

## Prevalence and Pattern of Elder Abuse in Awe, Nasarawa State, Nigeria

Ibrahim A.H<sup>1</sup>, \*Ladan M.A<sup>1</sup>, Abubakar F.U<sup>2</sup>, Garba S.N<sup>1</sup>, Musa-Maliki A.U<sup>3</sup>, Sani M.S<sup>4</sup>, Aikawa H.M<sup>6</sup>, Muhammad I.U<sup>5</sup>, Hassan M.H<sup>1</sup>, Salihu D<sup>3</sup>

<sup>1</sup>Department of Nursing Sciences, Bayero University Kano

<sup>2</sup>Nursing and Midwifery Council of Nigeria

<sup>3</sup>Department of Nursing Sciences, Ahmadu Bello University, Zaria

<sup>4</sup>Distance Learning Centre, Ahmadu Bello University, Zaria

<sup>5</sup>Jigawa State College of Nursing and Midwifery, Birnin-kudu.

<sup>6</sup>School of Continuing Education, Bayero University Kano

\*Corresponding Author: [ahibrahim.nur@buk.edu.ng](mailto:ahibrahim.nur@buk.edu.ng)

---

### Abstract

Violence against the elderly is a serious public health problem, a silent epidemic that is often a neglected by the society. Such abuses did not only stop at reducing quality of life of the elderly, in extreme cases, they even result in death. The study was aimed at investigating the prevalence and pattern of elder abuse in Awe, Nasarawa state, Nigeria. Descriptive research design was used for the study; Systematic sampling technique was employed to select a sample of 330 respondents for the study and structured pretested questionnaire was used to collect data from the respondents, where 91% (300) of the questionnaires were successfully retrieved and descriptive statistical tools were used to analyze the data. From the result, 48.3% were aged between 60-65 years, 69% were females, 40.7% were Hausa by ethnic extraction and 64% had Secondary School Certificate/Grade II as highest educational qualification. Most of the respondents (93.7%) experienced elder abuse, 75.8% reported the experience of psychological abuse, 56.2% experienced physical abuse, 55.5% experienced financial exploitation and only 30.6% reported the experience of sexual abuse. Based on intensity, majority of cases of physical abuse were of moderate intensity (73.5%) and only 5% were severe, 71.5% of the respondents reported the experience of severe psychological abuse, 35.2% experienced severe neglect. Of the respondents who experienced sexual abuse, 52% reported moderate abuse and 18.7% reported severe abuse. Spearman's correlation analysis revealed a significant positive correlation between age and experiences of psychological abuse and neglect ( $p < 0.05$ ). Being female had a positive correlation with experience of psychological abuse, neglect and sexual abuse ( $p < 0.05$ ). Level of education had a significant negative correlation with experiences of financial exploitation and sexual abuse, while being married had a significant positive correlation with experience of physical abuse. Having a chronic illness had a significant positive correlation with experiences of physical abuse, psychological abuse and neglect ( $p < 0.05$ ). The paper recommends that the public and private sectors should establish nursing homes for the elderly at least one in each LGA to help in shifting the task of care from the immediate family to professionals in a more elderly friendly setting. Also cultural and religious reorientation programmes should be instituted to bring back the traditional social support system that revered the elderly in African societies.

**Keywords:** prevalence, pattern, elder abuse, psychological abuse, intensity

## **Introduction**

Elder abuse is recognized universally as a broad and grave public health concern that urgently requires the attention of all agencies: health care, social welfare, policymakers, and the public. The changing demographics in this epoch see an exponential rise in elderly population across the globe. The elderly are identified as people aged not less than 60 years, whose global population is projected to reach well above 2 billion by 2050 (WHO, 2017). Unlike many countries of the world, Nigeria in a much shorter period witnessed a soaring of the number of the older population between 1991 to 2006 from 4.6 million to 6.9 million and in 2017, the estimated number of elderly population was 8.6 million (United Nations (UN), 2017). This increase is occurring in the absence of social protection provisions for the generality of the population, and particularly for vulnerable groups, and in particular for the older adults (Togonu-Bickersteth et al., 2019). With such increase in population, the elderly become more susceptible to various forms of abuse either from home, institutions or at other public places (WHO, 2018). Such abuse(s) could emanate from sole or repeated acts or lack of proper action within a circle of trust leading to distress to the older person (WHO, 2002).

Each year, the reported cases of mistreatment/abuse against the elderly increases exponentially; at present 1 in every 6 older adults have been abused in the past year worldwide and by 2050, an estimated 320 million older people will become victims of elder abuse (WHO, 2018; WHO, 2016). According to Solomon (2014), an estimated 1.2 billion elders are victims of psychological or other forms of abuse and/neglect and for every reported case of abuse, it is believed that five cases go unreported. The author further stated that abused elders tend to die earlier than their unabused counterparts, even when factoring out chronic conditions or life threatening disease.

Elder abuse is an undesirable social phenomenon happening in family relations, therapeutic dealings, organized institutions/homes, and communities. In elder abuse, generally five forms exist and they are; physical including neglect, sexual, financial and emotional (Johannessen & LoGiudice, 2013; Ho et al., 2017). Various forms of violence against the elderly have been variously reported in studies conducted among elderly living in societies and other organized institutions/homes with scary figures especially in low income states where elders are likely to suffer a form of abuse in their lifetime (Ho et al., 2017; WHO, 2018).

Studies have identified elder abuse as a significant predictor of suicidal ideation (Wu et al., 2013), decrease in quality of life, psychosomatic problems including

depression, anxiety and post-traumatic stress disorder (PTSD), injury, pain, and death owing to neglect and seclusion (Pillemer & Prescott, 1989). However, others such as Fisher et al. (2010) noted that some manifestations of abuse against the elderly are often misdiagnosed as changes associated with ageing.

The elderly population has consistently increased in sub-Saharan African countries like Nigeria in the recent past, representing a major shift in population structure in this region and an indication of some progress in the health system, although, it has been eclipsed by the growing prevalence of violence/abuse against the elderly (UN, 2017 & Mba 2007). This trend is a departure from the institutionalized custom of respect and reverence the elderly enjoyed in archetypal African societies. Knodel and Ofstedal (2005) opined that the increasing frequency of elder abuse in Africa is a reflection of the changing social and economic environment occasioned by the process of modernization and urbanization which have eroded the traditional social support system leading to neglect, exclusion and abuse of the elderly in African societies.

In sub-Saharan Africa, knowledge on the ubiquity of abuse against the elderly and its predictors is quiet low (Phakathi, 2011, Ferreira & Lindgren, 2008), but there is a growing body of research evidence showing that the main forms of violence against the elderly in the sub region comprise of physical abuse intensified by cultural dogmas and baseless allegations of witchcraft. This is perhaps an offshoot of the somatic features of the aged such as gnarled hands, creased/wrinkled skin, creamy eyes etc (Phakathi, 2011). There also exists financial abuse like deprivation of property including land, especially for women resulting to destitution often as property is usually inherited by males in the family (Ferreira & Lindgren 2008). There is a significant gender variation in the forms besides perpetrators of violence against elderly; while women commit mostly emotional abuse, men (including offspring of the elderly) are the foremost perpetrators of financial, physical and emotional abuses (Dunlop, *et. al.* 2008).

The frequency and pattern of abuse across various African countries vary from country to country, society to society and even between gender groups. For example, Bigala and Ayiga (2014) estimated the prevalence and identified the forms and predictors of elder abuse in a study where 506 elderly people from Mafikeng Local Municipality of South Africa were recruited, they found that overall, 64.3% of men and 60.3% of women experienced elder abuse. They noted

that physical abuse was more common among men, while emotional, financial and sexual abuses were more predominant among women.

Characteristics such as being presently unmarried, being in elderly couple family, being a rural dweller, having poor self-perception of health and being disabled were significantly related to experience of elder abuse. Similarly, in another study by Oluoha et al. (2017), where they examined a 12-month prevalence and pattern of elder abuse in communities of Imo State, Nigeria, a sample of 314 from urban and 371 from rural were recruited and prevalence of 4.7% (rural) and 9.8% (urban) were found. The pattern of abuse types was financial abuse 30.2%, emotional abuse 26.0%, physical abuse 16.7%, neglect 11.9%, social abuse 1.8% and sexual abuse 1.6% in the rural communities. The data from the urban communities highlighted financial abuse 29.6%, neglect 13.0%, emotional abuse 8.3%, physical abuse 5.7%, sexual abuse 1.3% and social abuse 0.9%.

Just like in other Sub-Saharan African countries, elder abuse in Nigeria has not been sufficiently studied across the country, especially in the Northern states, where it is deemed to be prevalent but most understudied. Mustapha (2017) conducted a study in Kano where 240 elderly people were recruited. All study participants reported the experience of various forms of abuse. The kinds of abuse experienced among the male respondents were disrespect and talking rudely (56.8%), followed by being isolated (52.7%) and neglected (51.4%). The female respondents identified the common types of abuse as being isolated (54.2%), denial of basics (43.4%) and material abuse (41%). The male respondents experienced more psychological/emotional and verbal abuse (41.9%) than the female respondents (38.6%). Also, financial abuse was reported among both the male and female respondents (10.8%) and (7.8%) respectively. They further identified caregivers/helpers as major perpetrators of elderly abuse (38.3%) and family relative (26.3%), none of them has ever reported a case of violence due to reasons as confidentiality of family matter (63.8%). The current study was conducted to investigate the prevalence and pattern of elder abuse in another Northern Nigerian community, Awe, Nasarawa state Nigeria.

## **Materials and Methods**

### **Research Design**

Descriptive research design was employed for the study.

### **Target population**

The target population was elderly people (aged 60 years – Above) attending Awe General Hospital, Awe town, Awe Local Government Area of Nasarawa State.

### **Setting**

Awe is one of the Local Governemnts in Nasarawa State; it has a population of 133,087 according to 2006 cencus result. Is heterogeneous society; Jukun and Hausa are the major tribes coexisting along with other minor tribes as Gwandara, Alago, Geomai, Tiv, Fulani Abakwariga and Mada in the Local Government.

### **Sampling**

Yamane formula for sample size estimation was used to determine 297 respondents as the appropriate sample for the study and 10% (33) was added to account for possible attrition raising the sample size to 330 respondents. Systematic sampling technique was employed to select 330 respondents for the study.

### **Data Collection**

A structured pretested questionnaire was used as instrument for data collection. The questionnaire was administered to the respondents directly by the researchers. 330 questionnaires were distributed to respondents receiving medical attention at various clinics of Awe General Hospital. 91% (300) were successfully retrieved and analyzed using descriptive and inferential statistical tools such as frequency distribution tables and correlation analysis. Intensity of violence was graded using the guideline developed by Marshall (1992) below.

Table 1: Criteria for grading of intensity of violence\*

<b>Category</b>	<b>Score (%)</b>
Mild	1-40
Moderate	41-65
Severe	66-100

\*Marshall (1992): Development of the Severity of Violence Against persons' scale

### **Ethical Considerations**

Clearance and permission for the conduct of the study were obtained from the Nasarawa state Ministry of Health and Awe LGA authority prior to the commencement of data collection. The respondents were informed of the nature and objectives of the study as well as the voluntary nature of their participation and

confidentiality of all information given to obtain their informed consent before the distribution of questionnaires accordingly.

## **Results**

**Table 1: Socio-demographic variables of the respondents**

<b>Variables</b>	<b>Options</b>	<b>F</b>	<b>%</b>
Age	60-65	145	48.3%
	65-75	88	29.3%
	75-84	41	13.7%
	85-above	26	8.7%
Gender	Male	93	31%
	Female	207	69%
Ethnic group	Hausa	122	40.7%
	Tiv	45	15%
	Jukun	105	35%
	Other	28	9.3%
Religion	Islam	212	70.7%
	Christianity	70	23.3%
	Other	18	6%
Level of education	No formal education	32	10.7%
	Primary school	68	22.7%
	Secondary/Grade II	192	64%
	Tertiary level	8	2.7%
Marital status	Single	5	1.7%
	Married	70	23.3%
	Divorced	25	8.3%
	Widowed	200	66.7%
Chronic disease	Dementia	32	10.7%
	Diabetes mellitus	107	35.7%
	Hypertension	91	30.3%
	Others: such as asthma, migraine, arthritis etc	70	23.3%

From the table above, about half (48.3%) of the respondents were between the ages of 60-65 and only 8.7 were aged 85 years and above, 69% were females, 40.7 were Hausa and 35% were Jukun by ethnic extraction, 70.7% were Muslims and majority (64%) were secondary school/grade II leavers, 66.7% were widowed and all of them were living with a chronic disease such as diabetes (35.7%) and hypertension (30.3%).

**Table 2: Prevalence of elder abuse** **N=300**

	<b>f</b>	<b>%</b>
Yes	281	93.7
No	19	6.3
Total	300	100

As depicted, 93.7% of the respondents experienced elder abuse, while 6.3% could not recall the experience of any form of elder abuse.

**Table 3: Pattern of Elder Abuse and Reporting abuse**

**N=281**

<b>Pattern of Elder Abuse</b>	<b>f</b>	<b>%</b>
1. Physical abuse	158	56.2
2. Psychological	213	<b>75.8</b>
3. Neglect	139	49.5
4. Financial Exploitation	156	55.5
5. Sexual abuse	86	<b>30.6</b>
<b>Reporting abuse</b>		
- Yes	<b>0</b>	<b>0</b>
- No	300	100

As shown in table 3, majority of the respondents (75.8%) reported the experience of psychological abuse, 56.2% experienced physical abuse, 55.5% experienced financial exploitation and only 30.6% reported the experience of sexual abuse. None of the respondents who experienced abuse has ever reported to any individual or agency.

**Table 4 Intensity of Elder Abuse**  
N=281

	<b>Physical Abuse</b> N=158		<b>Psychological Abuse</b> N=213		<b>Neglect</b> N=139		<b>Financial Exploitation</b> N=156		<b>Sexual Abuse</b> N=86	
	<b>F</b>	<b>%</b>	<b>F</b>	<b>%</b>	<b>F</b>	<b>%</b>	<b>f</b>	<b>%</b>	<b>f</b>	<b>%</b>
<b>Mild</b> (1-40%)	34	21.5%	7	3.2%	30	21.6%	93	59.6%	25	29%
<b>Moderate</b> (41-65%)	116	73.5%	54	25.3%	60	43.2%	48	30.8%	45	52.3%
<b>Severe</b> (66-100%)	8	5%	152	71.5%	49	35.2%	15	9.6%	16	18.7%

From the Table above, majority of cases of physical abuse were of moderate intensity (73.5%) and only 5% were severe, 71.5% of the respondents reportedly experienced severe psychological abuse, 35.2% experienced severe neglect, of the respondents who experienced sexual abuse 52% reported moderate abuse and 18.7% reported severe abuse.



**Table 5: Correlates of experience of elder abuse**

		Physical abuse	Psychological abuse	Neglect	Financial exploitation	Sexual abuse
Age (year)	P	.031	<b>.683*</b>	<b>.463*</b>	-.163	.069
	Sig. (2-tailed)	.561	.555	.005	.102	.264
	N	158	213	139	156	86
Being Female	P	.091	<b>.563*</b>	-.213	<b>.726*</b>	<b>.568*</b>
	Sig. (2-tailed)	.480	.337	.510	.341	.190
	N	158	213	139	156	86
Ethnicity	P	.023	-.013	-.101	.013	.037
	Sig. (2-tailed)	.813	.669	.086	.829	.555
	N	158	213	139	156	86
Level of education	P	.030	.031	.058	<b>-.563*</b>	<b>- .453*</b>
	Sig. (2-tailed)	.416	.505	.317	.185	.231
	N	158	213	139	156	86
Being married	P	<b>.612*</b>	.162	.261	-.624	<b>- .619*</b>
	Sig. (2-tailed)	.033	.631	.413	.208	.093
	N	158	213	139	156	86
Having a chronic Condition	P	<b>.713*</b>	<b>.529*</b>	<b>.564*</b>	.036	<b>- .532*</b>
	Sig. (2-tailed)	.418	.430	.292	.163	.351
	N	158	213	139	156	86

\*. Correlation is significant at the 0.05 level (2-tailed).

From the Table above, Spearman’s correlation analysis was used to check the relationship between socio-demographic data of the respondents and their experiences of elder abuse at 0.05 level of significance. Significant positive correlation exists between age and experiences of psychological abuse and neglect. Being female had a positive correlation with experience of psychological abuse, neglect and sexual abuse. Level of education had a significant negative correlation with experiences of financial exploitation and sexual abuse while being married had a significant positive correlation with experience of physical abuse. Having a chronic illness had a significant positive correlation with experiences of physical abuse, psychological abuse and neglect.

## **Discussion**

The burden of elder abuse as found in this study was as high as 93.7%, which is greatly above the average global burden of 1 out of 6 (16.7%) reported by the WHO in 2018. The burden is still much higher than what was reported from a comparative study in Imo state, Nigeria by Oluoha et al. (2017) who reported the prevalence as 14.7% and 9.8% in the rural and urban communities respectively. This reveals a wide regional disparity between the North central (where Nasarawa state is located) and the South East (where Imo State is located) geopolitical zones of the country. Going a step outside Nigeria, the burden identified in this study is still higher than what was reported from a study in South Africa with a prevalence of 64.3% for men and 60.3% for women by Bigala and Ayiga (2014). However, the findings are slightly lower than what was reported from another study in Northern Nigerian, where all the respondents (100%) in Kano reported the experience of some form of elder abuse (Mustapha, 2017). Putting the findings from this study and that of Mustapha (2017) together, the studies illustrate the high burden of abuse across the various communities of Northern Nigeria in spite of the fact that both Islamic (region is populated by Muslims predominantly) and the local cultures hold the elderly in high esteem, training the younger ones to revere them. These make the discovery of high burden of elder abuse in Northern Nigeria a complete deviation from expectations.

Furthermore, this study identified that none of the respondents had ever reported a case of abuse against them. Compared to what the WHO (2018) reported that 1 in every six case is reported, it can be argued that the figures in this study is alarming. However, one will also need to take into consideration the culture of the study population who might find it more demeaning to report such issues to an 'outsider'. This is also consistent with what was found by Mustapha (2017) in Kano which further depicts the pervasive nature of the culture of silence among the abused elders in Northern Nigeria.

On the pattern of abuse, the figures for various types of elder abuse were consistent with what was reported by Mustapha (2017) in Kano except for physical violence, where 56.2% of the respondents in this study reported to have experienced it, but none has reported that in the other study despite the questions on experience of physical abuse been asked. However, this may not necessarily mean that none of the respondents in Kano experienced physical violence as elder abuse is mostly concealed and endured by the victims as detailed by WHO (2018) and Solomon (2014). For a population that could not open their experience to have perpetrators

of their abuse brought to book and protect them from further abuse, under reporting the experience to researchers cannot be unexpected. However, the figures reported on various types of elder abuse in this study are much higher than those from another study conducted by Bigala and Ayiga (2014) in South Eastern Nigeria and Vilar-Compte and Gaitán-Rossi (2018) from a study in Mexico that reported prevalence of 30.5% for psychological abuse, 8.2% for financial exploitation, 5.1% caregiver neglect, 3.5% physical abuse, and 1.2% for sexual abuse.

In terms of intensity, majority of the respondents reported the experience of physical, emotional, sexual abuses and neglect of moderate to severe intensity. Wu et al., (2013) reported similar findings in a study which further identified elder abuse of high intensity as a significant predictor of suicidal ideation. As 73.5% of the respondents this study reported, the experience of physical abuse of moderate intensity and 71.5% reporting psychological abuse of severe intensity, it can be feared that the elderly here are at risk of falling into a lot of health problems such as those identified by Pillemer & Prescott (1989) who stressed that such intensity of abuse could lead to injury, pain, and decreased quality of life including psychological problems as depression, anxiety, post-traumatic stress and death due to neglect and loneliness as consequences. These collectively point to the need for increased focus on the health and welfare of the elderly in Northern Nigeria where most of the Local Governments Areas don't have a single long-term care homes/home for the elderly or any other facility that provide specialized care to the elderly.

The study established the existence of significant positive correlation between age, gender, level of education and having a chronic illness with the experience of various forms of elder abuse. The findings further revealed that while being married has been associated with experience of physical violence, being female is the only factor having significant positive correlation with experience of sexual violence among the elderly which agrees with the findings from another study conducted in an Asian population (Prasad, 2021). The findings although with stronger evidence, also agree with those from another study in South-South Nigeria which revealed the existence of low positive correlation between age, gender, marital status and all forms of abuse (emotional/ psychological, physical, sexual, financial/material abuse, and neglect/ abandonment) among the elderly (Ekot, 2016).

### **Conclusion and Recommendations**

The study revealed a high prevalence of elderly abuse among senior citizens living in Awe Local Government for Nasarawa state. Psychological abuse was the most reported form of abuse followed by physical abuse and financial exploitation. Efforts need to be directed in the re-orientation and sensitization regarding elder abuse and its consequences. It is recommended that the public and private sectors need to establish nursing homes/homes for the elderly with at least one in each LGA to help in shifting the task of care from the immediate family to professionals in a more elderly friendly setting. Also, cultural and religious reorientation programmes should be instituted to bring back the traditional social support system that revered the elderly in African societies using the mass media and small groups such as in the hospital clinics and worship centers and the government should establish a toll free helpline for victims of elder abuse to speak out against incidence of abuse and protect our senior citizens.

### **Suggestions for further studies**

Further studies can be conducted at regional and national level to unravel the burden of elder abuse in Nigeria. Studies on contextual solutions to problem of elder abuse are needed. Qualitative studies can be conducted to understand the lived experiences of victims of elder abuse in Nigerian Societies.

### **References**

- Bigala P. & Ayiga N. (2014). Prevalence and predictors of elder abuse in Mafikeng Local Municipality in South Africa. *African Population Studies*; 28(1):463.
- Dunlop, B.D., Rothman, M.D., Condon, K., Herbert, K. & Martinez, I. (2008). Elder abuse, risk factors and use of case data to improve policy and practise. *Journal of Elder Abuse and Neglect*;12, (3-4):95-122.
- Ekot, M. O. (2016) Selected Demographic Variables and Elder Abuse in Akwa Ibom State Nigeria. *International Journal of Academic Research in Business and Social Sciences*, ;6(2),1-15.
- Ferreira, M. & Lindgren, P. (2008). Elder abuse and neglect in South Africa: A case of marginalisation, disrespect, exploitation and violence. *Journal of Elder Abuse and Neglect*; 20, (2):91-107.
- Fisher, B., Zink, T. & Regan, S. (2010). Abuses against older women: prevalence and health effects. *Journal of Interpersonal Violence*;26, (2):254-258.
- Ho, C.S., Wong, S.Y., Chiu, M.M. & Ho, R., (2017). Global prevalence of elder abuse: a metaanalysis and meta-regression. *East Asian Arch. Psychiatr*;27 (2), 43.

- Johannesen, M. & LoGiudice, D. (2013). Elder abuse: a systematic review of risk factors in community dwelling elders. *Age Ageing*;42 (3), 292–298.
- Knodel, J. & Ofstedal, M.B. (2005). Patterns and determinants of living arrangements. In: A.I. Hermalin & A. Arbor (eds), *The wellbeing of the elderly in Asia*, University of Michigan Press; 143-185.
- Marshall, L.L (1992). Development of the Severity of Violence Against Persons Scale. *Journal of Family Violence*. 7: 103-121
- Mba, C.J. (2007). Elder abuse in parts of Africa and the way forward. *Journal of Gerontology*;6(4):230-235.
- Mustapha N.M. (2017). Nature and Prevalence of Elderly Abuse and Neglect in Kano Municipal Local Government Area of Kano State, Nigeria. *Global Journal of Applied, Management and Social Sciences (GOJAMSS)*;14:149 – 157.
- Oluoha O. et al. (2017). Assessing the Prevalence and Patterns of Elder’s Abuse in Imo State, Nigeria: A Rural – Urban Comparative Study. *JAMPS*;13(2): 1-11. Article no. JAMPS.33089
- Phakathi, N. (2011). Exploring elder abuse among clinic attendees in selected Durban hospitals. Master dissertation, Dept. of Nursing, University of KwaZulu Natal. Unpublished.
- Pillemer, K.A. & Prescott, D. (1989). Psychological effects of elder abuse: a research note. *Journal of Elder Abuse and Neglect*;1(1):65-74.
- Prasad K.T. (2021) Prevalence and Factors Influencing Elderly Abuse: A Descriptive Study of Jureli Village, Bakaiya. *International Research Journal of MMC (IRJMMC)*, 2(2),38-49.
- Solomon, G. (2014). Elder Abuse in Home Owners Associations (HOAs), HOA Syndrome: The evolution of Elder Abuse into a community based psychiatric disorder. National Center on Elder Abuse (NCEA). Washington DC.
- United Nations (2017). World Population Prospects: The 2017 Revision: Key Findings and Advance Table. Available at: [https://esa.un.org/unpd/wpp/publications/files/key\\_findings\\_wpp\\_2017.pdf](https://esa.un.org/unpd/wpp/publications/files/key_findings_wpp_2017.pdf) Accessed on 20 February, 2019.
- United Nations Population Division. (2002). World Population Prospects, the 2002 Revision: Highlights. United Nations Population Division, New York.
- Vilar-Compte M. & Gaitán-Rossi P. (2018). Syndemics of Severity and Frequency of Elder Abuse: A Cross-Sectional Study in Mexican Older Females. *Front Psychiatry*;18;9:599. doi:10.3389/fpsy.2018.00599.

- WHO. (2002). Missing Voices: Views of Older Persons on Elder Abuse. Retrieved from:  
[http://apps.who.int/iris/bitstream/handle/10665/67371/WHO\\_NMH\\_VIP\\_02.1.pdf?sequence=41&isAllowed=y](http://apps.who.int/iris/bitstream/handle/10665/67371/WHO_NMH_VIP_02.1.pdf?sequence=41&isAllowed=y).
- WHO. (2008). A Global response to elder abuse and neglect. Geneva: World Health Organization.
- WHO (2017). Abuse of Older People on the Rise. Retrieved from:  
<http://www.who.int/en/newsroom/detail/14-06-2017-abuse-of-older-people-on-the-rise-1-in-6-affected>
- World Health Organization (WHO). (2018). Elder Abuse: Facts Sheet. Retrieved from: <http://www.who.int/news-room/factsheets/detail/elder-abuse>. Accessed 19th April, 2020.
- Wu, L., Shen, M., Chen, H., Zhang, T., Cao, Z., Xiang, H & Wang, Y. (2013). The relationship between elder mistreatment and suicidal ideation in rural older adults in china. *American Journal of Geriatrics and Psychiatry*;21(10):1020-1028.