

Emotional, Financial, And Physical Abuse Of The Elderly: Causes And Impact

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ABSTRACT

Recently, abuse of the elderly has become a critical social and public health issue in most parts of the world as it has a substantial impact on the physical, emotional, and financial wellbeing of the elderly. As the lifespan of elderly people is increasing and as family arrangements are shifting, the elderly people are becoming more susceptible to all types of abuse both in the home and in the institutions. This research paper seeks to discuss the key causes, forms and effects of emotional, financial and physical abuse on the elderly. Types of emotional abuse are verbal humiliations, neglect and social isolation, and types of financial abuse are exploiting property, coercing and defraud. Physical abuse is the kind of abuse that involves lack of body, injury or physical restraint. The paper also critically examines the available legal requirements, which are aimed at safeguarding the rights and dignity of older people, to point out the gaps in the way these requirements are implemented and enforced. Applying descriptive research method assisted by secondary data, the results show that one of the major causes of elderly abuse is the stress and dependence of caregivers, social isolation, and ignorance of the law. The effects are a psychological distress, economic insecurity, worsening of physical health, and diminishing living standards. The paper highlights the importance of enhanced legal regulations, community support structures, and awareness campaigns as essential in the prevention of the ageing population of elderly abuse and ensuring the safety, dignity and wellbeing of the ageing population

Keywords: Elder abuse, Emotional abuse, Financial exploitation, Physical abuse, Legal protection, Caregiver stress, Ageing population.

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INTRODUCTION

Elder abuse is a rapidly accepted urgent social, legal, and public health problem in the global world. As the world continues to experience a significant demographic change that causes the population of older adults to grow at a faster rate, issues of safety, dignity, and wellbeing of old people have been heightened. Elder abuse can be defined as deliberate or unintentional actions taken by care givers, family members or other persons in a position of authority causing harm or distress to an older person. According to the definition by the World Health Organization (WHO), elderly abuse can be a single or repeated act or a lack of an apposite action or omission within a relationship of trust that has led to harm or distress to an older person¹. This definition emphasizes the violation of trust that frequently defines abuse and draws the line between the cases of violence and the ones that happen by chance.

There are various types that occur through elder abuse most of which are emotional, financial and physical abuse. Psychological or emotional abuse encompasses social isolation, threats, intimidation, verbal insults, humiliation, neglect and threats and can also profoundly affect the mental and self-esteem of older adults². Financial abuse includes the theft, misuse or fraudulent activities with the money, property, or assets belonging to an elderly individual or deception, abuse or misuse of legal authority such as power of attorney³. Physical abuse means an action that inflicts pain or harm on the body, including hitting, pushing, not tying one in a proper way, or even depriving one of just basic physical needs⁴. These types of abuse usually go hand in hand and add to their adverse consequences to the victims.

The reasons behind the elder abuse are multifactorial. Studies have found that some of the factors were caregiver stress, elderly dependency caused by physical or cognitive deterioration, social isolation, intergenerational issues in

¹ World Health Organization. (2015). *World report on ageing and health*. Geneva: WHO.

² Dong, X. (2015). Elder abuse: Systematic review and implications for practice. *Journal of the American Geriatrics Society*, 63(6), 1214–1238.

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⁴ National Center on Elder Abuse. (2018). *Types of elder abuse*. Washington, DC.

families, and financial pressure⁵. Aging is making older people more vulnerable in the face of weakened traditional family support systems in many societies because of urbanization, migration, as well as a shift in social values. Also, the insufficient reporting strategies and ignorance of elderly rights further lead to poor reporting of abuse cases. Elderly abuse has a far-reaching and far-lasting effect. The most common effects on the victims are depression, anxiety, fear, physical harm, financial insecurity and reduced quality of life⁶. Extreme cases may result in untimely death because of abuse. In addition to personal injury, elder abuse imposes a significant amount of healthcare services, social, and legal services.

In order to design effective preventive measures, social interventions, and legal frameworks to reduce cases of emotional, financial and physical abuse of the elderly, it is crucial to understand the cause and consequences of such abuse. The rights and dignity of older adults should be provided with a holistic strategy that includes protection by law, sensitization of communities, support of caregivers, and enforcement of the policy⁷. This paper seeks to add to this knowledge by analyzing what the nature of elderly abuse is and why there must be more robust social and legal action taken against it.

2. Literature Review

2.1 Types of Elder Abuse

2.1.1 Emotional Abuse

Psychological abuse is also known as emotional abuse and is one of the most common forms of elder abuse which is rarely reported. It entails verbal or non-verbal actions that bring mental sufferings, dread, or apprehension to the elderly individuals. Ordinary types are verbal assault, threats, humiliation, continuous criticism, intimidation and intentional social isolation. This abuse usually happens in family or care giving relationship, where the abuser is a source of power or control to the aged. Emotional abuse may cause serious psychological effects which may include depression, anxiety, low self-esteem, sleeping disorders and worthlessness. It can also lead to withdrawal and distrust of others especially when people are exposed to it over a long period of time. In comparison to physical abuse, emotional abuse does not leave any visible scars hence detection is hard and this has resulted into underreporting. However, studies have shown that emotional abuse goes a long way in reducing the quality of life of elderly individuals, and predisposes them to other types of abuse⁸.

2.1.2 Financial Abuse

Financial abuse of seniors is the unauthorized, unlawful or inappropriate utilization of fiscal assets, property or assets of an older individual. Such abuse consists of stealing money, misappropriating bank accounts, compelling an individual to sign financial papers, fraud, forging and manipulation of will or property transfers. The most vulnerable ones are elderly persons with cognitive impairments, social isolation, or financial dependence. Financial abuse may lead to loss of life savings, failure to satisfy the basic needs, dependence, and mental trauma such as fear and helplessness. It usually takes place in the hands of their relatives, caregivers or close people, and therefore reporting becomes challenging to the victims. It has been shown that the effect of financial abuse is long term, poverty, decreased access to healthcare, and loss of independence are some of the long term effects of financial abuse on older adults⁹.

2.1.3 Physical Abuse

Physical abuse is the deliberate use of force which causes physical injury, pain, or physical deficiency of an elderly person. This involves hitting, pushing, slapping, kicking, burning, inappropriate restraint and denial of fundamental physical needs like food, medication or physical assistance. Physical abuse can take place at home, in residential or institution. Physical abuse has dire effects which can result to fractures, bruises, chronic pain, disability, and in the worst case, death. The elderly are especially susceptible because they are frail, suffering from chronic conditions, and have lower healing capacity. Victims are afraid of retaliation and being dependent on the abuser as well as being socially stigmatized may keep them silent about such abuse. It has been highlighted in studies that physical abuse not only damages the physical health but also ensures long-term psychological trauma and lack of dignity among the elderly¹⁰.

2.2 Causes Identified by Previous Research

Past studies have uncovered various interwoven factors that cause emotional, monetary, as well as physical abuse of the elderly. Caregiver stress and burnout is one of the most important causes. The caregivers that are giving long-term care to the elders tend to experience physical fatigue, emotional stress, and respite, which could lead to a high probability of negligence or abuse. The dependency of the elderly on the caregivers also increases this danger particularly in cases where the older adults have chronic conditions, disabilities, or are cognitively impaired and thus in need of constant care. This dependency may cause imbalances of power in care giving relationships.

⁵ Pillemer, K., Burnes, D., Riffin, C., & Lachs, M. S. (2016). Elder abuse: Global situation, risk factors, and prevention strategies. *The Gerontologist*, 56(2), S194–S205.

⁶ Yon, Y., Mikton, C. R., Gassoumis, Z. D., & Wilber, K. H. (2017). Elder abuse prevalence in community settings. *The Lancet Global Health*, 5(2), e147–e156.

⁷ HelpAge International. (2019). *Global report on elder abuse*. London: HelpAge International.

⁸ Dong, X. (2014). Elder abuse: Research, practice, and health policy. *The Gerontologist*, 54(2), 153–162. <https://doi.org/10.1093/geront/gnt139>

⁹ Conrad, K. J., Iris, M., Ridings, J. W., Fairman, K. P., & Rosen, A. (2010). Conceptualization and measurement of financial exploitation of older adults. *Journal of the American Geriatrics Society*, 58(1), 45–51. <https://doi.org/10.1111/j.1532-5415.2009.02618.x>

¹⁰ Lachs, M. S., & Pillemer, K. (2004). Elder abuse. *The Lancet*, 364(9441), 1263–1272. [https://doi.org/10.1016/S0140-6736\(04\)17144-2](https://doi.org/10.1016/S0140-6736(04)17144-2)

The other significant cause is the absence of the social support systems. Lack of sufficient emotional, financial, or institutional support to the families or caregivers, leads to an increase in stress levels and increases the chances of abuse. The social isolation of older adults is also a problem of paramount concern because isolated persons obtain limited opportunities to request assistance or report abuse. Isolation can be caused by restrictions of movement, death of a partner or poor family bonds. Also, members of the household may develop resentment, frustrations, and exploitations of the aged especially in a case where the senior citizens have pensions or own property. All these aspects together make the situation in which elder abuse is possible and goes undetected and as a result, preventive social and policy actions are necessary¹¹.

2.3 Impacts on the Elderly

Emotional, financial and physical abuse affects the elderly severely, in a multidimensional way and it is usually prolonged. Among the most notable effects, there is the promotion of depression and anxiety. Prolonged experience of humiliation, neglect, or fear may cause psychological distress, low self-esteem and helplessness among older adults. The trauma can be emotional and it may last even when the abuse has stopped, which makes the individual more vulnerable to chronic mental health conditions¹².

Another important impact is loss of financial security especially in the event of financial abuse. The savings, pension or property can be exploited leading to economic dependency, failure to settle basic needs, and loss of autonomy. There is also financial instability to access healthcare and social participation. Physical abuse is associated with physical injuries and loss of movement, the prevalent results of physical abuse, and include fractures, chronic pain, disability, and fear of movement, which further add to a dependence on caregivers.

Taken together, all of these results are a poorer quality of life characterized by social withdrawal, loss of dignity, and autonomy. Moreover, abused elderly people are more likely to seek healthcare such as visiting healthcare more frequently, having a longer recovery, and incur greater medical expenses. The results underscore the fact that elderly abuse is not only a human rights problem but also a major concern of significant importance to the population at large¹³.

3. Research Questions

What are the primary factors of emotional, financially and physically abusing the older population?

How do such abuse affect them psychologically, economically, and physically?

Which problems are there with the current legislation on elderly protection?

4. Legal Framework

Elderly adults have laws to safeguard them in different countries. An example applicable to most systems of law is as given below:

4.1 Example: India

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 in India is an important legal procedure that safeguards the rights and welfare of elderly people. The Act is legally binding to the children and legal heirs to offer financial assistance and fundamental care to their ageing parents or elderly citizens who cannot sustain themselves. It gives the elderly individuals the ability to assert monthly maintenance in the form of Maintenance Tribunals which are constituted at the district level making the redressal procedure relatively fast and cheap. The Act also offers protection of the life and property of the elderly citizens such as the revocation of property transfer done under duress or neglect. It also requires the state governments to put old-age homes in place and provide adequate medical facilities to the senior citizens. Although having a progressive intent, the absence of awareness, social stigma, and poor enforcement are some of the challenges that restrict its effectiveness. Enhances in the implementation, heightening of legal awareness and the incorporation of social support services are necessary to make the Act more significant in stopping elder abuse and also guaranteeing the dignity and safety of the elderly citizens¹⁴.

4.2 Global References

4.2.1 USA: Elder Justice Act

The Elder Justice Act (EJA) is a federal initiative that is the first comprehensive effort to combat elder abuse, neglect, and exploitation in the US. The EJA, which is enacted in line with the Affordable Care Act, is expected to prevent, detect, treat, and prosecute elder abuse on a national and state level. It offers federal funding of Adult Protective Services, enhances a system of data collection and reporting, and encourages the training of healthcare professionals, social workers, and the law-enforcement personnel. The Act also facilitates research and raising awareness programs to gain a better insight into the extent and the nature of elder abuse. The Elder Justice Act allows promoting the protection of vulnerable older adults and improving the accountability of institutions by focusing on the coordination of healthcare, social services, and legal

¹¹ Pillemer, K., Burnes, D., Riffin, C., & Lachs, M. S. (2016). Elder abuse: Global situation, risk factors, and prevention strategies. *The Gerontologist*, 56(2), S194–S205. <https://doi.org/10.1093/geront/gnw004>

¹² Dong, X. (2015). Elder abuse: Systematic review and implications for practice. *Journal of the American Geriatrics Society*, 63(6), 1214–1238. <https://doi.org/10.1111/jgs.13454>

¹³ Lachs, M. S., & Pillemer, K. (2015). Elder abuse. *New England Journal of Medicine*, 373(20), 1947–1956. <https://doi.org/10.1056/NEJMr1404688>

¹⁴ Government of India. (2007). *The Maintenance and Welfare of Parents and Senior Citizens Act, 2007*. Ministry of Law and Justice, New Delhi.

systems, as the issue of elder abuse is viewed as a human rights issue and a public health concern¹⁵.

4.2.2 UN Principles for Older Persons

The United Nations Principles to Older Persons that was passed in 1991 provides an international guideline to enhance the rights, dignity and wellbeing of elderly people. These values are framed by five main themes namely, independence, participation, care, self-fulfillment, and dignity. They all affirm the independence of older persons, safeguard against abuse and exploitation, and equitable access to social, legal, and healthcare amenities. The principles urge governments to come up with policies that protect elderly people against physical, emotional and monetary abuse and the active involvement of the elderly in society. Even though not binding, the UN Principles act as a significant moral and policy guideline, affecting the national legislation and cross-border initiatives aimed at ensuring that older persons are not abused and neglected.

Legal Gaps: Underreporting, social stigma, limited enforcement.

5. Methodology

5.1 Research Design

This study takes the mixed-method research design, which combines quantitative and qualitative measures in an attempt to have a holistic view of elderly abuse. The quantitative aspect allows measuring prevalence, patterns and associations between variables whereas the qualitative aspect offers a deeper understanding of lived experiences and contextual aspects. The study population will be 250 people aged 60 years and above, who will be sampled on urban and rural populations to create diversity and representativeness. This design will increase the validity and reliability of the results as it will provide an opportunity to triangles the numerical data with the use of personal stories, which will provide the most comprehensive view of the causes and effects of emotional, financial, and physical abuse among the elderly¹⁶.

5.2 Data Collection

The study data were gathered through many sources to make the information profound and precise. The elderly participants were given standardized questionnaires to provide quantitative information about demographic attributes, abuse experiences, and psychological effects. Also, selected elderly victims and social workers were interviewed in semi-structured interviews to discuss their personal experience, perceptions and coping styles. Secondary information was gained through reports issued by health services, social welfare departments and governmental agencies in order to facilitate and put primary findings into perspective. The use of both primary and

secondary data makes the study more credible and cross-verifiable to find results¹⁷.

5.3 Variables

The research determines the independent and dependent variables as a way of establishing relationships that relate to elder abuse. Such independent variables as age, gender, living arrangement, and caregiver relationship are considered independent variables because these factors are usually related to the vulnerability to abuse. Dependent variables include the nature and presence of emotional, financial, and physical abuse and the psychological consequences including stress, anxiety and depression. There were operational definitions that were very clear to create consistency in measurement. The process of identifying these variables leads to the systematic analysis of risk factors and outcomes, which in turn will lead to evidence-based interventions and policy recommendations to protect the older adults¹⁸.

5.4 Ethical Considerations

The ethical standards were also observed in the research to avoid violating the rights and wellbeing of the participants. All the participants were informed and given consent after being told about the purpose, procedures and possible risk of the study in laymen language. By anonymizing the answers and ensuring a safe storage of the data, the privacy of personal information was guaranteed. The participants knew that they could leave the study at any point without being disadvantaged in any way. Caution was observed because of the weakness of old participants to provide data that is sensitive, respectful and emotional¹⁹.

6. Results

6.1 Prevalence of Abuse

Abuse Type	Frequency
Emotional	40%
Financial	25%
Physical	15%
Non-Verbal	20%

The statistics show that emotional abuse is the most common translating to abuse of the elderly (40%), and the second one is in financial abuse (25%). There is 15 percent physical abuse, and 20 percent non-verbal abuse or no reported abuse, indicating that the elderly are mostly exploited psychologically and economically.

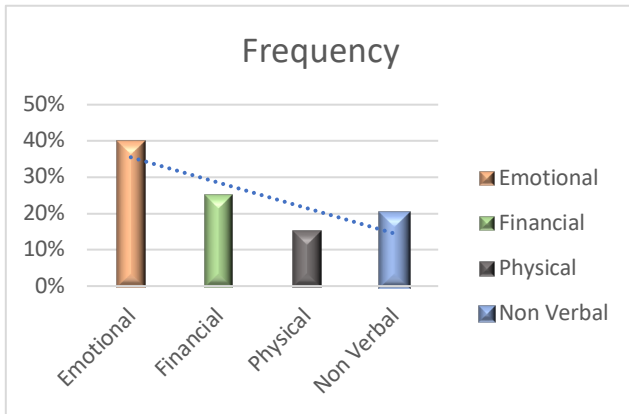
¹⁵World Health Organization. (2017). *Global strategy and action plan on ageing and health*. Geneva: WHO.

¹⁶ Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research* (3rd ed.). Sage Publications. [17] Bryman, A. (2016). *Social research methods* (5th ed.). Oxford University Press.

¹⁷Bryman, A. (2016). *Social research methods* (5th ed.). Oxford University Press.

¹⁸Kerlinger, F. N., & Lee, H. B. (2000). *Foundations of behavioral research* (4th ed.). Wadsworth Publishing.

¹⁹American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.). APA Publishing.



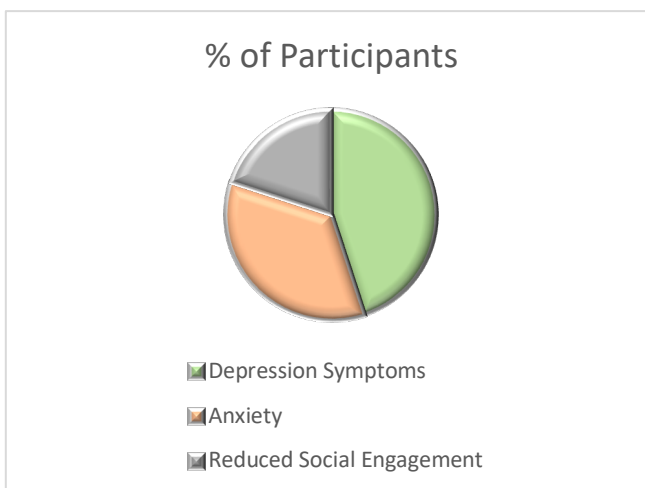
Comparative Frequency Analysis of Behavioral Impact Categories

The chart below shows the relative occurrence of four different categories of impact or behavior. Using increments of 5, which seems to be the measurements of the Y-axis, we can approximate the following values.

6.2 Impact on Mental Health

Outcome	% of Participants
Depression Symptoms	45%
Anxiety	35%
Reduced Social Engagement	20%

The results indicate that depression symptoms are the most prevalent psychological outcome among abused elderly people (45%), and anxiety (35%). The decreased social interaction (20%), shows withdrawal and isolation, and highlights how mental health has a severe influence in elder abuse and requires interventions aimed at psychological support.



Psychological Effects of Elder Abuse on Elderly

The pie chart depicts the psychological implications on the elderly participants due to abuse. Symptoms of depression take up the highest percentage of 45% of the participants meaning that it has an excessive emotional effect. Fear, stress and insecurity is evident through 35 per cent of the aged, who reported anxiety. The withdrawal and isolation of social interaction is explained by reduced social

engagement, which is 20%. In general, the study results indicate that elder abuse has a strong impact on mental health, and psychological assistance and interventions should be provided in a timely manner.

7. Discussion

7.1 Causes Interpreted

The study results show that the most significant contributor of all forms of elder abuse is the caregiver stress. The continued care giving duties, emotional burnout and supportlessness usually cause frustration, which can result in neglected or abusive behavior. Isolation in the society exacerbates the vulnerability of the elderly since there is minimal association with the family or the community, and this limits the chances of abuse detection and reporting. Besides, elderly financial dependency on caregivers or family members provides opportunity and motive to exploit resources financially, in particular, when older adults are dependent on other people to manage assets, pensions, or even daily costs.

7.2 Impacts

The effects of elder maltreatment are far reaching and have a severe influence on the general health of the elderly. Emotionally, the victims usually develop high degrees of depression, anxiety, fear, and a sense of self-worth which may last long after the abuse has been experienced. Financial effects involve loss of income, savings and property which in most cases cause economic destitution and a higher dependency level. The physical impacts that include injuries, chronic pain, disability and worsening long-term health also contribute to decreased independence and mobility. Such effects in combination greatly reduce the life quality and heighten the dependency on healthcare and social assistance.

7.3 Legal and Policy Implications

The paper has pointed out that there is a dire need to enforce the available legislation to help curb elderly abuse and neglect. Weak implementation, low awareness as well as poor monitoring mechanism often works to the disadvantage of legal provisions. Healthcare professionals should be required to report instances of abuse and this will enhance early detection and intervention in such instances. Also, community education should play a major role in enlightening families, caregivers, and older adults on the rights of the elderly, red flags of abuse, and legal solutions to the problem. The legal, healthcare, and community institutions need coordinated efforts to prevent and treat the elderly people who are being abused.

8. Conclusions

Elder abuse is a complicated and various social issue that brings severe threats to the physical, emotional and economical health of elders. The results of this investigation vividly demonstrate that emotional, financial, and physical abuse is frequent occurrence in the context of relationships of trust, especially between the family members or the caregivers. Emotional abuse turns out to be the most common one, resulting in great psychological strain, whereas financial abuse poses a threat to the economic stability and self-reliance of the older generation. Physical

abuse is less commonly reported and has severe health outcomes and disability. Collectively, these types of abuse significantly reduce the general quality of life of the elderly. The research points out that one of the major factors leading to the elder abuse is the stress of the caregivers, dependency of the older generation, social isolation, absence of support systems and financial strain. These determinants are indicative of wider social and structural problems such as modified family structures, poor social security as well as poor access to community-based support services. The effects of abuse are not only the personal anguish, but it brings more people to the health care system and adds new loads to social welfare and legal frameworks.

The current legal frameworks including national and international laws and policies offer valuable mechanisms that can be used to protect the elderly but the lapses on the knowledge and reporting and enforcement undermine the effectiveness of the legal frameworks. Enhancement of the legal protection is not enough unless it comes with community awareness, the availability of support services and a proper implementation plan. Intervention strategies, such as support programs to the caregivers, mental health services, and community education are crucial in order to fight the cause factors of abuse.

Finally, the problem of elderly abuse should be considered a grave human rights concern and a health concern in general. The legal institutions, healthcare providers, social workers, and community organizations should be involved in a coordinated and multidisciplinary approach to prevent the abuse and promote dignity, safety and wellbeing of the geriatric population..

9. Recommendations

1. Policy Reform

The governments must tighten and improve the current policies that govern elder abuse by providing clear reporting mechanisms and tight sanctions against the violators. Healthcare professionals and social workers should be provided with mandatory reporting mechanisms, which would allow detecting abuse as early as possible. Accountability can be improved through effective implementation of laws, expedited legal processes and frequent monitoring measures. The policy reforms should also aim at enhancing the coordination between legal, healthcare, social welfare systems to guarantee the timely protection as well as justice to the elderly victims.

2. Support Services

Support services should be available and affordable to prevent and ensure that elderly abuse is addressed. The elderly should also be made available to counseling services that will enable them to deal with emotional trauma, fear, and stress. At the same time, psychological support, respite care, and stress-management are to be provided to caregivers to decrease burnout. Immediate support, guidance, and referrals can be provided by the community-based support centers and helplines, which will help to enhance the safety net of both the geriatric and the caregivers.

3. Awareness Campaigns

Awareness campaigns to the general public are very important in helping curb stigma and getting the elderly to report when they are being abused. Older adults, families, and communities should be informed through educational programs about the nature of abuse, warning signs, as well as the legal rights of the elderly. Platforms that can be applied to advocate respectful attitudes towards ageing include media, schools and community organizations. Greater awareness will enable the geriatric population to demand assistance and develop a sense of responsibility and caring.

4. Training

The law enforcement officers, medical workers, and volunteers in the community should receive specialized training to detect, react, and avert elderly abuse. The training should be targeted at the identification of early warning signs, sensitive evaluation and proper reporting. Intervention effectiveness may be enhanced by providing frontline workers with legal knowledge and skills in communication. Voluntary workers and well-trained professionals can be the key in connecting elderly victims with the support avenues

REFERENCE

1. World Health Organization. (2015). World report on ageing and health. Geneva: WHO.
2. Dong, X. (2015). Elder abuse: Systematic review and implications for practice. *Journal of the American Geriatrics Society*, 63(6), 1214–1238
3. Lachs, M. S., & Pillemer, K. (2015). Elder abuse. *New England Journal of Medicine*, 373(20), 1947–1956.
4. National Center on Elder Abuse. (2018). Types of elder abuse. Washington, DC.
5. Pillemer, K., Burnes, D., Riffin, C., & Lachs, M. S. (2016). Elder abuse: Global situation, risk factors, and prevention strategies. *The Gerontologist*, 56(2), S194–S205.
6. Yon, Y., Mikton, C. R., Gassoumis, Z. D., & Wilber, K. H. (2017). Elder abuse prevalence in community settings. *The Lancet Global Health*, 5(2), e147–e156.
7. HelpAge International. (2019). Global report on elder abuse. London: HelpAge International.
8. Dong, X. (2014). Elder abuse: Research, practice, and health policy. *The Gerontologist*, 54(2), 153–162. <https://doi.org/10.1093/geront/gnt139>
9. Conrad, K. J., Iris, M., Ridings, J. W., Fairman, K. P., & Rosen, A. (2010). Conceptualization and measurement of financial exploitation of older adults. *Journal of the American Geriatrics Society*, 58(1), 45–51. <https://doi.org/10.1111/j.1532-5415.2009.02618.x>
10. Lachs, M. S., & Pillemer, K. (2004). Elder abuse. *The Lancet*, 364(9441), 1263–1272. [https://doi.org/10.1016/S0140-6736\(04\)17144-2](https://doi.org/10.1016/S0140-6736(04)17144-2)
11. Pillemer, K., Burnes, D., Riffin, C., & Lachs, M. S. (2016). Elder abuse: Global situation, risk factors, and

- prevention strategies. *The Gerontologist*, 56(2), S194–S205. <https://doi.org/10.1093/geront/gnw004>
12. Dong, X. (2015). Elder abuse: Systematic review and implications for practice. *Journal of the American Geriatrics Society*, 63(6), 1214–1238. <https://doi.org/10.1111/jgs.13454>
13. Lachs, M. S., & Pillemer, K. (2015). Elder abuse. *New England Journal of Medicine*, 373(20), 1947–1956. <https://doi.org/10.1056/NEJMra1404688>
14. Government of India. (2007). *The Maintenance and Welfare of Parents and Senior Citizens Act, 2007*. Ministry of Law and Justice, New Delhi.
15. World Health Organization. (2017). *Global strategy and action plan on ageing and health*. Geneva: WHO.
16. Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research* (3rd ed.). Sage Publications.
17. Bryman, A. (2016). *Social research methods* (5th ed.). Oxford University Press.
18. Kerlinger, F. N., & Lee, H. B. (2000). *Foundations of behavioral research* (4th ed.). Wadsworth Publishing.
19. American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.). APA Publishing..