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PRINCIPALS' PERCEPTION OF RISK FACTORS, CONSEQUENCES AND PROTECTIVE FACTORS OF ELDERS' ABUSE IN ANAMBRA STATE

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Abstract

Elder abuse is a kind of mistreatment to people ranging from 60 years and above. It cuts across all races, religions and classes. The design of the study is descriptive survey and three research questions guided the study. The population of the study consists of two hundred and forty principals' which serve as sample size since the population is small. The instrument for data collection was 40- item questionnaire titled "Risk Factors, Consequences and Protective Factors of Elders Abuse Questionnaire" (R.F.C.P.F.E.A.Q.) with reliability estimate of 0.80. The findings showed that chronic health problems, burnout, isolation, ageism among others are risk factors of abuse. Anxiety, depression and injuries among others are the consequences of elder abuse while protective factors are supportive family, friends and peers, creating awareness and multidisciplinary team intervention could reduce occurrence of elder abuse. Based on the findings the researchers recommended that family, friends and peers should regularly visit the Elders to reduce isolation which provides opportunity for the elders to be abused. Also, visitation of family members and friends could provide opportunity to give respite to caregivers and reduce burnout syndrome which enhances elder abuse. Awareness should be created to change people's attitudes against older people through mass media and education.

Keywords: Elder abuse, Types Elder of abuse, Risk factors, Consequences, Protective factors.

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Introduction

Elder abuse has been a remarkable social and health problem across the globe irrespective of races, religion and classes. Its prevalence has been on increase. Elder abuse as estimated by the year 2050 might climax to 2 billion as against 900 million in 2015.World Health Organization (2018) indicated that 1 out of 6 old people has experienced one form of abuse or the other in life. A recent meta-analysis found a pooled prevalence rate at 15.7% (YonY, MiktonC, Gassoumis ZD and Wilber KH, 2019). Elder abuse is conceptualized as one 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. In a nutshell elder abuse is conceptualized as when people over 60 years are harmed by people they trust such as spouse, children, grand children, neighbors or even their care providers when institutionalized. Therefore it can occur in family relationships, therapeutic interactions, institutional homes and communities whom these elders trusts or relies on for their support (Balogun M.C and Eyang B.O. 2020). In addition to this, elder abuse may be committed by outsiders who are targeting the victims in other to take advantage of the older person. This inhumanity (Elder abuse) can be categorized into physical abuse, psychological or emotional abuse, sexual abuse, financial abuse and neglected abuse (Ho CS, Wong S.Y. Chiu M.M, and Ho RC 2017). All these abuses may go on without the victim complaining or make report due to certain reasons such as cognitive impairment, denial, ageism, fear of aggravating the situation, desire to maintain family relationship or belief that the situation will improve.

Abusive person may use many ways to gain power over older person through pressurizing or humiliating, restraining their activities or isolating them from others. The abused or victims may experience multiple forms of abuse simultaneously such as physical, psychological, sexual, neglect and financial abuses. Physical abuse is about inflicting physical force which may result to pain, injury and disability to the victim. This involves restraints, pushing, hitting, pulling hair among others. Psychological or emotional abuse consists of yelling, isolation, bullying, demeaning among others which may elicit anxiety, depression and isolation from others as well as causing the Elder to experience constant fear and hopelessness. Sexual abuse is about committing sexual acts without the consent of the victim. This includes forced nudity, rape, unwanted touching, explicit photography among others. Neglect is a failure to provide basic necessities like medication, food, shelter, clothing or emotional needs. Financial abuse is about withholding and misusing older adult's resources such as money, and or property to the detriment of older adults and perpetrator's benefits. This form of abuse may include stealing assets, forging the older adult's signature including using the older adult resources without their consent.

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Literature Review

Elder abuse is a serious inhumanity to man that needs to be solved, as these elders face lots of problems towards end of life. Research as cited by Ajah-OkohuD.I, Emma-Echiegu N, Moses O.C, Eguji ET and Okohu A.O (2024) has indicated that one in every six older adults have been abused in the past years worldwide and by 2050, an estimated 320 million older people may become victims of elder abuse. Hence the need to come up with risk factors, consequences and protective factors. No matter the form of abuse, one basic thing about abuse is that it is based on the use of power and control by an individual to influence the status and well being of an older individual. Among various forms of abuses, neglect, financial and psychological abuses are prevalent while sexual abuse is less frequent when compared with other abuses. Research evidence has suggested that elder abuse is likely to occur at personal, relationship factors, community and societal level. Studies has shown that Elder abuse is prevalent with reference to meta –analysis of 52 studies conducted in 28 countries which indicated an average prevalence of 15.7% (Yan, E.Lai D.W.L,Lee, V.W.Bai X and K.L.Ng.H,2020). Nigeria as a country is not exonerated or exempted from elder abuse. A study cited by Pilmer, K.Burnes, D,Riffin,C and Lachs,M.S (2016) found that Nigeria had prevalence rate of 30%, second to China with 36% of elder abuse. Also, Sunderu and Adedoyin A (2018) indicated that elder abuse is on the increase. The signs and symptoms include unexplained bruises, abrasions, lacerations, malnutrition due to illness, dehydration, ulcers, sexually transmitted diseases, vaginal bleeding without a reasonable explanation, lack of food, soiled clothing, sunken cheeks, weight loss, dry hair, low energy among others. The victims may not report abuse because of lack of awareness of signs and symptoms of abuse, cognitive impairment, social isolation and complexities of family relationship and other barriers.

Some researchers have suggested risk factors at personal level such as ill- health that are chronic such as psychiatric illness, substance dependent on the part of the victims. Then on the part of the abusers or caregivers are: dependency on substance abuse, burn out, stress, unemployment, poverty among others (Atim L.M, Kagiwa M.M, Mamum M.A, Kule M, Ashaba S and Maling S (2020), Wang XM Brisbin S. LooT, Straus (2015), Cooper C Livingston, G (2014) World Health Organization (2021). Seniors may be abused by their caregivers when they are not trained in service delivery in taking care of the elders. This may jeopardize their services. Lack of access to care giving services such as respite might constitute a risk factor to abuse of the Elders (Jackson, 2011). At the community level some societies exhibit ageist attitude against the older people making it easier for abuse to continue without detection or intervention. Elder abuse as perpetrated by government includes marginalization and exclusion of elderly from development programmes such as lack of reliable healthcare systems and welfare payment of packages such as delay of gratuity and pension.

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Researchers have suggested that abusive treatment of the elderly has far reaching consequences, negatively impacting the quality of life of the Elders, health outcomes and may at worst lead to suicidal ideation and increase in death rates (Yunus, R.M, Hairi,N.N and Choo W.Y (2019):Atim L.M,Kagiwa M.M,Mamum M.A, Kunle M,Ashaba S,Maling S,2023). Other consequences suggested includes poverty, poor health, chronic ill health, lack of social security system, post traumatic stress disorder, anxiety and depression. Unfortunately, many people do not see how inhuman elder abuse is and therefore many cases are not addressed. Majority of elders suffer in silence and are afraid to report the abuse because of shame and fear, especially if it concerns a family member they depend on, who may likely withdraw their services when confronted. Hence victims of abuse refraim from seeking help until abuse escalates or becomes serious (Phelan A and Ayalon L, 2020).

Having explored the consequences of elder abuse. It is necessary to come up with protective mechanisms or programme to prevent elder abuse as it is becoming prevalent and detrimental to human life. Some researchers have suggested various ways to help the Elderly such as provision of support to the victims (Mac Neil and Bumes, 2022). Emergency phone lines (Novek, S, Herron, R.V, Funk L.Abrecht,K, Spencer, D and Luo,Y.I, 2022). Multidisciplinary case approaches involving collaborative efforts from professionals in diverse field to address the complex needs of elder abuse victims (Arias-CasaisN. Amuthavall, Thiyagarajan. J,Rodrigues. PerraciniM. Park, E. Vanden Block. L. Sumi, Y. Sadana R. Banerjee A and Han. Z. A, 2022; Kabir 2022). Television and Radio (World Health Organization (2019). Interpersonal communication (Itzchakov and De marree 2022),Seeking help from community services and emergency centers(Mac Neil and Burnes, 2022).Creating awareness and educating people through media to change their attitudes and behaviour towards the Elders (W.H.O. 2019). Solid institutional policies are also necessary to give strength to protection of elders (Balogun M.Cand Eyang B.O,2020). Unfortunately, the above risk factors, consequences and preventive or protective factors have no research evidence in Anambra state hence the researchers embarked on the study.

Statement of problem

Every human being has the fundamental right to live meaningfully. The elders deserve the right to freedom from violence and discrimination, right to social security, health, work, property and inheritance. However, some elders are mistreated and denied of these rights. Some of them under go through agony of life from hands of those they trust or have relationship with. Regrettably many elders become anxious, depressed, aggressive, injured, face suicidal ideation or at extreme die as a result of harm they received from their caregivers or relations. Some of these Elders may refuse to complain and suffer in silence

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due to so many reasons hence, the abuse continues. Such is the situation of Elders in Anambra state. Therefore, there is need to explore the risks, consequences and protective factors to reduce this menace to the barest minimum.

In Anambra state, there is no literature evidence on the risks, consequences and protective factors on elder abuse. Hence the researchers embark on this study to fill this gap.

Purpose of the study

The main purpose of the study is to determine the risk factors, consequences and protective factors of Elder abuse. Specifically, the study intends to:

1. Determine the risk factors of Elder abuse.
2. Determine the consequences of Elder abuse.
3. Determine the protective factors of Elder abuse.

Research questions

1. What are the risk factors of Elder abuse?
2. What are the consequences of Elder abuse?
3. What are the protective factors of Elder abuse?

Method

The design of this study is a survey type in which a group of people or item is studied by collecting and analyzing data from the items considered to be representative of the entire group. The population of the study is two hundred and forty principals from public secondary schools in Anambra state (Post Primary School Services Commission, 2024). Since the population is small. The researchers use the population as the sample. The instrument used for data collection is a structured questionnaire on the ''Risk Factors, Consequences and Protective Factors of Elder Abuse Questionnaire'' (R.F.C.P.F.E.A.Q). The questionnaire is made up of 40 items. Two experts from Guidance and Counselling and one expert from Measurement and Evaluation and one from Adult and Continuing Education from Nnamdi Azikiwe University validated the instrument. They pointed out corrections and researchers used these in adjusting the instrument accordingly. To ensure reliability of the instrument, the test-retest method was adopted. The researcher administered the same instrument to 20 respondents at an interval of 2 weeks. The two groups scores were correlated using Pearson Product Moment Co-efficient and reliability index of 0.80 was found. Therefore, the questionnaire is believed to be statistically reliable for the study. The questionnaire is designed to elicit and extract vital information. A four point scale format was used namely: Strongly agreed (SA) Agreed (A) Disagreed (D) Strongly disagreed (SD). The questionnaire has three sections. Section A measures Risk

factors. Section B measures Consequences and Section C measures Protective factors of elder abuse.

On the sport administration was embarked upon whereby the researchers visited the principals during their monthly management meetings and administered the questionnaire which were collected and analyzed using arithmetic mean. The critical point was calculated as follows. The mid mean value is 2.50. The decision rule therefore is that any of the response item for which the mean is 2.50 and above was taken to mean that the respondents agree while any response item for which the mean is below 2.50 was taken as disagreed.

Results

Research question one: What are the risk factors of Elder abuse?

Table 1: Principals responses on the risk factors of Elder abuse.

S/N	ITEMS	MEANS	DECISION
1	Chronic health problems	3.75	Agreed
2	Substance abuse addiction	3.50	Agreed
3	Lack of financial support	3.60	Agreed
4	Lack of training/Supervision	3.40	Agreed
5	Poly victimization	3.30	Agreed
6	Lack of access to community resources	2.66	Agreed
7	Burn out/Stress	3.70	Agreed
8	Isolation	3.70	Agreed
9	Ageism	3.70	Agreed
10	Relationship perpetrator	3.30	Agreed
11	High tolerance of aggressive behaviour	2.66	Agreed
12	Low level of social support	3.50	Agreed
13	Unemployment	2.66	Agreed

A glance at the table 1 indicates that all the risk factors have the potentials in causing older peoples abuse with chronic health problems having the highest mean score. This is deduced from the fact that the mean scores of all the items on the table 1 were higher than the decision mean.

Research question two: What are the consequences of Elder abuse?

Table 2; Principals responses on consequences of Elder abuse.

S/N	**ITEMS**	**MEAN**	**DECISION**
1	Anxiety	3.70	Agreed
2	Depression	3.70	Agreed

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S/N	ITEMS	MEAN	DECISION
3	Verbal aggression	3.50	Agreed
4	Suicidal ideation	3.45	Agreed
5	Premature death	2.66	Agreed
6	Post traumatic stress disorder	3.60	Agreed
7	Injuries	3.70	Agreed
8	Decreased quality of life	3.75	Agreed
9	Fear	3.60	Agreed
10	Feelings of unworthiness	3.30	Agreed
11	Substance abuse addiction	3.49	Agreed
12	Loss of independence	3.30	Agreed
13	Financial ruin	2.80	Agreed
14	Loss of life savings	2.66	Agreed

A look at the table 2 shows that the principal on the average responded affirmatively to all the 14 items regarding the consequences of Elder abuse. This is confirmed from the fact that the mean scores of all the items on the table two were higher than decision mean.

Research question three: What are the protective factors of Elder abuse?

Table 3: Principals responses on protective factors of Elder abuse.

S/N	ITEMS	MEANS	DECISION
1	Supportive family/friends/peers network	3.70	Agreed
2	Regular training on Elder abuse/ employees	3.30	Agreed
3	Education about their right	2.80	Agreed
4	Development of coping strategies	2.80	Agreed
5	Respite care	3.60	Agreed
6	Seeking help from community services	2.80	Agreed
7	A strong sense of community identity	3.45	Agreed
8	Solid institutionalized policies	2.80	Agreed
9	Access to information on abuse	2.66	Agreed
10	Creating awareness on abuse	3.70	Agreed
11	Skilled service provider	2.66	Agreed
12	Multi-disciplinary team intervention	3.60	Agreed
13	Neglect and punishing the older ones	1.6	Disagreed.

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Table 3 indicates that item 13 with mean of 1.6 is the only item with mean below decision mean of 2.50. Hence item 13 is rejected as a protective factor of Elder abuse. All other items are confirmed as protective factors in preventing Elder abuse as deduced from their higher mean above decision mean.

Discussion of findings

The major findings of the study are briefly discussed as follows. The findings showed risk factors of Elder abuse. They are chronic health problem (3.75), substance abuse addiction(3.50), lack of financial support(3.60), lack of training /supervision(3.40),poly victimization(3.30), lack of access to community resources(2.66),burnout/stress(3.70), isolation(3.70), ageism(3.70),relationship perpetrator(3.30),high tolerance of aggressive behaviour(2.66), low level of social support(3.50), and unemployment(2.66). The study aligns with the findings of earlier researchers Jackson (2011), Pilmer K.Burnes D, Riffin C lachss M (2016) Yon Y,Mikton CR,Gassoumis ZD, and Wilber K.H Lancet(2017) who indicated that these risk factors have the potentials in enhancing Elders abuse. As people age, many disabilities tend to occur as a result of organ failure leading to extreme incapacitation and resultant dependency on the care giver. The inability to communicate as a result of cognitive impairment may increase their dependency on the caregivers coupled with numerous needs as a result of different impairment. The physical and cognitive impairment as well as social circumstances can prevent the older adult from reporting abuse thus increasing the likelihood of subsequent abuse. The study concur with the findings of Atim L.Kagiwa, MMamum MA,Lule M,Ashaba and S,Maling (2023) ; World Health Organization (WHO,2021) who indicated that the demand for caring of a very frail elder adult person may lead to Caregiver burnout resulting to impatience, depression, anger and hostility thus abusing the older person more and more. In addition to this, outside pressure such as unemployment can exacerbate caregivers' stress which the caregiver may leach out on the older adult.

The study also supports the findings Acierio (2010) who maintained that low social supports, loneliness and lack of social networks among the elderly could cause older people to be abused, as poor connection could create avenue for the caregiver to abuse the older ones with the view that nobody is around to find out what the Elder is experiencing from the hand of the Care giver. Other factors at community level or society that tend to predispose older people to abuse include ageism, capitalism and gender. This concur with the findings of Lord M.K, McMahon and S. Nivelle (2019) Owusu-Addo E,O'Hallorank,Birjnath B and Dow (2020) who maintained that ageism is a driver of Elder abuse and also accompanied with gender. Societies where people are discriminated based on the basis of age are likely to abuse elder referring to them as weak people who

are physically and cognitively impaired and outdated, hence they call them derogatory names such as Dead wood, Old Cargo, or Spent Force. Capitalist society also predisposes old people to abuse where peoples' worth is defined by their capacity to contribute. If the income of the older people is lower, they are likely to be abused than those with high income. Older women generally are abused more than old men.

The findings from research question two revealed consequences of Elder abuse. It ranges from anxiety (3.70), depression (3.70), verbal aggression (3.50), suicidal ideation (3.45), premature death (2.66), post traumatic stress disorder (3.60), injuries (3.70), decreased quality of life(3.75), fear (3.60), feelings of unworthiness(3.30), substance abuse addiction (3.49), loss of independence(3.30), financial ruin(2.80),loss of life savings(2.66). The study is consistent with the findings of Yunus, R,M,Harii,N.N and Choo W.Y(2019) Atim L.M,Kagiwa M.M, Mamum M.A,Kule M,Ashaba S,Maling S (2023) which are of view that poverty, poor health, chronic illness, lack of social security system, post traumatic stress disorder, anxiety and depression are the outcome of older peoples abuse. It has been found that older people who are abused are more likely to become depressed, fearful or anxious. Some physical injuries or illness stem from elder abuse such as bedsores or broken bones can take months or years to heal from. Knowing that an older loved one has suffered from elder abuse can place a lot of guilt on their family members. In some cases, older people may become permanently disabled due to the harm they have suffered either through physical or neglect abuse. Financial abuse may cause older people to suffer while trying to pay for food, housing and medication. Relatives of abused elders may quit their job in order to offer full time healthcare to their beloved one thus becoming unemployed with its attendants' negative consequences. Elder abuse may finally result to death and or family members may face expensive medical bills due to injuries stemming from abuse or neglect. Abused elders may end up hospitalized or placed in rehabilitation for life.

Finally the findings from research question three revealed the preventive or protective factors capable of preventing Elders from abuse which includes supportive family/friends/ peers network(3.70), regular on training elder abuse(3.30), education about their right(2.80), development of coping strategies(2.80), respite(3.60), seeking from community services(2.80), a strong sense of community identity(3.45), solid institutionalized policy (2.80), access to information on abuse(2.66), creating awareness on abuse(3.70), skilled service provider (2.66), multi disciplinary team intervention(3.60) except neglect and punishing the older ones(1.6). The study agrees with the findings of Mac Neil and Bumes (2022), De marree (2022), Novek, S.Herron, R.V.Funk L,Aubrecht, K,Spencer and Luo Y(2020) and World health Organization (2019), which indicated that providing support to the victims of abuse might go a long way to prevent abuse of elders since the abusers may not have the opportunity to abuse the older ones as a result of

presence of family members and friends. Frequent visits can reduce the chance to abuse the elders. Presence of family members could lessen vulnerability of the older ones to be harmed as they could ease the care givers job. There is need to visit, call or video chat the elders often and often and also encourage them to join community groups if they are still active. This could help them to be connected and engaged. Hence the abusers may desist from abusing the older ones as they are always linked to people who may frown or question signs or symptoms of abuse if observed. Family members and peers may help to provide respite care to the caregivers and lessen their burnout since the caregivers are at times the abusers of the older ones especially elders suffering from Alzheimer a kind of dementia. The study also aligns with the findings of Arias-Casais N Amuthaval, Thiyagarajan,J,Rodrigues Perracini M.Park.E.Vanden Block,L,Sumi, Y.SadanaR.Banerjee A andHan Z.A(2022) which maintained that elder abuse care needs multidisciplinary approaches involving collaborative efforts from professionals such as criminal justice, health care, mental health care, adult protective services and long term care for maximum service delivery. With the services of all these professional Elders will live a meaningful or quality life. The study also supports the findings of World Health Organization (2019) and Kabir (2022) who are of view that public anti ageism campaign can change negative stereotype against elders. The dissemination of information can be done through channels and this could be a veritable means as it can reach all nooks and crannies of the society, thus promoting a society that values the well being and dignity of older individuals.

Conclusion

Every human being has the fundamental right to live, but regrettably some of the elders are abused due to certain risk factors such as chronic ill health, burnout/stress, lack of financial support, substance abuse addiction among others. Unfortunately, these elders do not report these abusive acts hence it continues to escalate. Its' consequences includes anxiety, depression, injuries among others while protective factors includes giving the elders supports, creating awareness of abuse and embarking on multidisciplinary intervention approach to reduce elder abuse to the minimal level.

Recommendations

1. Society should be reoriented to shun negative stereo type against the elders.
2. Government should build shelters/ houses in six geographical zones to take care of Elders who are at risk of abuse.
3. Family members should make provision for their older ones and take turns in being closer to them.

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4. Elders should do their best to identify with their community and participate meaningfully in community services.
5. Elders should be educated on their right.
6. 6.Care givers should be adequately trained in service delivery to equip them to discharge their duties well.
7. Government policies on the Aged must have human faces. Pensions and gratuity must be paid as at when due.
8. Elderly recreation centers must be encouraged.
9. Communities should be involved in its work by celebrating the Elders Abuse Awareness Day.

References

Ajah-Okohu D.I,Emma-Echiegu N,Moses O.C,Eguji.E.T & Okohu S.O(2024) Abuse and Abandoment of the Elderly in Ebony State, Nigeria. *International Journal of Social Sciences and Humanities Reviews* Vol.14No.1, January;p.133.

Arias-casaisN.Amuthavalli,Thiyagarajan,J,RodriguesPerraciniM.Park E,Van den Block L, Sumi, Sadana R, Banerjee A,&Han ZA(2022). Results of WHO scoping reviews identifying long term care interventions for older people around the world. BMJ Open 12(1) e054492 https://doi.org/10.11 36|bmjopen.2021-054492.

Atim L.M,Kagiwa MM.Mamum MA.Kule.Ashaba S, &Maling S (2023). Factors associated with elder abuse neglect in rural Uganda. A cross sectional study of community older adults attending an outpatient clinic. PLoS ONE 18 (2) e0280826.https://doi.org|10.1371|journal.pone.028026

Burnes D.Acierna R, &Hernandez-Tejada M(2019).Help seeking Among Victims of Elder Abuse. Findings From the National Elder Mistreatment Study. *Journal of Gerontology.B Psycchol. Sci.SocSci*.74(5)891-6.

Balogun M.C & Eyang B.O (2020) Elderly Abuse and Challenges in Nigeria: The Need for Advocacy and Policy Development. *Sapientia Journal of Arts, Humanities and Development Studies(SGOJAHDS)*, Vol.3 No September,2020 pg 363-374

Cooper C,Livingston G(2014):Mental health/psychiatric issues in elder abuse and neglect: Clinics in geriatric medicine 2014,30(4):839-850 https://doi.org 10.1016,cger201408011PMD 25439645.

Ho CS, Wong .S.Y,Chiu M.M &Ho RC (2017).Global prevalence of elder abuse: a meta regression: East Asia Arch Psychiatri.27(2):43-55.

Itzchakov,G.WeinsteinN.,Saluk.D.,&AmarM (2022) Connection Heals Wounds: Feelings Listened to Reduces Speakers' Loneliness Following a Social Rejection Disclosure. Pers .Soc. Psychol. Bull.01461672221100369/01461672221100369

Jackson S,L Hefemeister TL(2013).Enhancing the safety of elderly victims after the close of an APS investigation. *Journal of Interpersonal Violence* 28 (6) 1223-39.

Kabir,M R(2022). How do traditional media access and mobile phone use affect maternal health care service use in Bangladesh? Moderated mediation affect of socioeconomic factors. PLoS One,17(4)e0266631. https://doi.org|10.1371|journal.pone.

Lord, M.K McMahon & S Nivelle (2019) Preventing elder abuse. A literature review for the Southern Metropolitan Primary Care. Partnership Elder Abuse Prevention Network2019. Melborne Australia p. 1-33.

Mac Neil, A & Burnes D(2022).Bridging the Gap between Homelessness in Older Adulthood and Elder Abuse: Considerations for an Age –Friendly Shelter System. *Journal of Ageing and Social, Policy*,34(3),391-400.

Novek, S Heron, R V, Funk L, Aubrecht, K. Spencer,D &Luo Y.I (2022) Conceptualizing violence in nursing home policy. A citizenship perspective. *Journal of Aging Studies*. 63.10164.https://doi.org10.1016|j.jaging.2020.101064.

Owusu-AddoE,O'Hallorank,BirjnathB and Dow(2020) *Primary prevention interventions for elder abuse*: A systematic review. Prepared for Respect Victoria on behalf of National Ageing Research Institute.

EDITOR-IN-CHIEF
Prof. S. T. Addo [GHANA]

Pilmer,K.Bunes,D.Riffin,C&Lachs.M.S(2018). Elder abuse. Global situations, risk factors and prevention strategies. The Gerontologists,56 (2) 5194-5205. https://doi.org|10.1093|geront|gnwood.

Phelan A& Ayalon L(2020) The intersection of ageism and elder abuse. Advances in elder abuse research practice, legislation and policy, international perspective on aging. Chan Springer page. 11-22.

Sunderu,O & Ade doyin A(2018) Elderly Abuse and Care of the Aged in Nigerian Society: A case study of old peoples flame Yaba- Gerontology and Geriatrics study.

World Health Organization (2018). *Elder abuse https://www.who.int|images|default-source|infographics|elder-abuse|elder-abuse-infographics.*

World Health Organization (2019). Risk communication strategy for public emergencies in the WHO South Asia Region 2018-2023.Retried May 25,2023 from https:// apps.who.int|iris|handle|10665|326853.

Wang X,M,Brisbin S.LooT.& Straus S(2015)Elder abuse an approach to identification, assessment and intervention (MAY).*Canadian Medical Association Journal=Journal de l'Association medcale Canadinne* 2015. 187(5);575-581. https://doi.org10.1503|cmay.141329PMID25820307.

Yan,E.Lai D.W.L,Lee,V.W.P Bai,X &K.L.NG.H(2022)Abuse and discrimination experienced by older women in the era of COVID-19:A two-wave representative community survey in Hong Kong.Violence against women, 28(8)1750-1772.https://doi|org|10.1177|10778012221085998.

Yon Y, Mikton C, Gassoumis ZD &Wilber KH(2019): The Prevalence of Self-Reported Elder Abuse Among Older Women in Community Settings: A Systematic Review and Meta-Analysis. Trauma Violence Abuse.2019 April20(2);245-259.

Yunus, R.M,Hairi,NN & ChooW.Y(2019).Consequences of elder abuse and Neglect: A Systematic review of observational studies. Trauma, Violence and Abuse 20(2)197-213. https//:doi.org|10.1177|152483801769.