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Elder Abuse And Its Consequences: A Review

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Abstract: This review article has focused on a very serious social psychological phenomenon called 'Elder abuse'. Elder abuse is a global public health and human rights problem which is conceptualized as a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This kind of mistreatment generates unpleasant feelings or emotions that adversely impact the level of cognitive functioning, physical and psychological health of aging people. Evidence suggests that elder abuse is prevalent, predictable, costly, and sometimes fatal.

The main objective of article is to highlight the global epidemiology of elder abuse in terms of its prevalence, risk factors, and consequences on elder population. This article also identifies important knowledge gaps, such as lack of consistency in definitions of elder abuse; insufficient research with regard to screening; etiological factors, impacts and prevention researches. Moreover, future implications and research directions are also discussed.

Keywords: Elder abuse, Physical Health, Psychological Health, Cognitive Functioning

INTRODUTION

Over the last few decades, elder abuse has emerged as a serious social-psychological phenomenon around the world. The causes of elder abuse are multifarious and the consequences are damaging. Often, researchers have focused on issues related to quality of life in old age, psycho-social determinants of health and well-being however, less emphasis has been given by researchers on elder abuse and its consequences. Therefore, one area in the ageing subject that needs to be further addressed concerns aggression or violence suffered by the elderly. Elder abuse is a public health issue and such abuse is a violation of older adults' fundamental rights to be safe and free from violence and efforts toward improved well-being and quality of life in healthy ageing. Worldwide data suggest that 1 in 10 older adults in the United States experience physical, psychological, sexual abuse, neglect, or financial exploitation. In low- and middle-income countries, where the burden of the elderly is the greatest, prevalence is likely higher. Predictions indicate that by 2050, 22 percent of the world population will be 60 years or older, doubling the 2009 global population of older adults (UN, 2009). It was realized that various forms of elder abuse are found at a high rate in developing countries including India too. Despite, the magnitude of elder abuse globally, understanding elder abuse and effective interventions for preventing it, are often limited and fall short of those applied to more recognized public health problems. Thus, this article focuses on the nature and gravity of elder abuse and its impacts on the elderly population. Firstly, it is essential to conceptualize the actual nature of elder abuse.

Conceptualization of Elder Abuse

It is generally viewed that abuse of older people is either an act of commission or of omission (in such cases it is usually described as "neglect") and that it may be either intentional or unintentional. Abuses may take place in various forms i.e., physical, psychological (involving emotional or verbal aggression), financial, or other material maltreatment. Regardless of the type of abuse, it will certainly result in unnecessary suffering, injury, or pain, the loss or violation of human rights, and a decreased quality of life for the older person. Violence and related forms of abuse against the elderly is a global public health and human rights problem with far-reaching consequences, resulting in increased death, disability, and exploitation with collateral effects on health and well-being.

Elder abuse has several aspects that are unique from other forms of violence. These unique aspects deserve specific illumination, such as the role of cognitive impairment and social isolation. In addition, elders experiencing risk factors such as diminishing cognitive, behavioural functions, caregiver dependence, and social isolation are more vulnerable to maltreatment and underreporting. As the world population of adults aged 65 years and older continues to grow, the implications of elder maltreatment for health care, social welfare, justice, and financial systems have increased. Despite, the magnitude of global elder maltreatment, it has been an underappreciated public health problem.

The World Health Organization uses the term “Elder Abuse” and has adopted the definition developed in 1995 by Action on Elder Abuse in the United Kingdom. According to WHO (2008), “Elder abuse is a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person”. Within the field of elder abuse, different terms are used to define the parameters of violence, abuse, neglect, self-neglect, and exploitation of the elderly as described within a specific context. For example, the National Research Council (NRC) report Elder Mistreatment: Abuse, Neglect, and Exploitation in an Ageing America, defined elder mistreatment as, “(a) intentional actions that cause harm or create a serious risk of harm (whether or not harm is intended) to a vulnerable elder person by a caregiver or other person who stands in a trust relationship to the elder or (b) failure by a caregiver to satisfy the elder’s basic needs or to protect the elder from harm” (NRC, 2003).

Thus, a critical review of definitions indicates that various forms of abuse are found around the globe. Although forms of abuse vary from culture to culture yet, six major types of elder abuse have been identified by the National Center on Elder Abuse (NCEA, 2011) as described in the following section.

- **Physical Abuse:** Physical abuse is defined as the use of physical force that may result in bodily injury, physical pain, or impairment (NCEA, 2011). Acts like injuring the body of an elder—by throwing an object, kicking, slapping, pushing, hitting, shaking, beating, and causing insufficiency and physical hindrances are considered physical abuse, if they occur more than twice a month (Kissal, & Beşer, 2011).
- **Psychological/Emotional Abuse:** Emotional abuse is defined as inflicting pain, anguish, or distress by verbal or nonverbal acts (NCEA, 2011). Acts like verbal attacking, disdaining, threatening, humiliating, criticizing continuously, scaring, nicknaming, and disregarding, isolating an elderly person from his/her family, friends, or regular activities are considered psychological abuse if they occur more than twice a month (Kissal, & Beşer, 2011).
- **Financial Abuse**: Economic abuse (financial or material exploitation) is defined as the illegal or improper use of an elder's funds, property, or assets. Cashing an elderly person's checks without authorization or permission; forging an older person's signature; misusing or stealing an older person's money or possessions; coercing or deceiving an older person into signing any document (e.g., contracts or will); and the improper use of conservatorship, guardianship, or power of attorney (NCEA, 2011).
- **Sexual Abuse**: Sexual abuse is viewed as non-consensual sexual contact of any kind with an elderly person. Any sexual relation like rape and stripping, sodomy, coerced nudity, and sexually explicit photographing is considered sexual abuse (NCEA, 2011)
- **Neglect:** Neglect is considered as the refusal or failure to fulfill any part of a person's obligations or duties to an elder (NCEA, 2011). Neglecting the needs like eating, clothing, heating, and personal hygiene that cannot be satisfied by elderly people themselves, depriving of emotional and social impulses, leaving others alone for a long time, and ignoring the need for medical treatment, control, and necessary equipment are considered as neglect if they occurred more than twice a month (Kissal, & Beşer,2011).
- **Self-neglect:** Self-neglect among elders is characterized by the elder engaging in behaviors that threaten their safety or health. It usually is seen when an older person refuses or fails to provide

themselves with the proper amount of water, food, shelter, clothing, medications, and hygiene and safety precautions (NCEA, 2011).

This does not include situations where the mentally competent older person makes voluntary decisions to do things that threaten their health because of a personal choice. Signs and symptoms of self-neglect include living in inadequate places or being homeless, and failing to have or use medical aids like dentures, hearing aids, and glasses.

Epidemiology of Elder abuse

Since elder abuse is witnessed around the globe, however, most of the cases are unreported or underreported. Although, studies focusing on elder abuse are few, yet, according to a comprehensive study by National Council on Elder Abuse (NCEA, 2011) the prevalence of various types of abuse is identified, as presented in Figure 1.

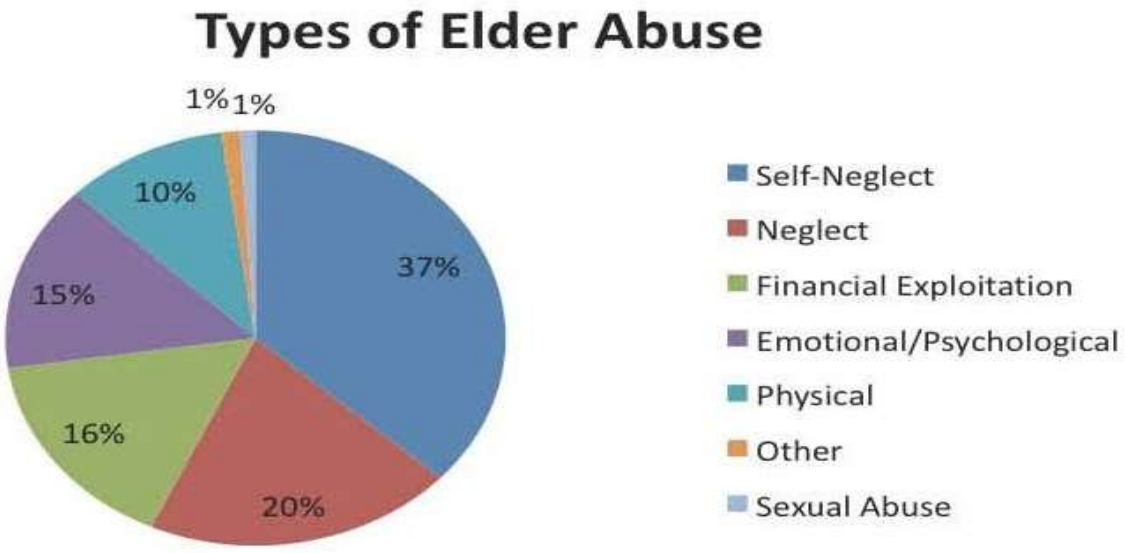

Fig.1: Displays the percentage of each subtype of elder abuse (based on the NCEA report).

Apart from the six types of abuse mentioned above, the forms of elder mistreatment vary from one culture to another culture. Within the field of elder abuse research, practice, and policy, it is suggested that consideration of cultural issues needs to be included to effectively address the needs of the individuals within their communities. Korean elders tend to see insufficient attention from their daughter-in-law as a form of abuse. Some of the culturally specific examples of abuse include "failure to employ Korean language usage that denotes respect," "direct expression of disagreement with the mother-in-law," and "failure to acknowledge the elderly upon arriving and leaving the residence" (Chang, & Moon, 1997). Studies on older Japanese provided another example of culturally specific types of elder abuse. In Korean and Indian populations, older adults tend to have a high tolerance for financial abuse, as it is common practice for older people to transfer their property and valuables to their adult children in hopes that they will take care of them as they become older (Yan, Chan & Tiwari, 2015).

Elder abuse and neglect are increasingly acknowledged as a social problem internationally (Acierno et al., 2010; Dong et al., 2009), and India is not an exception. The responsibility of caring for the elderly in India is traditionally borne by the immediate family (Gupta, 2009). However, with a changing trend toward nuclear family setups, the vulnerability of the elderly is considerably increasing. The intersection of high care demands and competing time-use priorities can result in low-quality care and high caregiver burden (Dias, & Patel, 2009), which may manifest in continued unmet needs/neglect and, in the most extreme cases, even direct abuse.

Incidence/Prevalence of Elder Abuse

Even though there is a general perception of the mistreatment perpetrated on older adults (Cooper et al., 2009), the exact magnitude and nature of abuse is still unknown in India. Sebastian and Sekher (2010) identified that female elderly, especially widows, those in the oldest-old age group (80+ years), and the physically immobile, are more vulnerable to abuse than others. Not only the poor but also the rich are susceptible to neglect, and

abuse in many families. Earlier, Chokkanathan and Lee (2006) found that the prevalence of mistreatment was 14% among older adults in an urban setting in India. However, no significant difference was observed between males and females and also between rural and urban areas. It is also important to note that about three-fourth of respondents stated that they never/hardly ever felt ill-treated within the family. But, among the abused elderly, nearly half reported they had experienced multiple forms of abuse.

In a representative household survey of 300 elderly Indians, Sebastian and Sekher (2011) found that nearly half of the respondents (49%) reported that they had experienced abuse or neglect from their family members in the surveyed year. Neglect and verbal abuse (39%) were the most common forms of mistreatment, followed by physical abuse (13%).

In a large-scale representative study conducted by Help Age India (2012), 31% of the 5,400 respondents had experienced abuse and 24% faced abuse daily. More than half of those who were abused had been enduring the abuse for more than 4 years. Among those who reported abuse, 44% identified disrespect as the most common form of abuse, 30% identified neglect, and 26% identified verbal abuse. Forty-six percent of the respondents in this sample had witnessed cases of abuse in their surroundings.

The review of the studies mentioned above indicates the high prevalence of elder abuse in India. The causative roots of elder abuse are multifaceted and interlinked with numerous personal, contextual, and psycho-social factors.

Contributing factors of Elder Abuse

Elder abuse is a serious psycho-social issue and its causal roots are multifaceted. Although, earlier studies on elder abuse indicate abuser's personality disturbance as a major cause of maltreatment, however later studies suggest that lack of a value system and negative attitude of the younger generation are the most obvious causes of "maltreatment" in the present-day scenario. Lack of adequate housing leading to a lack of physical and emotional space or necessities that make the older parent shift to one corner of the house was also perceived as another major cause. The “burden” was perceived both in the capacity of time and money by the caregivers. Caregivers became non-caring or not caring enough for the older parents and subjected them to neglect (Help Age India, 2012). Abuse and neglect of older adults is not a private matter. It affects individuals, families, communities, and ultimately society at large. A conceptual framework of the causes of elder abuse has been derived on the basis of Belsky model (1984).

Table1: Conceptual Framework of the Causes of Elder Abuse.

Ontogenetic Factors	Micro System Factors	Exo System Factors	Macro System Factors
History of Abuse	Marital discord	Inadequate healthcare facilities	Economic recession
Alcohol abuse	Disorganized family	Social isolation	Cultural differences
Stressful experiences	Unhealthy/Sick elderly	Unsafe neighborhood	Views about elderly as dependent

The framework (Table 1) includes psychological disturbances in caregivers, abuse eliciting characteristics of the elderly, dysfunctional patterns of family interaction, stress- including social and abuse–promoting cultural values. Belsky (1984) model is mainly based on Bronfrenbrenner’s (1977, 1979) work related to the ecology of human development which conceptualized mistreatment as a “Social Psychological Phenomenon” and multiple forces determine it across four different levels: the individual (Ontogenetic development), the family (the micro-system), the community (the exo-system), and the culture (the macro-system), in which both the individual and family are embedded. Belsky combined Tinbergen's concern for ontogenetic development with Bronfenbrenner’s concern for the ecology (on the context) for developing his conceptual model of child maltreatment.

Present conceptual model is based on Belsky’s model to explain elder abuse. It indicates that forces within the individuals determine elder mistreatment; the family, the culture, and these determinants are nested

ecologically with one another. Thus, causes of elder mistreatment cannot be explained on the basis of a single factor. It is the product of multiple factors interlocked with each other. Despite the caregiver characteristics, several interaction variables at individual, gender, family, community, society, and culture play prominent roles, as discussed in the following section.

1-Individual/Personal Factors

Early researchers in the field of elder abuse played down individual personality disturbances as causal agents of family violence in favor of social and cultural factors. More recently, though, research on family violence has shown that physically aggressive abusers are more likely to have personality disorders and alcohol-related problems than the general population. Similarly, studies restricted to violence against older people in domestic settings have found that aggressors are more likely to have mental health and substance abuse problems than family members or caregivers who are not violent or otherwise abusive (Homer, & Gilleard, 1990).

Cognitive and physical impairments of the abused older person were strongly identified in the early studies as risk factors for abuse. However, cases from a social service agency revealed that the older people who had been mistreated were not more debilitated than their non-abused peers and may even have been less so, particularly in cases later studies of a range of physical and verbal abuse (Pillemer, 1986). In other studies, a comparison of samples of patients with Alzheimer's disease showed that the degree of impairment was not a risk factor for being abused. However, among cases of abuse reported to the authorities, those involving the very old and the most impaired generally constitute a large proportion (Paveza et al. 1992). Although the income of the older person was not a significant factor in a study of the prevalence of elder abuse, even though, financial difficulties on the part of the abuser did appear to be an important risk factor. Sometimes this was related to substance abuse by an adult son/family member, leading him/her to extort money, possibly a pension cheque, from the older person. Resentment by family members at having to spend money on the care of the older person may also have played a part in abuse of this nature.

2- Gender

Gender differences have been considered a defining factor in elder abuse because older women may have been subject to oppression and economically disadvantaged throughout their lives (Aitken & Griffin, 1996). However, according to community-based prevalence studies, it appears that older men are at risk of abuse by spouses, adult children, and other relatives in about the same proportions as women (Podnieks, 1992). The gender aspects of elder abuse and the overlaps with domestic violence in particular necessitate a deeper discussion. Women live longer than men almost around the globe. In 2002, there were 678 men for every 1000 women aged 60 years and over in Europe. At age 80 years and over, the worldwide average was below 600 men for every 1000 women, while in developed countries women aged 80 years and over outnumbered men by more than two to one.

Although women have the advantage of longevity, they are more likely than men to experience domestic violence and discrimination in access to basic services, such as education, health care, and social security, resulting in a cumulative status of ill health. Therefore, it is critical to analyze the abuse of older women not only within the context of population numbers where women outnumber men but also in the context of a life course of discrimination, oppression, and abuse. Earlier studies have shown that older men are also at risk, but they are less abused than women. Elderly males and females both are maltreated in many ways with little variation from culture to culture.

3- Community and societal factors

The role of community and society-level factors in the origin of elder abuse cannot be denied. Social isolation emerges as a significant factor in elder mistreatment. As with battered women, the isolation of older people can be both a cause and a consequence of abuse. Many older people are isolated because of physical or mental infirmities. The loss of friends and family members reduces the opportunities for social interaction. Earlier, emphasis was generally given to individual or interpersonal attributes as potential causal factors for elder abuse. Cultural norms and traditions – such as ageism, sexism, and a culture of violence are also now recognized as playing an important underlying role. Older people are often depicted as being frail, weak, and dependent, something that has made them appear less worthy of government investment or even of family care than other groups and has presented them as ready targets for exploitation. Older people are often viewed as targets for abuse and exploitation, their vulnerability being a result of poverty distinguished by a lack of pension support and job opportunities, poor hygiene, disease, and malnutrition.

The political transformations within post-communist Eastern Europe have also produced conditions heightening the risk of elder abuse. In Chinese society, several reasons have been pointed out for the

mistreatment of older people, including a lack of respect by the younger generation; tension between traditional and new family structures; restructuring of the basic support networks for the elderly; migration of young couples to new towns, leaving elderly parents in deteriorating residential areas within town centers.
Studies on elder abuse have tended to focus on interpersonal and family problems. However, an integrated model encompassing individual, interpersonal, community and societal perspectives is more appropriate and reduces some of the bias evident in the earlier studies. Such a model takes into account the difficulties faced by older people, especially older women. These people often live in poverty, without family support and such factors increase the risk of abuse, neglect, and exploitation.

4-Family characteristics

Earlier, Indian society was proud of its joint family system. Elders were respected and had a voice in family matters. During the last century, in the light of socio-economic transformations; this family system has slowly been eroded. More and more married couples are working full-time, so families have become smaller and nuclear. Moreover, migration and consumerism have also become the order of the day. Despite this, the life expectancy of the elderly has gone up from 32 years in 1947 to more than 67 years for males and 69 years for females in 2011. These factors have contributed to growing pressures on families that often result in the form of abuse, neglect, and abandonment of the elderly. While most elderly are well looked after, many suffer from poverty, loneliness, neglect, abuse, and abandonment and find it difficult to mobilize resources for their basic needs as their children are either unable or unwilling to care for them.
Due to abusive behavior by the family members, the elderly face lots of physical and mental health problems. Sometimes, they lose interest in life which turns detrimental; they attempt suicide or pray to almighty for an early death. In a suicide attempt, they harm themselves physically or mentally which brings serious health complications. In such families, a feeling of burden grows rapidly at both ends. They don't receive the expected support from family and children even in the time of extreme need. So, the family structure and other characteristics of the family play a vital role in the existence of elder abuse.

5- Relationship Factors

The level of stress of caregivers has been identified as a risk factor that links elder abuse with the care of an elderly relative. While the popular image of abuse depicts a dependent victim and an overstressed caregiver, there is growing evidence that neither of these factors properly accounts for cases of abuse. Although researchers do not deny the component of stress, they tend now to look at it in a wider context in which the quality of the overall relationship is a causal factor (Burman & Margolin, 1992). Some of the studies involving caregiver stress, Alzheimer's disease, and elder abuse indicate that the nature of the relationship between the caregiver and the care recipient before abuse begins may be an important predictor of abuse (Dong, 2015). Therefore, stress may be a contributing factor in cases of abuse but does not by itself account for the abuses.
Studies on patients with dementia have shown that violent acts carried out by a care recipient can act as "triggers" for reciprocal violence by the caregiver. It may be that the violence is a result of the interplay of several factors, including stress, the relationship between the caregiver and the care recipient, the existence of disruptive behaviour and aggression by the care recipient, and depression in the caregiver (Burman & Margolin, 1992). Abuse can occur when the abuser and the older person suffering abuse live apart; the older person is more at risk when living with the caregiver.

6- Cognitive Deficit and Elder Abuse

Recent studies have suggested the prevalence of elder abuse is about 10–15% and estimated the incidence of elder abuse to be about 10% around the world (Brown, 2011). Evidence further suggests that elder abuse is more common among those with cognitive impairments and dementia and that mortality-associated elder abuse is most prominent among those with lower levels of cognitive function (Dong et al, 2009). Prior studies in clinical settings and more selected populations suggest that cognitive impairment and dementia increase the risk of elder abuse. Several studies suggest that situations of violence are more frequent among elderly individuals with cognitive impairment and dementia and that elder abuse associated with mortality is more common among those with lower levels of cognitive function (Dong, Simon, Rajan & Evans, 2011). In a study by Cooper et al. (2009) of 220 family caregivers of dementia patients who were referred to psychiatric services, 52% of caregivers reported some abusive behavior and 34% reported high levels of abuse. Researchers found that elder abuse occurred in more than 47% of dementia patients.
Moreover, elder abuse and domestic violence are more prevalent when elderly individuals have some degree of physical or mental impairments, such as the prior history of a life pattern permeated by a relationship of violence, caregiver's stress, problems and difficulties arising from the routine itself, shared housing with other

generations, material loss, social isolation, diseases, and consequent reduced functional and cognitive ability (Cooper, et al, 2009). Impaired cognitive function among the elderly has been associated with a larger number of events related to elder abuse characterized as self-neglect; however, this type of abuse, as well as many other geriatric syndromes, may occur at a continued functional decline of an elderly individual associated with other situations, such as in the presence of loss and bereavement or co-morbidities.

An overview of studies on elder abuse as discussed above indicates the role of numerous contextual, social, and personal factors in the origin of elder abuse in our society.

Consequences of Elder Abuse

Current analysis indicates that approximately 10% of elders experience abuse i.e.; physical abuse, psychological abuse, sexual abuse, financial exploitation, and neglect. People with dementia are at increased risk, with about 52% enduring some form of mistreatment. A study revealed that with every case brought to light, 24% remain undiscovered and unexplored (Williams, Davis, & Acierno, 2017). In nursing homes, the Government Accountability Office found that 15% of the care evaluations overlooked a serious noncompliance issue that was related to immediate danger or harm. These studies and others, around the globe, suggest that elder abuse is happening more frequently than is recognized or reported. Now, a new trend has emerged in our society to send the elderly to old age homes with the perception that they will have the company of people of similar age. In addition, it reduces the burden as well as the responsibilities of children. Older people who have been abused have a 300% higher risk of death when compared to those who have not been mistreated. It is estimated that elder abuse injuries are linked with an additional $5.3 billion to the nation's annual health expenses**.** In skilled nursing facilities, over half of the cases of adverse experiences were found to be preventable and led to estimates of $2.8 billion each year in Medicare hospital expenses (Bambawale, 1997). Elder abuse has harmful impacts at all levels of society, affecting public health, resources, and civic engagement. Some of the salient impacts of elder abuse are discussed in the following section.

Physical Consequences of Elder Abuse

Elder abuse can cause physical effects that disable the person from full recovery or from seeking treatment. The physical effects of elder abuse stem from the infliction of physical, emotional, and psychological trauma. Abuse and neglect are a major source of stress and can have long-term effects on the health and well-being of older adults. The stress of abuse may trigger chest pain or angina and may be a factor in other serious heart problems. High blood pressure, breathing problems, stomach problems (ulcers), and panic attacks are common stress-related symptoms among older people who experience abuse. Untreated physical effects may have an even greater impact and can even result in death. In general, older adults have less physical strength and less physical resilience than younger persons. Some older adults may be very unhealthy or already have disabilities or impairments that leave them particularly vulnerable. Older bones break more easily and take longer to heal. An injury or accumulation of injuries over time can lead to serious harm or death. For example, physical abuse may result in a hip fracture.

Most often, physical markings of elder abuse are farmed in the forms of bruising or grip marks around the arms, legs, or neck, sunken eyes, extreme weight loss, bed sores, and broken bones. Such physical marks generally take place due to the abusers hitting, beating, pushing, neglecting to feed, burning, under-medicating, excessively restraining, or biting the abused person. Elders who are sexually abused may also have vaginal or anal bleeding; bruised breasts, and venereal diseases or vaginal infections. Repeated unexplained injuries are the most prominent signs that an elder may be being abused. Combinations of old and new bruises are not only alarming signals of abuse and neglect but also place the elderly victim at risk of internal injuries like internal bleeding and torn ligaments. This is often followed by frequent pain and suffering.

Psychological Impacts of Elder Abuse

Psychological distress is a construct with no absolute definition. It has been used to cover very mild to severe disturbances (Riedel-Heller et al., 2006). Studies have reported that between 27 to 48% of older adults suffer from psychological distress (Preville, Hebert, Bravo, & Boyer, 2002). A number of psychological consequences caused by elder abuse are pointed out as;

Most investigations of psychological distress in older persons have found that it occurs at a higher rate in institutional settings than in private households (Djernes, 2006). As a result of abuse or neglect, older adults

often experience worry, depression, and anxiety. These signs may be mistaken for memory loss or illness when they are the effects of stress or worry. An older adult may also feel shame, guilt, or embarrassment that someone in the family or someone close has harmed them. The potential risk factors for elder abuse identified by the House of Commons Health Committee (2004) identified, social isolation and a poor relationship with another person, for example, dependence of the abuser on the person they abuse victim and a history of mental health problems, personality disorder, or drug and alcohol problems in the abuser/perpetrator.

Mental disorders are common in old age however, remain undetected and untreated. These disorders induce functional disability, disturb rehabilitation, burden the health system, and impair the quality of life of old patients and their relatives. Geriatric patients are characterized by suffering from multiple diseases, being acutely at risk in the case of somatic disorders, for instance, to lose functional autonomy. Old patients have a great need for both rehabilitation and psychosocial services.

In a comprehensive study, Wernicke et al (2000) determined the frequency of medical diagnoses and disabilities as well as prevalence rates of psychiatric morbidity in the elderly. Results indicate that 96 % of people older than 70 years suffer from at least one severe medical diagnosis. At an age of more than 85 years functional disabilities increase dramatically, especially in women. They reported that distinct psychopathological syndromes occurred in 72.7 % of the elderly, while a clinically defined psychiatric disorder was found in 40.4 %. This data highlighted that a large number of old patients require treatment, even though a considerable proportion of clinically relevant psychiatric morbidity in the elderly does not meet common diagnostic criteria.

Although, mental health problems for the elderly are an ageing consequence, elder abuse is a risk factor for psychological illness in the elderly. Factors such as poverty, social isolation, loss of independence, loneliness, and loss of different kinds which are types of elder abuse can affect mental health and general health. Older adults are more likely to experience events such as bereavement and or physical disability that affect psychological/emotional well-being and can result in poorer mental health and cognitive impairments. So, elder abuse is a serious public health issues.

Implications of the study

Present review was done to explore the nature, gravity, causes and consequences of elder abuse. This article reports that abuse has adverse impact on people at any stage of life, but older adults can be especially vulnerable. The physical effects of elder abuse stem from the infliction of physical, emotional and/or psychological trauma. The stress of abuse may trigger chest pain or angina, and may be a factor in other serious heart problems. Apart from this, the article has pointed out the major cognitive impairments caused by abusive treatments.

- The progressive implication of this review article is concerned with availability and accessibility of knowledge about elder abuse and its impacts which are still very limited research issue. Increasing knowledge and understanding about elder abuse and its risk factors has the potential to help elderly people to prevent from abuses and provide interventions to deal with their emotional responses and enhance their health and well-being.
- Further researches should be instrumental to develop preventive intervention programmes to control incidence of abuses and to help elderly people towards successful aging.
- Since, elder abuse has harmful impacts at all levels of society, affecting public health, resources, and civic engagement**.** So, this understanding will be helpful in planning and implementing intervention programmes to support elderly people and enhance their health and well being. Therefore, this review article will prove its theoretical and practical significance.

Conclusion & Recommendations

In this article, the conceptualization of elder abuse, its various forms, and contributing factors of abuse have been analyzed. Apart from this, the impacts of elder abuse on the physical and mental health of victimized elderly have been discussed. During the few decades, ageing-related phenomena such as quality of life in old age, psycho-social determinants of health, and economic, and social aspects of elderly have been widely investigated. Elder abuse is witnessed at epidemic threshold around the globe and consequences of abuse/maltreatment are serious and damaging to the physical and mental health of the elderly population, who

deserve care, respect, and psychological/emotional support. So both short-term and long-term interventions are needed to control such kind of mistreatment with elderly people.

Here are some recommendations;

- There is an essential need to develop understanding about the nature and causative roots of elder abuse in the family and outside the family through awareness programs.
- Generate knowledge about forms and impacts of abuses through workshops, meetings, group discussion and media channels to sensitize the public and victimized groups about major issues of elder abuse. People should be made aware of existing legal efforts to protect against elder abuse or any other crime against the elderly.
- A large number of elder people in study settings reported poor physical and mental health problems and emotional problems. However, in most families, no adequate facility and proper support was provided by the caregivers. So, they should be informed and sensitized about the close links among abuse, emotional trauma, and health hazards of elderly.
- There is a need to empower the elderly people through various government and non-government schemes to control the incidence/prevalence of abuses and its damaging impacts on the elderly.
- There should be a concerted effort made by psychologists/gerontologists, counselors, health professionals, and community leaders, to chalk out intervention programs integrating comprehensive medical and psychological care of abused victims.
- Elder abuse has emerged as a global issue and its forms vary from culture to culture. Therefore, it is essential to plan innovative research strategies relating to global and local level issues and conduct intervention programs to control incidence/prevalence of abuses and to maintain public health.

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