

Familial Determinants of Elder Abuse in the context of family Care giving in Akwa Ibom State, Nigeria

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Abstract

The study investigated the familial determinants of elder abuse in the context of family care giving in Akwa Ibom State, Nigeria. Two research questions guided the study. The population consisted of all male and female elderly aged 70 and above. Multi - stage sampling technique was used to select a sample size of 5,600 elderly people for the study. Structured questionnaire was the instrument used for data collection. Data collected were analysed using frequency counts, percentages and mean scores. Findings of the study revealed that emotional/psychological abuse is the most common form of abuse experienced by the elderly in the study, closely followed by financial/material abuse and neglect/abandonment, followed by physical abuse while sexual abuse is the least experienced form of abuse. The familial factors contributing to elder abuse in order of importance as revealed in the study are accusing the elderly of witchcraft, unemployment, intergenerational transfer of abuse, emotional and financial dependence on the victim, family's social isolation, retaliation of childhood abuse, physical stress and burdens of care giving, lack of social support from secondary caregivers and other family members; and poverty. Based on the findings of the study, recommendations were made to improve the care of the elderly in families and reduce the rates of all forms of elder abuse in Ibom Akwa State.

Key Words: Abuse, elderly, family, care giving, poverty, stress.

Introduction

Elder abuse is increasingly being acknowledged as a social problem globally. Elder abuse is any voluntary - i.e. non-accidental acts that harm or may harm an elderly person or any omission that deprives an elderly person of the care they need for their well-being, as well as any violation of their right (Iborra, 2009). It encompasses any act of commission or omission that results in

harm or threatened harm to the health and welfare of an older adult (Sellas and Krouse, 2009).

Demographic reports around the world indicate that the global population is ageing. Population ageing implies an increase in the proportion of older people aged, sixty-five and above. Shaefer (2005) reveals that around the world, there are more than 442 million people aged 65 and above, representing

about 7 percent of the world's population. Hurme (2002) also opines that the changed and changing demographics around the world also point to an increased potential for abuse.

Care giving consists of informal and unpaid care provided to a dependent person by family members, other relatives, or friends (Maiconis, 2003). Family members hold the responsibility of fulfilling filial obligations to the elderly by providing food, shelter, clothing, drugs and other necessities. Frail elderly in particular need assistance in carrying out activities of daily living. In Nigeria, majority of the elderly are solely cared for within the family since it is the traditional role of children to support their parents in old age. Sijuwade (2008) maintains that both in developing and developed countries, the elderly as well as their caregivers prefer that they be taken care within the family. Walker (2002) also confirms that, in most industrial and pre-industrial societies, the family has been the main providers of care to their elderly relatives. Since the elderly in Nigeria are not institutionalized but typically live with their families, it is often assumed that they are well taken care of and therefore not subjected to any form of abuse. Sijuwade (2008) posits that to abuse, neglect and abandon the elderly are all typologies of poor quality care for the elderly. In the case of abuse, the caregiver actively harms the elderly, in the case of neglect, the caregiver is passive, insensitive, lacks empathy and ignores the care of the elderly; while totally abdicating the responsibilities of taking care of the elderly constitute

abandonment. Bonnie and Wallace (2003) maintain that failure by a caregiver to satisfy elders' basic needs or to protect the elder from harm constitute mistreatment.

Elder abuse could take many forms, including physical, financial, psychological, sexual abuse and neglect (WHO, 2010). Other forms of abuse are violation of basic human rights and medication abuse; and in Nigeria abuse may include witchcraft accusations, lack of respect, etc. Physical abuse is the use of physical force for causing discomfort, which may or may not result in body injury, physical pain, or impairment (Peri, Fanslow, Hand, & Parsons, 2008). The American psychological Association (2010) asserts that when a caregiver or other person uses enough force to cause unnecessary pain or injury, even if the reason is to help the older persons, the behaviour can be regarded as abuse. Financial abuse is the misuse of an older person's funds or property through fraud, trickery, theft or force, including frauds, swindles, misuse of money or property, convincing an older person to buy a product or give away money, stealing money or possessions, misusing bank or credit cards, misusing joint banking accounts, forging a signature on pension cheques or legal documents and misusing a power of attorney amongst others. Emotional or Psychological abuse involves verbal assaults (such as name calling, humiliation (being treated as a child), and intimidation. Sexual abuse include inappropriate touching, photographing the person in suggestive poses, forcing the person to look at pornography,

forcing sexual contact with a third party, or any unwanted sexual behaviour, such as rape, sodomy, or coerced nudity (American Psychological Association, 2010). Neglect is intentional or unintentional failure by children or relatives to fulfil care giving obligations to the elderly, which may result in lack of food, medication, health care, or in the elderly person being left alone or isolated. Sijuwade (2008) asserts that when caregiver is neglectful, it means there are lapses in the quality of care and in carrying out the responsibility, while totally abdicating the responsibilities of taking care of the elderly constitute abandonment. It is possible that some elderly people may suffer more than one type of abuse at the same time.

Several risk factors result in elder abuse. Based on the Applied Ecological Model, Peri *et al.* (2008) categorized risk factors, into, individual risk factors, family level risk factors, community – level risk factors and society-level risk factors. Some of the family level risk factors which is the crux of this paper include dependency, psychopathology of the abuser, caregiver stress, history of domestic violence in the home, or spousal abuse, poverty/financial problems in the family, family social isolation, stressful family events, lack of support from other potential caregivers, etc.

When the caregiver is dependent financially on an impaired older person, there may be financial exploitation or abuse, but when the impaired older person is completely dependent on the caregiver, the caregiver may experience

resentment that leads to abusive behaviour (American Psychological Association, 2010). Psychopathology Theory of abuse also holds that personalities of the abuser, psychopathology, alcoholism, drug abuse, psychiatric illness, cognitive impairment or dementia are major factors that contribute to abuse (Kurrle, 2004).

On caregivers stress, the American Psychological Association (2010) observes that when caregivers are thrust into the demands of daily care for an elder without appropriate training, and without information about how to balance the needs of the older person with their own needs, they frequently experience intense frustration and anger that can lead to a range of abusive behaviours. In addition, intergenerational and marital (spousal) violence can persist into old age and become factors in elder abuse (American Psychological Association, 2010). Sometimes, a woman who has been abused for years may turn her rage on her husband when his health fails (American Psychological Association, 2010). Social learning theory rise to the hypothesis that when individuals experience violence behaviour from parent or other role models in childhood, they tend to revert to these learned behaviours when provoked as adults (Bonnie and Wallace, 2003).

Moreover, poverty in the family can predispose the older person to the risk of abuse. Several studies have identified poverty as one of the contextual factors contributing to abuse (Jamuna, 2003; Mupila, 2008). Ferreira (2004) maintains

that poverty and scarcity compound a lack of resources for adequate care and independence of older persons. Some studies also suggest that perpetrators, who have problems with their social relations, are more isolated and lack social support (Munoz, 2004), making it easier for an abuser to exploit, neglect or abuse an older person. Other factors such as stressful family events, death of a loved one, unemployment, etc, are all risk factors in elder abuse. Ferreira (2004) explains that widespread unemployment and a lack of income impact on intergenerational relations and family harmony.

Most of the studies on elder abuse generally are conducted in advanced countries, and selected African countries. Studies on elder abuse in Nigeria are generally scanty. The few research studies conducted have considered the prevalence of elder abuse in different parts of the country such as Sijuwade (2008) in a Lagos study, and Igbokwe and Asogwa (2010) in a study of the prevalence of abuse of the elderly in domestic setting in Enugu State. Family members hold the responsibility of providing filial responsibility to elderly parents and relatives, while many families have performed this function with passion; research has shown that family members in the course of care giving perpetrate the majority of the reported cases of abuse of the elderly. There is therefore a need to provide empirical data on the familial factors contributing to elder abuse in Akwa Ibom state.

Purpose of the study

The main purpose of the study was to investigate the familial determinants of elder abuse in the context of family care giving in Akwa Ibom State, Nigeria. Specifically the study:

1. Identified forms of abuse common among the elderly in Akwa Ibom State.
2. Determined the familial factors contributing to elder abuse in Akwa Ibom state.

Research Questions

1. What are the forms of abuse common among the elderly in Akwa Ibom state?
2. What are familial factors contributing to elder abuse in Akwa Ibom state?

Methodology

Area of the Study: The study area was Akwa Ibom State, one of the 36 states in Nigeria with 31 Local Government Areas, and Uyo as the State Capital. The state is located on the coastal south southern part of the country, lying between latitudes 4°32'N and 5°33'N North, and Longitudes 7°25'E and 8°25'E East of the Meridian, and occupies a total landmass of 7245939 Sqkm². It is bordered on the east by Cross River State, on the west by Rivers State, Abia State to the north and on the south by Atlantic Ocean (AK-SEEDS, 2004; Nigeriagallery.com, 2010). The major ethnic groupings in the state are Ibibio, Annang and Oron. Ibibio language is the major language spoken in the state with a few dialectical differences. The people are predominantly of the Christian faith, with a few practising

native African religion. The state is a predominantly civil service state with the Government being the major engine of growth. Others outside the public sphere are mainly farmers and fishermen in the riverine areas, with a few involved in local crafts such as raffia work, pottery, etc. Akwa Ibom is also a major crude oil producing state (AK-SEEDS, 2004).

Population for the study: The population for the study consisted of all male and female elderly persons aged 70 years and above from two senatorial districts in Akwa Ibom State. The population of the elderly within the scope for this study was 56,000 (National Population Commission, 2009). This constitutes the "old-old", and the 'oldest old' (age 85 and older) segments of the elderly population in the state.

Sample for the study: Multi-stage sampling technique was adopted to select a sample size of 5,600 elderly. In the first stage, two senatorial zones out of the three in Akwa Ibom State were randomly selected, and used for the study. The second stage involved proportionate distribution of the sample size into all the 21 local government areas that make up the selected senatorial zones. Twenty 20 villages including the local government headquarters were thereafter purposively selected from each of the local government areas. The last stage involved accessible and snowball sampling of respondents from each of the selected villages to give the total of 5,600 respondents.

Instrument for data collection:

Structured questionnaire was used for the study. The structured questionnaire contained three sections: Section A, was multiple choice questions designed to obtain socio demographic data from the elderly. Section B which was adapted and reviewed from Acierno, Hernandez-Tejada, Wendy - Muzzy & Kenneth - Steve (2009) elicited information from the elderly with respect to the forms of abuse; while section C was designed to ascertain the familial determinants of elder abuse. The section contained a 4 point Likert scale questions with strongly Agree (SA), Agree (A), Disagree (D) Strongly Disagree (SD) response categories, scored 4, 3, 2, 1 respectively. The instrument was validated by two lecturers in the Department of Home Economics, Michael Okpara University of Agriculture, Umudike. The reliability of the instrument was ascertained using Cronbach's alpha co-efficient, and a reliability index, $\alpha = .86$ was obtained showing that the instrument was highly reliable.

Data collection and Analyses Techniques:

The researcher administered copies of the instrument by hand with the help of 12 assistants, 10 of whom were primary health workers in different local government areas. The respondents were guided to complete and return the instrument on the spot, and administration of the instrument lasted 10 weeks. The researcher and assistants interpreted the questions into local dialect to non-literate respondents, and their responses were marked in the appropriate

columns in the instrument. Data collected from the questionnaire were analysed using frequency counts, percentages and weighted mean scores. A mean score of 2.5 and above was accepted as agreed response, while any means score below 2.5 was unacceptable or rejected.

Findings of the study

The following findings were made:

- (1) Four common forms of abuse among the elderly in Akwa Ibom State (See Table 1).
- (2) Ten familial factors contributing to elder abuse in Akwa Ibom State (See Table 2).

Table 1: Frequency and Percentage Distribution on the forms of abuse common among the elderly in Akwa Ibom State

Forms of Abuse	Frequency	Percentage**
Emotional/Psychological abuse	3164	56.5
Physical Abuse	1055	18.8
Sexual Abuse	532	9.5
Financial Abuse	2927	52.3
Neglect and Abandonment	2268	40.5

** Multiple responses

Table 1 shows four common forms of abuse among the elderly in Akwa Ibom State, with emotional abuse coming topmost, closely followed by financial/material abuse, and neglect/abandonment, while physical and sexual abuse are not very common.

Table 2: Mean responses of the elderly on the familial factors contributing to elder abuse in Akwa Ibom State

S/N	Items		Decision **
1.	Many abusers are dependent emotionally or financially on the victim.	3.21	Agreed
2.	Abusers of the elderly are alcohol or/and drug abusers.	2.70	Agreed
3.	Abusers have a history of mental illness or other psychological problems.	1.83	Disagreed
4.	Caregivers abuse because of physical stress and burden of care giving.	2.73	Agreed
5.	Children neglect their elderly parents in retaliation of their childhood neglect.	2.76	Agreed
6.	Abuse victims have a history of spousal abuse or domestic violence grown old.	2.41	Disagreed
7.	Younger women who had been abused for years turn their rage on their aging husband.	2.21	Disagreed
8.	Abusers learnt to abuse by watching abusive		

9.	behaviours from parents (intergenerational transfer). Some children abuse their parents because of poverty	3.31	Agreed
10.	or lack of resources. Social isolation from family and friends heightens the potential for abuse,	2.57	Agreed
11.	Unemployment could cause some children to neglect /abandon their elderly parents.	2.86	Agreed
12.	Primary caregivers abuse the elderly because of lack of support from other children of the elderly/family members.	3.42	Agreed
13.	Elderly people accused of witchcraft are usually doned by their children and family members	2.63	Agreed
		3.55	Agreed

Table 2 shows that the respondents agreed to ten items out of the thirteen identified as familial factors contributing to elder abuse in Akwa Ibom state with a mean score of 2.5 and above. The items agreed to were 1 (3.21), 2(2.70), 4(2.73), 5(2.76), 8(3.31), 9(2.57), 10(2.86), 11(3.42), 12(2.63) and 13(3.55), while the items disagreed to were 3(1.83), 6(2.41), and 7(2.21).

Discussion

Table 1 show that emotional/psychological abuse is the top-most form of abuse common among the elderly in Akwa Ibom State (56.5%), followed by financial/material abuse (52.3%), neglect/abandonment (40.5) and physical abuse (18.8), while sexual abuse is the least (9.5). The finding is consistent with others which found emotional abuse to be the most commonly reported (Iborra, 2009; Acierno *et al.*, 2009), but inconsistent with others which found financial abuse and neglect to be the most common form (Dimah and Dimah, 2002). The finding that sexual abuse is the least

common is in tandem with other studies which also revealed low rates of sexual abuse (Acierno *et al.*, 2009; Mowlam *et al.* (2007). The revelation that physical abuse is less common in the study is not surprising as there is a general belief on the lethal curses attached to physical attack on the elderly persons in the area. Many young people fear that the elderly might invoke curses on them, and especially women who they fear would 'beat their breasts' for such a young person who would dare to inflict on them physical assaults, which is believed to result in calamity and untimely deaths. Ajomale (2007) also argues that due to the level of respect accorded the elderly in Nigeria, it is uncommon to have cases of beatings and deliberate infliction of injury on the elderly.

Findings from Table 2 revealed the familial factors contributing to elder abuse in Akwa Ibom State by scoring mean scores of 2.5 and above. These include in order of importance accusing the elderly of witchcraft, unemployment, intergenerational

transfer of abuse, emotional and financial dependence on the victim, family's social isolation, retaliation of childhood abuse, physical stress and burdens of care giving, lack of social support from secondary caregivers and other family members; and poverty. Accusing the elderly of witchcraft by family members being identified as the most salient familial factors in elder abuse in the study is not in any way surprising as the problem of witchcraft concerns has gradually taken a centre stage in all spheres of discussions in Akwa Ibom State, and which is in tandem with the submission by the WHO (2010) that in some traditional societies, isolated older women are accused of witchcraft. The finding also corroborates Ferreira (2004) who found allegations of witchcraft against frail and vulnerable older women as a factor for abuse in South Africa.

That unemployment ranks high (3.42) among the familial level determinants identified by the respondents in the study is also not surprising, as it has been isolated as the cause of many social vices in the country. This is also in agreement with Jamuna (2003); Ferreira (2004) and Ajomale (2007), who also identified unemployment of family members as contributing to elder abuse. The finding of the study has revealed that adult children learnt to be abusers by watching abusive behaviours from parents, thus supporting the Social Learning Theory or Intergenerational Transmission Theory. The finding lends credence to others which also support the Social learning theory that family members who abuse the elderly learnt

the culture of abuse from their families. (Bonnie and Wallace, 2003; Jones *et al.*, 2010).

Emotional and financial dependence of the abuser on the victim has also been identified as a familial factor in elder abuse (Table 2). This supports the findings from several studies which suggest that perpetrators and family members tend to be dependent on the individual they are mistreating (Bonnie and Wallace, 2003), thus upholding the Social Exchange or Dependency Theory. Results from Table 2 also revealed that the respondents agreed that some children abuse their elderly parents in retaliation of childhood neglect. This is consistent with Volz (2010) who suggested that adults who were abused as children may retaliate against their aging parents.

The findings revealed that the respondents agreed to the fact that stress and burden of providing care for the elderly contribute to elder abuse at the familial level in Akwa Ibom State. The finding supports others who established a possible correlation between stresses of care giving and abuse (Volz, 2010). This finding is not supported by some research studies (Philips, 2000). The argument is that stress may not be a sufficient explanation for caregivers to mistreat elderly people as most other people who experience it do not exhibit violent reactions toward the elderly.

Table 2 also revealed that the respondents identified alcohol and drug abuse as familial factors in elder abuse, implying that family members who abuse the elderly are likely to be alcohol

and drug abusers. This is in consonance with Bonnie and Wallace (2003) who suggested that abusers are more likely than other caregivers to be dependent on alcohol or other drugs, and that the role of alcohol abuse will differ by abuse type. An earlier study by Reay and Browne (2001) found that alcohol abuse by the caregiver occurred in seven out of ten physical abuse cases, but only one of the neglect cases.

The respondents identified lack of social support to the primary care givers from secondary caregivers, other family members or government as contributing to abuse at the familial level. This may be so because many families abandon their elderly parents or relatives to the care of only one family member, while others might receive very little from other secondary caregivers. Moreover, caregivers for the elderly in the country do not receive any form of incentive from government in the form of tax rebate or allowance as practised in some advanced countries. The finding supports the WHO (2002) observation that the family and community networks in many developing countries that had formerly provided support to the older generation have been weakened, and destroyed by rapid social and economic change.

Results in Table 2 have advanced poverty as a familial determinant of elder abuse in Akwa Ibom State. That poverty is being identified as a familial determinant of elder abuse in Akwa Ibom State is not surprising considering the poverty profile of the state where 39% are classified as moderately poor and 33.4% are classified as extremely

poor (AK SEEDS, 2004). This finding agrees with other studies with similar finding Jamuna, 2003; Ferreira, 2004). Mupila (2008) supports that elderly people abuse is closely linked to poverty that attacking the cause of poverty could greatly improve the security of older people.

Conclusion

Family members hold the responsibility of providing filial responsibility to elderly parents and relatives; it is also known that family members in the course of care giving perpetrate the majority of the reported cases of abuse of the elderly. The study investigated the familial determinants of elder abuse in the context of family care giving in Akwa Ibom State, Nigeria. Findings of the study revealed that emotional/psychological abuse is the most common form of abuse experienced by the elderly in the study, closely followed by financial/material abuse and neglect/abandonment, followed by physical abuse while sexual abuse is the least experienced form of abuse. The familial factors contributing to elder abuse in order of importance as revealed in the study are accusing the elderly of witchcraft, unemployment, intergenerational transfer of abuse, emotional and financial dependence on the victim, family's social isolation, retaliation of childhood abuse, physical stress and burdens of care giving, lack of social support from secondary caregivers and other family members; and poverty.

Recommendations

Based on the findings of the study the following recommendations are made:

- Families overburdened with care of the elderly should explore the integration and support of other volunteer caregivers such as friends and neighbours to help ameliorate the burdens of care giving.
- Public awareness programmes and public education campaigns that define elder abuse should be organised, to raise the public's awareness on the growing problem of elder abuse in order to reduce the prevalence of abuse in Akwa Ibom State.
- Churches, NGOs, and health institutions, should establish homes for the elderly to take care of elderly people during work or business hours in the absence of primary caregivers.
- The state Government should also establish old people's home in Akwa Ibom State as a matter of urgency to cater for the needs of those who might require such homes for the placement of their aged parents in case of role conflicts or by geographical separation arising from employment.

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