

Patterns of Physical, Emotional and Financial of Elderly Mistreatment in a Rural Community in Egypt

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Abstract:

Background: Mistreatment of the elderly is a hidden problem and has received increasing attention over the past decade as a common problem with serious consequences for the health and wellbeing of elderly people. **Aim of the study:** was to determine the extent of mistreatment of elderly people living in their homes in the rural area of Shebin El- kom district, Menoufia governorate, Egypt. **Subjects & methods: Research design:** A descriptive study design was used. **Setting:** The study was conducted in Meleeg and Meet afia villages” Shebin El- kom district, Menoufia governorate through home visit. **Subjects:** 300 respondents, who answered face-to-face survey questionnaires. **Tools:** Three tools were utilized for data collection: questionnaire for socio demographic characteristics, elder Assessment Instrument (EAI) and Hawaleksengstok screening test for mistreatment. **Results:** Forty three percent of elderly mistreatment was reported by the studied sample. The predominant type of elder mistreatment was financial (27.0%) followed by psychological mistreatment (18.0%) and physical mistreatment (7.7%). Elderly mistreatment was associated with age more than 75 years old, female, unmarried, presence of chronic disease and disabilities. **Conclusions:** The most common pattern of elderly mistreatment was financial mistreatment which is considered the predominant type of Elderly mistreatment followed by emotional and physical mistreatment. The prevalence of elderly mistreatment was forty three percent for all types. Female, unmarried, having disabilities, and chronic disease were considered the most common risk factors for elderly mistreatment. **Recommendations:** Including health education for family and community in order to prevent and control of elder mistreatment, training program for caregivers that provide them proper dealing with elderly, identifying alternative resources of care for elderly and how to gain access to them.

Key words: Mistreatment; Elderly abuse; Prevalence

Introduction:

Aging is a complex phenotype resulting from the continuous lifelong adaptation of the body to unrepaired molecular and cellular damage to the organisms caused by a variety of external and internal agents. ⁽¹⁾ The increase in the proportion of older adults in the population results mainly from a lengthening life expectancy. Lengthening life expectancy is largely the result of improvements in life style, hygiene, nutrition and advances in medical science. ⁽²⁾

Elder mistreatment is an important cause of morbidity and mortality in older adults. While family physicians are well placed to identify mistreatment of seniors, their actual rates of reporting mistreatment are lower than those in other professions. ⁽³⁾ The National Research Council (NRC) report “Elder

Mistreatment” as “intentional actions that cause harm or create a serious risk of harm, whether or not intended, to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder or failure by a caregiver to satisfy the elder’s basic needs or to protect the elder from harm. ⁽⁴⁾

Elder mistreatment has received increasing attention over the past decade as a common problem with serious consequences for the health and wellbeing of old people. ⁽⁵⁾ The responsibility of identifying Elder Mistreatment (EM) often falls over the survival of elderly persons who have been mistreated on the healthcare professional. Many different screening and assessment instruments have been developed to aid healthcare professionals in making

determinations about EM. ⁽⁴⁾ Although there are common themes of elder mistreatment across nations, there are also unique manifestations based upon history, culture, economic strength, and societal perceptions of older people within nations themselves. The elderly mistreatment may be physical, psychological, or financial. ⁽²⁾

Elder mistreatment is a widespread medical and social problem that is often under-recognized by primary care physicians. The scale of the problem is unknown as there is no accepted way of recording cases. The number of older people who are at risk of mistreatment and abuse is likely to grow as the proportion of older people in the population continues to increase. Despite a growing body of knowledge about elder mistreatment, it remains largely unreported. ⁽⁶⁾

Significance of study:

Elderly mistreatment remained a private matter, well hidden from public view. Today, it is increasingly being seen as an important problem and one that is likely to grow as many countries experience rapidly ageing populations. It is predicted that by the year 2025, the global population of those aged 60 years and older will more than double, from 542 million in 1995 to about 1.2 billion. The few population-based studies that have been conducted suggest that between 4% and 6% of elderly people have experienced some form of mistreatment in the home. The elderly are also at risk of mistreatment in institutions such as hospitals, nursing homes and other long-term care facilities. ⁽⁷⁾ In Egypt, study done by Abdel Rahman ⁽⁸⁾ who investigated elder mistreatment in Mansoura. He found 43% prevalence rates of elderly mistreatment.

Aim of the study:

The aim of the present study was to determine the extent of mistreatment of elderly people living at their homes in the rural area of Shebin El-kom district, Menoufia governorate.

Research questions:

- What are the patterns of elderly mistreatment in the rural area of Shebin El-kom district, Menoufia governorate, Egypt?
- What is the prevalence of mistreatment of elderly in the rural area of Shebin El-kom district, Menoufia governorate, Egypt?
- What are the risk factors of physical, emotional and financial mistreatment of elderly in the rural area of Shebin El-kom district, Menoufia governorate, Egypt?

Subjects and Method:

Research design:

A descriptive design was used to conduct the current study.

Setting:

The study was conducted through home visit in Meleeg and Meetafia villages Shebin El-kom district, Menoufia governorate.

Subjects:

A purposive sample of elderly people (n=300) were included in the study from Meleeg and Meetafia villages" Shebin El-kom district, Menoufia governorate. The following criteria were included: 60 year and above and not deaf.

Sample size:

Sample size was calculated by using EPI program V. 7 Depending on size of elderly population (above 60 years old) in Shebin El-kom district which was 300,000 and percent of (40%- 15%), on power 95% size giving sample 300 person. The sample was collected by assistance of rural leader in the search for the required characteristics of the sample where she well-known to most families in the village.

Tool of data collection:

Three tools were utilized for data collection:

Tool (1): Questionnaire sheet: that was constructed by the researcher to cover the following data: Socio

demographic data such as age, gender, marital status, level of education...etc; Medical history and health status (presence of chronic disease, level of dependency presence of assistive device...etc; Socio cultural data (number of sibling, condition of living, believes of elderly respect...etc) and financial status (work, monthly income ...etc).

Tool (2): Elderly assessment instrument (EAI): It is developed by researcher guided by Dazio,⁽⁹⁾ Fulmer and Cahill.⁽¹⁰⁾ It provides information to clinicians to better inform judgment about risk of elder mistreatment. 40-items screening tool with both subjective and objective items to determine if an older person should be referred for suspected elder mistreatment. It divided into groups of questions, each group of questions measure one type of elder mistreatment (physical, psychological or financial). A patient should be referred to social services if the following exists: If there is any evidence of mistreatment without sufficient clinical explanation, whenever there is a subjective complaint by the elder of EM or whenever the clinician believes there is high risk or probable abuse, neglect, exploitation, abandonment.

Tool (3): Hwalek-Seng stok Elder Abuse Screening Test (H-S/EAST): It is adopted from Neale et al.⁽¹¹⁾ It is a short (15 item) questionnaire for use in health and social service agencies to screen for persons who may be at risk for abuse. It was developed at the request of agencies, which felt that a short test such as this would be useful in identifying abused or neglected elders or persons at risk. It measures three areas of elder mistreatment risk: violation of personal rights or direct mistreatment, characteristics of vulnerability, and potentially mistreated situations. Abuse is associated with a response of no to items 1, 6, 12, and 14; a response of someone else to item 4; and a response of yes to all others is scored in the mistreatment

direction. Are you sad or lonely often? Do you feel that nobody wants you around? Do you have enough privacy at home? Has anyone close to you tried to hurt you or harm you recently? a mean score of 3 or higher indicates higher risk of abuse, a trigger for further assessment.

Content validity and reliability:

Tools were developed by the researchers after reviewing of related literature. Content validity was determined by a panel of three experts. Modifications were carried out according to the panel judgment on clarity of the sentences and appropriateness of the content. Reliability was assessed by applying the questionnaire on 10 clients using test-retest.

Pilot study:

A pilot study was carried out before starting the actual data collection the purpose of the pilot study was to ascertain the clarity and applicability of the study tool and to identify the obstacles and problems that may be encountered during data collection. It also helped to estimate the time needed to fill in the questionnaire. Based on the results of the pilot study modifications, clarifications, omission and re arrangements of some questions were done. A pilot study was carried out on 10 elderly persons. The sample of pilot study was excluded from the total sample to assure the stability of the result.

Field work:

Data collection was started on the first of September 2012 and lasted until February 2013. At the beginning, it was necessary for the researcher to introduce herself to the study subject and explain the purpose of study in easy and simple manner because it is sensitive issue. Home visit done for each subject to collect the data. The visit continued for about 40 minutes.

Administrative and ethical considerations:

An official permission was obtained from the directory of health care unit at studied setting after submitting official

letters from faculty of nursing about the purpose of the study. Meeting was conducted first with directory of health care unit to obtain permission for conducting the research.

The agreements of participant were taken after the purpose of the study was explained. Before data collection the elderly were informed by the aim of the study and what would be done with the result. Also Protection of human rights was emphasized to elderly person that the study was voluntary and anonymous and confidentiality of responses would be respected. Elderly person had the full rights to refuse to participate in the study at any time.

Statistical analysis:

Results were collected, tabulated and statistically analyzed by an IBM compatible personal computer with SPSS statistical package version 20. Two types of statistical analysis were done:

- Descriptive statistics e.g. was expressed in: Number (NO), percentage (%), mean (\bar{X}) and standard deviation (SD).
- Analytic statistics: Normally distributed quantitative data was analyzed by t-test (between 2 groups) and ANOVA (for more than 2 groups). Odd's Ratio (OR) was calculated for significant risk factors at CI 95%. P- Value of < 0.05 was considered statistically significant.

Results:

Figure (1): Displays the prevalence and percentage of each type of mistreatment according to Elder Assessment Instrument (EAI). It shows that, 7.70% physical mistreatment, 18% psychological mistreatment and 27% financial mistreatment.

Figure (2): Shows that percentage of mistreatment according to Hwalek-seng stock screen test (H-S/EAST) which was 43% however 57% of the sample has no mistreatment.

Table (1): Presents that being more than 75 years, female and illiterate are risk factors for

mistreatment higher than others with (2.18 times), (1.93 times) and (1.91 times) respectively according to Hwalek score. Also this table shows that being unmarried and living home alone increase risk for mistreatment (2.09 times), and (1.70 times) than others. In addition having disabilities, also increase the risk for mistreatment than others.

Table (2): Shows that being more than 75 years old, female and illiterate are increase risk factors for physical mistreatment than others (5.020 times), (3.5 times) and (3.73 times) respectively. Also this table shows that being unmarried and living home alone increase risk for physical mistreatment than others (2.85 times) and (5.24 times). In addition to presence of disability higher among physical mistreatment group more than others (8.18 times). Having chronic diseases increase risk of physical mistreatment (6.21 times).

Table (3): Demonstrates that being more than 75 years old, female and illiterate are increase risk factors for psychological mistreatment than other (2.51 times), (2.24 times), and (2.40 times) respectively. Also unmarried increase risk for psychological mistreatment (1.93 times) than others. Living home alone and having disability also increases the risk about (5.46 times), and (2.78 times) respectively.

Table (4): This table shows that being more than 75 years old, female and illiterate are increase risk for financial mistreatment than others by (3.47 times), (2.08 times) and (2.06 times) respectively. Also this table shows that being unmarried, and living home alone, increases risk of financial mistreatment than others (1.75 times and 2.77 times respectively). In addition, having disability, and having chronic diseases are higher among financial mistreatment group than others

Discussion:

Elder mistreatment is now recognized internationally as a serious

public health problem. However, current scientific knowledge regarding this problem is still lacking. Elder mistreatment is a common, largely undetected problem worldwide with various prevalence and features in different ethnic and cultural communities.⁽¹²⁾ Mistreatment of older adults takes many forms, may be physical, verbal, emotional and sexual abuse, financial exploitation, and neglect. According to the National Center on Elder Abuse, the number of older adults who are mistreated each year is close to 5 million and is rising.⁽¹³⁾

The current study showed that forty three percent of elder mistreatment in a rural area in menoufia. This result supported by Abdel Rahman⁽⁸⁾ who investigated elder mistreatment in Mansoura, Egypt. He found Prevalence rates of psychological, physical, financial mistreatment and neglect. In addition to a cross-sectional study by Wu et al⁽¹²⁾ who studied Prevalence and associated factors of elder mistreatment in a rural community in People's Republic of China. He found different types of mistreatment with different rates. On the other hand another study⁽¹⁴⁾ for elder abuse and neglect in Zaria northern Nigeria revealed that Elder abuse was uncommon in this community like in other communities in the developing countries. However, possible neglect of personal care and hygiene of the elderly was common and that explained by the researcher as a result of poor economic status of both the elderly and his caregiver. It may be related to lack of awareness about importance of personal care and hygiene of the elderly.

The results of the present study showed that financial mistreatment was the predominant type of elder mistreatment followed by psychological and physical mistreatment. This result was in the same line with Price et al⁽¹⁵⁾ who studied elder financial exploitation: implication for future policy and

Research in elder mistreatment. He reported that, financial exploitation was the most common form of elder mistreatment. In addition to Acierno⁽¹⁶⁾ who found that financial mistreatment records higher prevalence rather than other types. In contrast to this result Abdel Rahman⁽⁸⁾ who reported that, the predominant type of elder mistreatment was neglect followed by physical mistreatment, psychological and financial mistreatment. In addition to Biggs et al⁽¹⁷⁾ who found that the predominant type of reported mistreatment was neglect followed by financial mistreatment, psychological mistreatment, physical mistreatment, and sexual mistreatment. This difference may be reflect economic conditions of the Egyptians, in addition to political changes which lead to stress in all aspect of life especially economical aspect or it could be explained by differences in the reticence of reporting specific types of mistreatment in different cultural groups.

The current study showed that elder mistreatment was associated with persons above 75 years, female, illiterate, unmarried, living home alone, and having disabilities. This can be explained by strained family relationships may worsen as a result of stress and frustration as the older person becomes more dependent. These results supported by Naughton et al⁽¹⁸⁾ who assess Elder mistreatment and neglect in Ireland. He found that several risk factors were associated with elder mistreatment as being widowed, divorced, and single, having physical disability, having a labor-intensive job, depending on self-made income, and living alone significantly increased the risk of elder mistreatment.

Regarding to physical mistreatment, this study revealed that, physical mistreatment associated with being above 75 years, female, illiterate, not married, living home alone, having disability, and having chronic diseases. That may be related to more dependence of elder persons

as they suffer from some disabilities and chronic diseases. This result is on the same line with Laumann et al⁽¹⁹⁾ who assess elder mistreatment in the United States. He reported that Physical mistreatment was significantly associated with being shared living, dependent on self-made income and having physical disability or chronic disease.

Regarding to psychological mistreatment, the present study showed that, psychological mistreatment associated with being above 75 years old, female and illiterate, not married, living home alone, having disability, and having chronic disease. This result supported by Acierno et al⁽¹⁶⁾ who investigate Prevalence and correlates of emotional, physical, sexual, and financial mistreatment and potential neglect in the United States. He reported that, Psychological mistreatment was significantly associated with being older, widowed, divorced, single, separated, 5 years or less of schooling, living alone, being solely dependent on self-made income, having chronic disease, physical disability, and depression.

The present study showed that the elderly who lived alone may be at risk for psychological mistreatment than others. In contrast to this result, Wu et al⁽¹²⁾ who found that, shared living increased the risk for elder mistreatment. That may be referred to share living increased opportunities for contact and thus perhaps conflict and tension in a co-residential living arrangement and this increase opportunity for psychological mistreatment .

Regarding to financial mistreatment, this study revealed that being above 75 years old, female and illiterate, living alone, having disability, and having chronic diseases increase risk for financially mistreatment. These

results supported with Price⁽¹⁵⁾ who stated that financial mistreatment was associated with physical disability, and presence of chronic illness. That can be interpreted by physical disabilities and chronic diseases may lead to inability to manage his/her money and result in financial mistreatment.

Conclusions:

Financial, psychological, and physical were common patterns of elder mistreatment in rural area in shibin El-kom district, Menoufia governorate. The most common pattern of elderly mistreatment was financial mistreatment which was the predominant type of elderly mistreatment followed by psychological and physical mistreatment. The prevalence of elderly mistreatment was forty three percent for all types. Female, unmarried, having disabilities, and chronic disease were considered the most common risk factors for elderly mistreatment.

Recommendations:

The study recommended that:

- Health education for family and community in order to prevent and control of elder mistreatment.
- Training program for caregivers that provide them proper dealing with elderly.
- Identifying alternative resources of care for elderly and how to gain access to them.

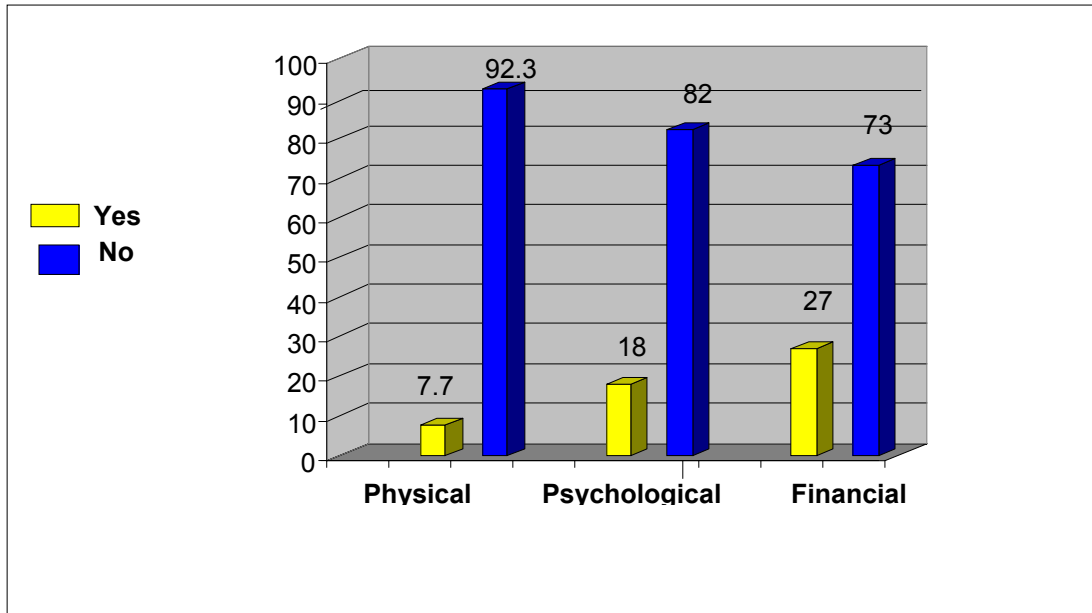


Figure (1): Pattern of elderly mistreatment: Physical, psychological and financial at rural community according to elder assessment instrument (EAI)

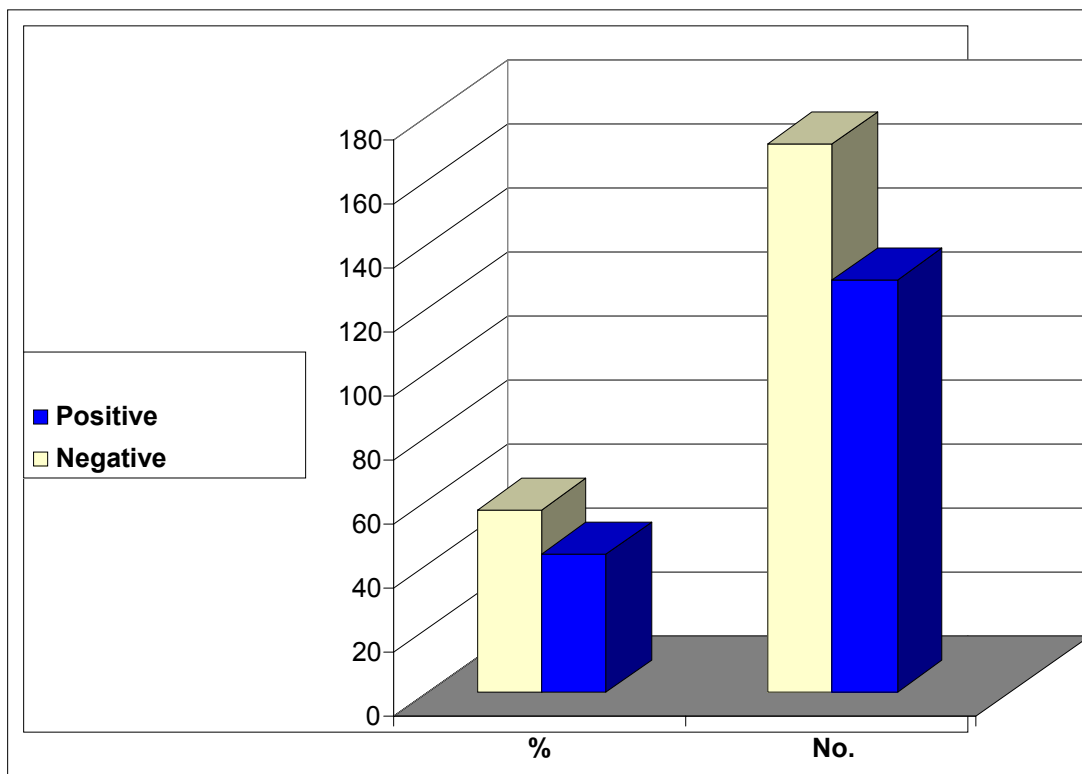


Figure (2): Prevalence of elderly mistreatment according HwalekSeng- Stock screening test

Table (1): Socio demographic characteristics in relation to Elderly mistreatment according to Hwalek-seng stock screen test (n=300)

Variable	Mistreatment				Total		χ ²	P value	OR (CI 95%)*
	Yes (n=129)		No (n=171)		No.	%			
	No.	%	No.	%	No.	%			
Age:									
▪ 60-	39	30.2	83	48.5	122	40.7	10.21	0.001	2.18 (1.18;3.52)
▪ ≥75 years	90	69.8	88	51.5	178	59.3			
Gender:									
▪ Female	88	68.2	90	52.6	178	59.3	7.40	0.006	1.93 (1.20;3.11)
▪ Male	41	31.8	81	47.4	122	40.7			
Educational level:									
▪ Illiterate	78	60.5	76	44.4	154	51.3	7.55	0.005	1.91 (1.20;3.04)
▪ Educated	51	39.5	95	55.6	146	48.7			
Marital status:									
▪ Not married	80	62.0	75	43.9	155	51.7	9.71	0.001	2.09 (1.31;3.33)
▪ Married	49	38.0	96	56.1	145	48.3			
Home living:									
▪ Alone	46	35.7	42	24.6	88	29.32	4.37	0.03	1.70 (1.03;2.81)
▪ With family	83	64.3	129	75.4	12	70.7			
Having disability									
▪ Yes	35	27.1	16	9.4	51	17.0	16.46	0.000	3.61 (1.89;6.87)
▪ No	94	72.9	155	90.6	249	83.0			
Chronic disease:									
▪ Yes	110	85.3	128	74.6	238	79.3	4.87	0.02	1.94 (1.07;3.53)
▪ No	19	14.7	43	25.4	62	20.7			

*CI= confidence interval

Table (2): Socio demographic characteristics in relation to physical mistreatment (n=300)

Variable	Physical mistreatment				Total		χ ²	P- value	OR (CI 95%)
	Yes (n=23)		No (n=277)		No.	%			
	No.	%	No.	%	No.	%			
Age:									
▪ 60- years	3	13.0	119	43.0	122	40.7	7.88	0.005	5.020 (1.46;17.29)
▪ ≥75 years	20	87.0	158	57.0	178	59.3			
Gender:									
▪ Female	19	82.6	159	41.7	178	59.3	5.59	0.01	3.53 (1.17;10.63)
▪ Male	4	17.4	118	58.3	122	40.7			
Educational level:									
▪ Illiterate	18	78.3	136	49.1	154	51.3	7.23	0.007	3.73 (1.35;10.33)
▪ Educated	5	21.7	141	50.9	146	48.7			
Marital status:									
▪ Not married	17	74.0	138	49.8	155	51.6	4.94	0.02	2.85 (1.09;7.45)
▪ Married	6	26.0	139	50.2	145	48.4			
Home living									
▪ Alone	15	65.2	73	26.4	88	29.3	15.47	0.000	5.24 (2.13;12.87)
▪ With family	8	34.8	204	73.6	212	70.7			
Having disability									
▪ Yes	13	56.5	38	13.7	51	17.0	27.57	0.000	8.18 (3.35;19.96)
▪ No	10	43.5	239	86.3	249	83.0			
Chronic disease :									
▪ Yes	22	95.6	216	78.0	238	79.3	4.05	0.04	6.21 (0.82;47.03)
▪ No	1	4.3	61	22.0	62	20.7			

Table (3): Socio demographic characteristics in relation to Psychological mistreatment (n=300)

Variable:	Psychological mistreatment				Total		χ^2	P-value	OR (CI 95%)
	Yes (n=54)		No (n=246)		No.	%			
	No.	%	No.	%	No.	%			
Age:									
▪ 60- years	13	24.1	109	44.3	122	40.7			2.51
▪ ≥75years	41	75.9	137	55.7	178	59.3	7.51	0.006	(1.28;4.92)
Gender:									
▪ Female	40	74.1	138	56.1	178	59.3	5.93	0.001	2.24
▪ Male	14	25.9	108	43.9	122	40.7			(1.16;4.32)
Educational level:									
▪ Illiterate	37	68.5	117	47.6	154	51.3	7.78	0.008	2.40
▪ Educated	17	31.5	129	52.4	146	48.7			(1.28;4.49)
Marital status:									
▪ Not married	35	64.8	120	48.8	155	51.7	4.56	0.03	1.93
▪ Married	19	35.2	126	51.2	145	48.3			(1.05;3.57)
Home living:									
▪ Alone	33	61.1	55	22.4	88	29.3	32.08	0.000	5.46
▪ With family	21	38.9	191	77.6	212	70.7			(2.92;10.18)
Having disability									
▪ Yes	20	37.0	43	17.5	51	17.0	10.21	0.001	2.78
▪ No	34	63.0	203	82.2	249	83.0			(1.46;5.28)
chronic disease:									
▪ Yes	49	90.7	189	76.8	238	79.3	5.23	0.02	2.96
▪ No	5	9.3	57	23.2	62	20.7			(1.12;7.77)

Table (4): Socio-demographic characteristics in relation to financial mistreatment (n=300)

Variable	Financial mistreatment				Total		χ^2	P- value	OR (CI 95%)
	Yes (n=81)		No (n=219)		No.	%			
	No.	%	No.	%	No.	%			
Age									
▪ 60- years	17	21.0	105	49.9	122	40.7			3.47
▪ ≥75 years	64	79.0	114	52.1	178	59.3	17.81	0.000	(1.91;6.30)
Gender:									
▪ Female	58	71.6	120	54.8	178	59.3	6.93	0.008	2.08
▪ Male	23	28.4	99	45.2	122	40.7			(1.20;3.61)
Educational level:									
▪ Illiterate	52	64.2	102	46.6	154	51.3	7.35	0.006	2.06
▪ Educated	29	35.8	117	53.4	146	42.7			(1.22;3.48)
Marital status:									
▪ Not married	50	61.7	105	48.0	155	51.7	3.96	0.04	1.75
▪ Married	31	38.3	114	52.0	145	48.3			(1.04;2.95)
Home living									
▪ Alone	37	45.7	51	23.3	88	29.3	14.30	0.000	2.77
▪ With family	44	54.3	168	76.7	212	70.7			(1.62;4.74)
Having disability									
▪ Yes	24	29.6	27	12.3	51	17.0	12.54	0.000	2.99
▪ No	57	70.4	192	87.7	249	83.0			(1.60;5.59)
chronic disease :									
▪ Yes	73	90.1	165	75.3	238	79.3	7.88	0.005	2.99
▪ No	8	9.9	54	24.7	62	20.7			(1.35;6.59)

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