotional physical care can be provided to elderly women in a joint family. Now nuclear family can't be brought back to joint family, instead of compensating-provide social life contributions- divert to social and group activities which is reflected in the study that a vast majority (93.3%) of elderly women in the study belongs to a nuclear family while only 6.7% lives in a joint family.

4.2 Socioeconomic Status

22 item scale (ICMR, 2005) was used. The score range is 0-100. According to the total score of the family, the SES (Socio-economic status) is categorized as below:

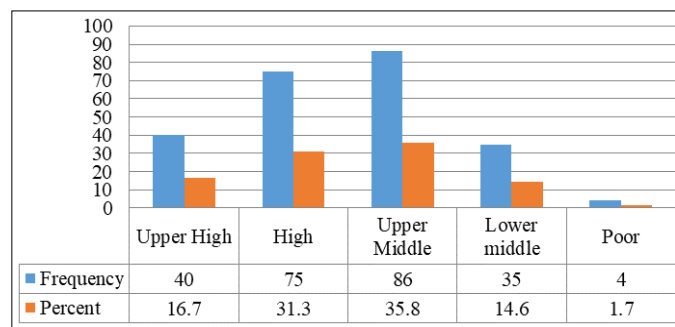


Fig 1

The socio-economic status of the elderly women in the study was assessed using the ICMR (Indian Council of Medical Research) scale, an instrument which serves the purpose of categorizing the families in different socio-economic strata (Aggarwal, *et al.*, 2005) [3]. The study was carried out in three different strata namely the urban, mid-urban and rural. The total score was computed and categorized according to strata of socioeconomic status and as per the results, the majority of the respondents (35.8 %) belong to the upper middle category and 14.6 percent belongs to a lower middle category. It is estimated in a study conducted by the Agewell research and advocate Centre (2014) on the financial status of older people in India, that almost 75% of the elderly population who suffer crisis related to financial constraints generally belong to the

middle, lower-middle or lower classes. Majority of the older people depend on their children or relatives and others in old age for financial needs. Unpleasant conditions in the younger age have also affected this section of the elderly population who has suffered a lot of problems. Contrary to that, approx. 1/3rd of the elderly population enjoys sound financial status; however, most of them may still have other age-related problems in their old age.

4.3 Psychological distress among elderly women

General Health Questionnaire was used to identify psychological distress among elderly women. The domains of mental health dealt with were anxiety and depression, social dysfunction and loss of confidence. GHQ response scale was constructed w.r.t. below three categories:

Table 1: Psychological distress among elderly women

Psychological distress	Frequency	Percent
Mild	63	26.3
Moderate	148	61.7
Severe	29	12.1
Total	240	100.0

In the current study, 15% of the elderly has severe psychological distress and 44% has moderate psychological distress. While only 40.4% elderly women have mild or better psychological well-being.

4.4 Social support for elderly women

The functions made by elderly people may have a significant impact on their social position which in turn gives them a sense of self-esteem and social usefulness. The family is the most important social group for older people to which they are usually tied by a strong emotional bond and mutual exchange of benefits (Świdarska M, 2014) [21]. Hence it crucial factor in old age that the family members are expected to support older people when they are in the adverse situations of life. The prevalence of family support in the study is high as 43.8% (105/240) of the respondents are getting good family support. 40.8% are getting average family support while 15% are getting poor family support and 4% is not at all getting any support. Out of 240 respondents in the study, 64.2% of elderly women are getting good medical care from family. 8.8% are getting average care while 27.1% of elderly women are getting poor medical care from their families. It was observed in studies that older persons who belong to the category of 60 to 70 years are looked after well by their children which deteriorates with the further advancement in their age, where children find it difficult to look after them due to their increasing responsibilities in their own family and work. Hence, the elderly who belongs to older old (70+) category are found to be marginalized or isolated to a great extent even if they have a good a net-worth value where the majority of elderly people above the age of 70 years lead neglected, lonely and miserable lives or even in inhuman circumstances. In the current study also majority (65%) of elderly women are getting low income where 35% are not getting any kind of benefits or allowances. Only 21% has an average income and 55% are getting some of the benefits from the government

which advocates a stringent intervention on reducing the financial dependence of the elderly women to their families.

4.5 Neglect and Abuse among elderly women

According to the World Health Organization, neglect is well-defined as the denial or failure of responsible caregivers to provide care for the dependent older adult with support in daily living tasks or essential provisions such as food, clothing, shelter, health and medical care. This can also include desertion of a care-dependent older adult, which can also be called as abandonment (WHO, 2002). The main forms or categories of abuse against elderly women assessed are, neglect in the provision of basic care, a status given in family, Decision making and participation in social functions; and abuse and violence from the family against elderly women.

4.5.1 Neglect in basic care

Older women are at greater risk of abuse, violence and discrimination and elderly women have not been mainstreamed into ongoing research and discussion on neglect, abuse and discrimination against women.

shows the neglect of basic care for elderly women.

Table 2: Distribution of the respondents based on their living status and provision of caregiver

Factors	Frequency N = 300	Percentage
Living alone		
No	201	83.8
Yes	39	16.3
Caregiver		
No	30	12.5
Yes	210	87.5
Person providing care		
Son	114/210	47.5
Daughter	33/210	13.8
Son in law	1/210	.4
Daughter in law	30/210	12.5
Grandchildren	3/210	1.3
Maid employed by the family	4/210	1.7
A maid employed by yourself	6/210	2.5
Husband	16/210	6.7
Others	4/210	1.3

The majority of the respondents (83.8%) are not living alone while 16.3 percent of respondents are living alone. In the study the major reasons for living alone are the death of the spouse, children staying abroad, children staying separated due to job-related reasons and interpersonal issues. With regard to the provision of care or having a caregiver, the majority of the respondents (87.5%) have a caregiver from their family or a maid. Majority (47.5%) are taken care of by their son/s, 13.8 percent of elderly has their daughter as their caregiver, 0.4 percent has their son in law as their caregiver, 12.5 percent has their daughter in law as their caregiver, 1.3 percent has their grandchildren as their caregiver and 6.7 percent is taken care of their husbands. The availability of basic care to the elderly women as living with any family member or having any care provider and the reason for living alone is also considered as the neglect from family. The non-availability of any care for the elderly and leaving the elderly women who need assistance to live alone comes under the neglect in basic care for elderly women. Thus table II also

4.5.2 Status of elderly women in their family

Majority of the elderly women (61.7%) has given the position of head of the family whereas the second majority of elderly women (32.1%) has not given the position of head of the family, but respected by the other members. It is found that 4.2 percent of the elderly women felt they were not given any respect in the family and the rest 1.7 percent of the elderly women felt they have no role in the family and they are isolated.

4.5.3 Ignored in decision making

Older women face a greater risk of physical and psychological abuse due to discriminatory societal attitudes and the lack of awareness of older women about of the human rights for elderly women. By analyzing the instance of isolation and neglect in decision making in different levels in their social life and the experience of elderly women who felt neglected in their family, society and in the area of political concerns, it is estimated that 28.8 percent elderly women felt they were neglected in taking decisions in their family, whereas 11.7 percent of elderly women felt neglected in decision making in societal level and in their neighborhood. In the political level, 12.5 percent of elderly women felt neglected in decision making.

4.6 Abuse from family

Elder abuse can be defined as a violation of a vulnerable older person's human and civil rights. Elder abuse and neglect is co-morbid with other risk factors, such as physical frailty, sensory impairment, social isolation, and physical dependency; psychiatric illness can be called as an important cause of vulnerability to abuse (Cooper & Livingston, 2014). It is evident that 15 percent of the elderly women felt that their rights are violated within their own family while 20 percent of the elderly women has revealed that they have experienced mental or physical abuse from their own family and major contributor of neglect and abuse is the elderly women's daughter in law. Most of the studies indicate that abuse and neglect to any individual or group may lead to mental health ill-being and related troubles (Silveira & Allebeck, 2001; WHO 2012). Here figure 2 shows the stress imposed on the elderly women due to the negative attitude of the family members towards them. The two main issues analyzed in this session regarding the impact of ill-treatment from the family towards the elderly are (a) loneliness and depression and (b) anxiety.

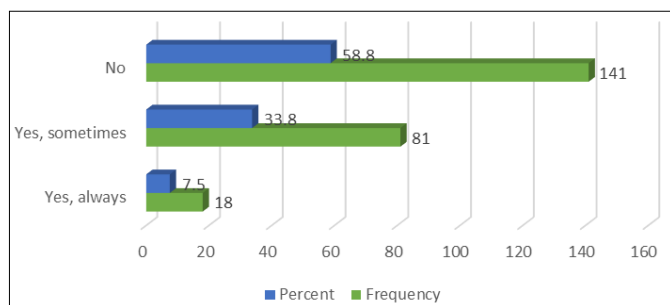


Fig 2: Distribution by the mental stress imposed due to the attitude of the family towards the respondents

It is estimated that 7.5 percent of the elderly women have always experienced loneliness and depression and anxiety due to the behavior of family towards elderly women. 33.8 percent of elderly women have experienced loneliness and anxiety less often/sometimes. This results cross verifies the studies which state that elderly women are more vulnerable to psychological problems like anxiety and depression. Particularly the traditional Indian society and joint family system have been influential in safeguarding the social and economic security of the older persons in the country. Over the last decade, with the rapid changes in the social scenario And the emerging incidence of nuclear family systems in recent years, the elderly people are likely to be exposed to psychological, physical and economic insecurity. (Srinivasan & Gupta, 2015) [20].

4.7 Abuse and Mental health

From the related studies, it is known that women elder abuse victims have a high prevalence of depression and anxiety. Depression can easily lead to social isolation and in turn, increases the risk of suicide. While the emotional damage of abuse incorporates far more than depression (Simonds, 2001) [18], anxiety is also common for victims due to the trauma they have experienced previously and the worry they feel for their abusive family members (Lachs & Pillemer, 1995) [11]. Multiple feelings of the Victims like feel shame and guilt will also contribute to social isolation among elderly women.

Table 3: Shows the impact of abuse on the mental health of elderly women

Impact on Mental Health		Better	Average	Worse
Abuse	Mean	15.3134	18.7788	21.3857
	Std. Deviation	7.98395	7.92584	8.2862

It is evident that the rate of abuse and the mental ill health of the elderly women are directly proportionate as the mental health of elderly women decreases when the instances of abuse increases (mean=21.4, SD= 8.3) and the mental health of the elderly women can be made better by reducing the abuse against them. As a result, the promotion of physical health of the elderly women would be attained since those elderly women who have undergone abuse from their family members may also suffer from a range of physical complaints, including chronic pain, gastrointestinal complaints, neurological complaints, arthritis, and gynecological problems (Fisher & Regan, 2006) [7].

Table 4: Correlation matrix of neglect and abuse and its supporting factors

	Psychological distress	Neglect & Abuse	Medical care	Family support	Financial security	Negative attitude
Psychological distress	1					
	240					
Neglect & Abuse	.090	1				
	.165					
Medical Care	240	240				
	.052	-.079	1			
	.427	.224				
Family support	240	240	240			
	.339**	-.131*	.432**	1		
	.000	.043	.000			
Financial security	239	239	239	239		
	.120	-.080	.285**	.149*	1	
	.063	.215	.000	.021		
Negative attitude from family	240	240	240	239	240	
	-.238**	.528**	-.233**	-.554**	-.157*	1
	.000	.000	.000	.000	.015	
	240	240	240	239	240	240

Neglect and abuse towards elderly women is a sensitive area which needs lots of intervention. The satisfaction of elderly women on their financial security is significantly correlated ($r = -.285$; $p > 0.01$) with the medical care for the medical care in a direction that the mental health of the elderly women increases with the higher satisfaction of the elderly women about their financial security. Neglect and abuse have a relationship with the attitude from the family which indicates that the mental health of the elderly women increases with the decreases in the instances of neglect and abuse to elderly women from the family members, relatives and others. The negative attitude from the family towards the elderly women and their experience of depression, anxiety and loneliness due to it, has a significant inverse correlation ($r = -.238$; $p > 0.01$) on the mental health of the elderly women with a direction that the psychological distress of the elderly women increases due to the increase in the negative attitude and behavior of the family members towards the elderly women. Consequently, a family space constitutes an environment of social protection, while this circumstance provides its members with exceptional care, support, social reproduction and solidarity (Teixeira, 2008) [22]. The study analysis estimated that the negative attitude from the family is also significantly inversely correlated with the family support ($r = -.233$; $p > 0.01$) and the medical care ($r = -.554$; $p > 0.01$) from the family in a direction that a significant increase in the negative attitude from the family could result in a profound decrease in the reception of their family support and medical care from the family. Family support is also found to be significantly correlated with the psychological distress ($r = -.339$; $p > 0.01$) and the medical care received from the family ($r = -.432$; $p > 0.01$) which indicates that the mental health and wellbeing of the elderly women can be increased and improved by improving the positive attitude and caring by the family members towards the elderly women (Mackenzie, *et. al.*, 2006) [12].

5. Conclusion

Neglect is the most common form of elder abuse and hence to identify patients who are vulnerable to neglect allows geriatric

social workers and clinicians to intervene early and potentially prevent situations that can escalate and lead to harm or even death. Health care providers are likely to come across elder abuse regularly, and therefore have an important role in its early detection and management, and in the treatment of subsequent psychiatric illness. The study estimates that the neglect and abuse among the elderly women combined with the factors such as satisfaction on financial security, safety, negative attitude from the family, resilience and physical disability determine the mental well-being of an elderly woman. Geriatric social workers have a unique opportunity to uncover these unfortunate situations where responding appropriately and quickly when neglect is suspected and using a team approach can improve the health and well-being of older victims of neglect. The study focused on a psychiatric intervention based on the grounds of family systems approach model towards the issues of neglect and issues among the elderly women while appropriate interventions and referrals can be initiated that may avert the crisis of elder abuse and hence these findings of the study have a direct relevance for the upcoming policy decisions as well.

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