



STATUS OF THE ELDERLY'S EXPOSURE TO ABUSE: THE CASE OF SINOP WITH THE OLDEST POPULATION IN TURKEY

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ARTICLE INFO

Article history:

Received: 20 December 2020

Accepted: 29 December 2020

Available 30 December 2020

Key Words:

Elder abuse, Older people, Turkey

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Turkish Journal of Health Science and Life
2020, Vol.3, No.3, 40-46

ABSTRACT

The aim of this study was to evaluate the status of the elderly's exposure to abuse at the of Sinop with the oldest population in Turkey. This descriptive study was conducted with a total of 170 patients aged 65 and over who were hospitalized in the internal and surgical services due to any health problems in Sinop Atatürk State Hospital between March 01 and May 31, 2017.

"Elderly Introduction Form" containing socio-demographic characteristics related to the descriptive characteristics of the elderly and "Hwalek-Sengstock Elderly Abuse Screening Test (H-S EAST)" were used to collect the data. Thirty eight percent of the individuals participating in the study are women. 81.2% are married and the average age is 70.94 ± 5.37 . In our study, the mean score of "H-S EAST" was calculated as 2.16 ± 2.29 . The mean score of the "Characteristics of the Vulnerable Elderly" sub-dimension of the test was 0.59 ± 0.68 , the "Violation of Personal Rights and Direct Abuse" sub-dimension mean score was 0.77 ± 1.05 , and the "Potential Abuse" sub-dimension mean score was 0.79 ± 1.10 . When the "H-S EAST" score averages were compared according to the introductory characteristics of the elderly it was determined that there is a statistically significant relationship between age, family structure, and dependency level of the elderly and the total score averages of the test ($p < 0.05$). As a result of our study, it was determined that the abuse risk of the elderly who participated in the study was low.

1. INTRODUCTION

Aging is a chronological, social and biological process that cannot be prevented (1). The increase in the elderly population all over the world causes various problems to develop in many areas. Factors such as the transition from the extended family to the nuclear family structure and the transition of women to working life in our country cause some difficulties in the care of the elderly individual within the family. Poor economic situation, dependence, loneliness and insufficient family support raise the problem of elderly abuse (2-4).

Elder abuse is defined as interpersonal violence caused by mostly adult children and the elderly's spouse in the place where the elderly individual lives (5-7). Abuse, which can be seen in every society, in

every culture and at every economic level, is a serious social problem that manifests itself not only in the family or the general population, but also in institutions where health and social services are provided, physically and psychologically harming and benefiting from the elderly (5,8,9). Elder abuse is a health problem that is not well known in societies, often hidden, and that its victims do not mention much (10). Failure to address these problems also prevents reaching accurate data on the extent of the abuse. According to the studies conducted, official notifications in developed countries are lower than expected. In the National Elder Abuse Incidence Study (NEAIS) in 1996 in the United States of America (USA), it was determined that negligence and abuse without notifications were over 60% (11,12). In the study

conducted with 429 elderly people in 2018 in China; It was found that 42.8% of elderly individuals were subjected to psychological or physical abuse in the last 12 months (13). In our country, Keskinoglu et al. (2004) found that 1.5% of elderly individuals had physical abuse, 2.5% had financial abuse, 3.5% had definite negligence findings, and 28.9% had possible neglect findings (11). In the study conducted by İlhan (2006), domestic abuse of the elderly has been seen more common among women, age group 75 and over, widows, illiterate, living in the home of their child/relative, living alone, with mild/moderate cognitive impairment, and inadequate daily living activities (14). Increase in the elderly population in Turkey and in the world has raised abuse by relatives and the people who take care of (15). When the increase in elderly abuse cases is evaluated, it is inevitable to carry out research and suggest solutions in this field. In this sense, first of all, it is necessary to identify the cases of abuse and negligence in our society, and then to take steps to prevent this. In our country, both researches on elderly abuse and information sources on this issue are insufficient. Therefore, determining the status exposure to abuse of the elderly aged 65 and over at the of Sinop with the oldest population in Turkey was aimed in this study. The results of this study will contribute to increase awareness of elderly abuse and will be a source of data for attempts to prevent abuse of elderly people in the risk group.

2. METHODS

Study Design

This research is a cross-sectional study designed to determine the exposure to abuse of the elderly aged 65 and over.

Setting and sample

The universe of this cross-sectional study consists of patients aged 65 and over who were hospitalized in the internal and surgical services due to any health problems in Sinop Atatürk State Hospital between March 01 and May 31, 2017. Inclusion criterias in the study were being an inpatient in these units between

the dates of the study, being conscious, cooperative and oriented, not having communication problems and being willing to participate in the research. The research was conducted with a total of 170 people.

Ethical consideration

Verbal and written informed consents were obtained from the patients participating in the study, explaining the purpose of the study. Approval from Samsun Ondokuz Mayıs University Ethics Committee and written permission from the institution where the research conducted was obtained.

Instruments

"Elderly Introduction Form" containing socio-demographic characteristics related to the descriptive characteristics of the elderly and "Hwalek-Sengstock Elderly Abuse Screening Test (H-S EAST)" were used to collect the data.

Elderly Introduction Form: In this form created as a result of the relevant literature review by the researchers (16,17), there are a total of 20 questions including the socio-demographic characteristics of the elderly individuals, their health status, and family relations.

Hwalek- Sengstock Elderly Abuse Screening Test (H-S EAST): This test developed by Neale et al. (1991) consists of 14 questions (18). This screening test, adapted into Turkish by Özmete (2016) for our country, is based on the statements of the elderly individual and includes physical abuse, vulnerability and high-risk situations (19). Some of its parts are caregiver focused, but it is advantageous to focus on the story of the older adult individual. It consists of three conceptual categories: "Characteristics of the vulnerable elderly", "Violation of personal rights and direct abuse" and "Determination of potential abuse". The highest score that can be obtained from the test is 14, the lowest score is 0, and a higher score means that the risk of abuse increases. The developers of the test stated that the scores of 3 or more from the test should be interpreted as abuse. It has been stated that it is one of the most suitable tests for use in hospitals and can be easily administered by nurses (18,19). Özmete (2016) calculated the cronbach α value of the

test as 0.81 (19). In our study, the cronbach α value of the test was calculated as 0.78.

Data analysis

Microsoft Excel and SPSS (Statistical Package for Social Sciences) Release 21.0 were used to evaluate the data, and the critical decision threshold for all tests was accepted as $p < 0.05$. Descriptive statistics for all data included in the study are given as mean \pm standard deviation, number and %. By checking the normal distribution of the data with the Shapiro-Wilk test, parametric tests were used in normally distributed data and nonparametric tests were used in non-normally distributed data.

3. RESULTS

38.2% of the individuals participating in the study are women, 81.2% are married and the average age is 70.94 ± 5.37 (Min: 65, Max: 86, Median: 69). The introductory characteristics of the participants are detailed in Table 1.

51.8% of the participants stated that they lived with their spouses, 29.4% with their spouses and children, 10% with their children, and 5.3% alone. In addition, when asked who owns the house where the elderly people live, 42.9% stated that they live in the rented house, 37.1% belongs to them, 17.1% belongs to their spouse, and 2.9% belongs to their children. When asked how the relationships of the family members of the participants were, 12.4% stated that it was very good, 51.2% were good, 24.7% were moderate, and 11.8% were bad.

All of the elderly individuals have children, 3.5% have a child, 34.7% have two children, 37.1% have three children, 15.3% have four children and 9.5% have five or more children. While 95.3% of the individuals participating in the study have a nuclear family structure, 4.7% have an extended family structure.

62.4% of the elderly individuals participating in the study stated that they were independent in their daily living activities, 28.2% were semi-dependent and 9.4% were dependent.

The persons who meet the needs of elderly people and take care of them consist of himself/herself (29.4%), himself /herself and his/her spouse (40%),

spouse (10.6%), children (12.4%), caregiver (2.9%), neighbors (1.8%), spouse and children (2.9%). In addition, they stated that the people in the family who

Table 1. Some characteristics of participants regarding socio-demographic and health status

		n	%	
Gender	Female	65	38.2	
	Male	105	61.8	
Marital status	Married	138	81.2	
	Single	32	18.8	
Education status	Illiterate	9	5.3	
	Primary school	102	60.	
	Secondary School	28	16.5	
	High school	29	17.1	
University	University	2	1.2	
	Job	Not working	2	1.2
		Housewife	50	29.4
		Officer	2	1.2
		Worker	10	5.9
		Artisan	13	7.6
Farmer		19	11.2	
Retired	Retired	74	43.5	
	Health Assurance	Yes	165	97
No		5	3	
Income level	Poor	35	20.6	
	Moderate	107	62.9	
	Good	28	16.5	
Individual over 65 years of age living together	Yes	69	40.6	
	No	101	59.4	
Health problems	Yes	169	99.4	
	No	1	0.6	
Current diseases	Cancer	9	2.8	
	COPD	35	10.8	
	Kidney disease	56	17.3	
	Heart failure	35	10.8	
	Prostate hyperpla-	24	7.4	
	Diabetes	55	17.0	
	Hypertension	105	32.4	
	Pancreatitis	1	0.3	
	Cirrhosis	1	0.3	
	Pain	1	0.3	
	Ulcer	2	0.6	
Paralysis	1	0.3		

Table 2. H-S EAST sub-dimensions and total score averages

	Mean	Standard Deviation	Median	Min.	Max.
Characteristics of Vulnerability	.5941	.68368	0	.00	2.00
Direct Abuse	.7765	1.05333	0	.00	5.00
Potentially Abusive Situation	.7941	1.10350	0	.00	5.00
Total	2.1647	2.29147	2.00	.00	12.00

deal with the elderly person did not have any substance or drug addiction status.

In our study, the mean score of "Hwalek-Sengstock Elderly Abuse Screening Test" was calculated as 2.16 ± 2.29. The mean score of the "Characteristics of the Vulnerable Elderly" sub-dimension of the test was 0.59 ± 0.68, the "Violation of Personal Rights and Direct Abuse" sub-dimension mean score was 0.77 ± 1.05, and the "Potential Abuse" sub-dimension mean score was 0.79 ± 1.10 (Table 2).

When the Hwalek-Sengstock Elderly Abuse Screening Test score averages were compared according to the introductory characteristics of the elderly, there was no statistical difference between the mean test scores in terms of gender, health perception level and income level (p> 0.05); It was determined that there is a statistically significant relationship between age, family structure, and dependency level of the elderly and the total score

averages of the test (p <0.05) (Table 3).

It was found that the test score increased as the age got older, that is, there was a linear relationship between them (p = 0.000). When the average test score was evaluated according to the family structure, it was determined that the total test score average of the participants with a nuclear family compared to the extended family and the mean scores of the "Violation of Personal Rights" and "Direct Abuse" sub-dimensions were statistically significantly higher (p <0.05) (Table 3). Considering the average test scores of the elderly according to the addiction level; It was found that the average score of the "Characteristics of the Vulnerable Elderly" sub-dimension, the mean score of the "Violation of Personal Rights" sub-dimension, and the mean total test score of the dependent elderly were higher than the independent and semi-dependent elderly, and this difference was statistically significant (p <0.05) (Table 3).

Table 3. Comparison of H-S EAST sub-dimensions and total score averages according to the introductory characteristics of the elderly individuals

		Characteristics of Vulnerability Subdimension	Direct Abuse Subdimension	Potentially Abusive Situation Subdimension	Total
Age	70,94±5,37	R=0.469	R=0.429	R=0.497	R=0.576
Gender	Female	0.69±0.74	0.98±1.27	1.03±1.35	2.71±2.89
	Male	0.53±0.64 p=0.173	0.65±0.88 p=0.208	0.65±0.90 p=0.187	1.83±1.76 p=0.151
Marrital status	Married	0.58±0.68	0.72±0.99	0.84±1.11	2.15±2.18
	Single	0.62±0.70 p=0.790	1.00±1.27 p=0.267	0.56±1.07 p=0.036	2.18±2.62 p=0.588
Income status	Poor	0.51±0.66	0.88±0.93	1.06±1.19	2.46±2.23
	Moderate	0.67±0.0	1.07±0.0	0.68±1.05	1.97±2.23
	Good	0.74±0.76 p=0.549	0.93±1.41 p=0.337	0.93±1.17 p=0.124	2.59±2.62 p=0.351
Family type	Nuclear	0.60±0.69	0.81±1.06	0.83±1.12	2.25±2.31
	Extended	0.37±0.52 p=0.406	0 p=0.009	0 p=0.007	0.37±0.52 p=0.001
Daily life activity level	Dependent	1.06±0.77	1.31±1.30	1.37±1.50	3.75±3.04
	Semi dependent	0.73±0.74	1.17±1.34	1.10±1.50	3.00±3.06
	Independent	0.46±0.60 p=0.003	0.52±0.75 p=0.001	0.57±0.69 p=0.080	1.55±1.36 p=0.001

When the mean test scores were compared according to marital status, it was observed that the mean score of single individuals was statistically significantly higher in the potential abuse sub-dimension of the test compared to married individuals ($p = 0.036$) (Table 3).

4. DISCUSSION

In our study, which was applied to evaluate the exposure of elderly people to abuse, it was determined that the elderly were not abused, but there were risk factors of abuse related with age, dependency level, family structure and marital status. Even if there is no abuse presence yet, having potential is an important risk factor (4,17).

Due to developments in health and technology, the death rate decreases and the population over 65 years of age increases (20). With the increase in the proportion of elderly, abuse and neglect of the elderly are on the agenda (6,21). There are some risk factors related to age, gender and education level in elderly abuse and neglect. In the studies conducted, the elderly individual; being elderly (70-75 and over), being a woman, having low education and low income are among the risk factors (10,16,17,22-24).

In our study, the average score of the "Hwalek-Sengstock Elderly Abuse Screening Test" score below 3 shows that there is no elderly abuse. However, the fact that the measurement tool used to evaluate the abuse status in our study was based on the verbal reports of the elderly is a factor affecting the result. This result reflects the reality and suggests that elderly individuals may be reluctant to report the existence of abuse. The reluctance to report may be due to the elderly individual being ashamed of his family's behavior or fear of relatives treating them worse when telling them about this incident. In the study of Yeşil et al., (2016), similar to our study, it was observed that the elderly person did not want to inform anyone because they were afraid that they would be judged, accused, nobody would believe them, and thought they would be sent to an institution (25).

In the studies conducted on the abuse of elderly people in the literature, it was observed that the presence of abuse increases with increasing age (6,14,16,26,27). Our study was similar to the literature. It is thought that the reason for the increase in abuse with increasing age may be due to the increase in care needs of the elderly and becoming insufficient in terms of self care skills. In the study of Kalaycı and Özkul (2018), elderly people can be seen as an addicted group as a result of their multiple diseases and disabilities, and their increased need for care, as well as their material and moral dependencies; it was stated that they could be abused and neglected (4).

As a result of our study, it was determined that there was no statistically significant difference between gender and abuse status. The inability of women to be comfortable speaking the truth may have been effective in the emergence of this result. In the literature, there are studies showing that elderly women are mostly abused (5,14,16,26,28). Gender roles and having patriarchal social structure reveal the risk of women being subjected to more violence. It shows that women can still be subjected to abuse, even if they are old, due to the education they have been subjected to throughout their lives, not being able to benefit from economic opportunities sufficiently, being obliged to live dependent on someone, and the existence of social stereotypes that push them to social exclusion when they get older (17,29).

In our study, unlike the literature regarding marital status, potential abuse sub-dimension score of the test was found to be statistically significantly higher in married couples compared to singles. This situation was thought to be due to the risk of being abused in married individuals by their spouses. However, it is stated in the literature that married individuals experience less abuse than singles. Being married, having family unity can be a powerful source of social support for elderly individuals (16,30,31). In addition, it has been observed that single and widowed elderly people are more vulnerable and lonely, as well as more susceptible to violation of their

personal rights.

In our study, there is a statistical difference between the average test score according to the family structure, and this difference is due to the nuclear family structure. With the development of societies and with the entry of women into business life, the elderly have started to be seen as individuals who need to take care of their children rather than individuals who need to be cared for. In addition, the anxiety of coping with the difficulties of life increases in extended families, while the elderly are seen as social support of the family, it can often be perceived as a burden on the family (16,29,32). If the elderly individual cannot provide social support to the family, it is seen as a burden and negligence and abuse is in question.

In our study, no statistically significant difference was found in the mean test scores according to the economic situation. Unlike our study, it was reported in the literature that individuals with low income were subjected to physical abuse and individuals with high income levels were subjected to economic abuse (16,33). Similarly, in the study of Ünlü (2019), it was stated that as the socio-economic situation increases, the elderly are exposed to more economic abuse, and the rate of physical abuse increases as the economic situation decreases (17). This result in our study again suggests that it may be due to the elderly individuals' hesitation to explain the current situation and their unwillingness to express it.

When the average test scores of the elderly people in their daily life activities were evaluated according to their addiction level, it was determined that the test scores of the elderly who stated that they were addicted were higher than the independent and semi-dependent individuals, and this difference was statistically significant. Old age is indicated as a period in which cognitive and physical activities decline, status is lost, emotional intensity and dependence increase. The physiological changes and chronic diseases that occur in the aging process cause an increase in dependence on others. Individuals who are dependent on others in their daily life activities are

more likely to be neglected (16).

5. CONCLUSION

As a result of our study conducted to determine the status of exposure to abuse among the elderly, it was determined that the abuse risk of the elderly who participated in the study was low. However, although elderly abuse is an increasing problem, it was thought that the occurrence of such a result may be due to the fact that elderly individuals hesitate to express the situation. Older people may not realize that they are being abused or they may not want to mention for various reasons such as fear, embarrassment, and timidity. Regardless of the reason, negligence applied to elderly individuals is not acceptable. It is vital that healthcare professionals determine whether the elderly are being abused or neglected. It is necessary to raise the awareness of healthcare professionals, especially nurses who spend the most time with the patient, and to develop protective social policies for the elderly. In addition, it is recommended to conduct qualitative studies on this subject in order to enable elderly people who are afraid to express themselves to express their problems comfortably.

Limitations

The research is limited to individuals over the age of 65 who receive inpatient treatment in Sinop Atatürk State Hospital. Another limitation of the study is that the evaluation of the abuse status of the elderly is limited to the self-statements of the elderly.

References

1. Yerli Gülbaşak. Yaşlılık Dönemi Özellikleri Ve Yaşlılara Yönelik Sosyal Hizmetler. *Journal of International Social Research*. 2017; 10. 1278-1287. 10.17719/jisr.2017.1979.
2. Tufan İ, Yazıcı S. Yaşlılıkta Kuşaklararası İlişkiler. *Toplum ve Sosyal Hizmet*. 2009; Cilt 20, Sayı 1.
3. Yon Y, Mikton R.C, Gassoumis D.Z, Wilber H.K. Elder abuse prevalence in community settings: a systematic review and meta-analysis. *Lancet Glob Health*; 2017; 5: e147-56.
4. Kalaycı I, Özkul M. Modernleşme Sürecinin Toplumsal Mağdurları Olarak Yaşlılar: Türkiye'de Yaşlı İstismarı ve İhmalı. *SDÜ Fen-Edebiyat Fakültesi Sosyal Bilimler Dergisi*. 2018; Sayı: 43, ss. 92-119.

5. Fadiloğlu Ç, Şenuzun F. Yaşlıda istismar ve ihmale yaklaşım. Ege Tıp Dergisi / Ege Journal of Medicine: 2012; 51; Ek Sayı / Supplement : 69-77.
6. Artan T. Family Abuse Against the Elders Living in Nursing Homes. Toplum ve Sosyal Hizmet. 2013; 24,2.
7. Lök, N. Türkiye'de Yaşlı İstismarı ve İhmali: Sistematiik Derleme Psikiyatride Güncel Yaklaşımlar. 2015; 7(2):149-156.
8. Meaghan A. L, Farrow V, Schulkin J. Obstetrician-Gynecologists' Knowledge, Attitudes, and Practice Regarding Elder Abuse Screening Women's Health Issues. 2013; 24-4; e455-e464.
9. Dursun R, Orak M. Yaşlı İstismarı ve İhmali. Derman Tıbbi Yayıncılık. 2015. DOI:10.4328/DERMAN.4140.
10. Kıssal A, Beşer A. Yaşlı İstismar ve İhmalinin Değerlendirilmesi. TAF Preventive Medicine Bulletin: 2009; 8(4).
11. Keskinöglü, P., Giray, H., Pıçakçief, M., Bilgiç, N., Uçku R. Yaşlıda fiziksel, finansal örselenme ve ihmal edilme. Türk Geriatri Dergisi. 2004; 7(2):57-61.
12. NCEA, APhSA. The National Elder Abuse Incidence Study. 1998. http://aoa.gov/AoA_Programs/Elder_Rights/Elder_Abuse/docs/ABuseReport_Full.pdf (Erişim Tarihi: 06.10.2020).
13. Fang, B., Yan, E., Chan, K. L. ve Ip, P. Elder Abuse and its Medical Outcomes in Older Chinese People with Cognitive and Physical Impairments. International Journal of Geriatric Psychiatry. 2018.
14. İlhan F. Ankara İli Yenimahalle İlçesi Anadolu Mahallesi'nde aile içi yaşlı istismarının saptanması (Uzmanlık tezi). Gazi Üniversitesi, Ankara. 2006.
15. Akdemir N, Görgülü Ü, Çınar İ. Yaşlı İstismarı ve İhmali, Hacettepe Üniversitesi Sağlık Bilimleri Fakültesi Hemşirelik Dergisi. 2008; 68-75.
16. Şen F. Yaşlı Bireylerde İstismar ve Depresyonun Değerlendirilmesi. Yakın Doğu Üniversitesi Sağlık Bilimleri Enstitüsü. Doktora tezi. Tez danışmanı: Meriç, M. 2018.
17. Ünlü D. Yaşlıların Ekonomik İstismara Maruz Kalma Durumlarının İncelenmesi: İstanbul Bahçelievler Örneği. İstanbul Sabahattin Zaim Üniversitesi Sosyal Bilimler Enstitüsü Sosyal Hizmet Anabilim Dalı Sosyal Hizmet Bilim Dalı Yüksek Lisans Tezi. 2019.
18. Neale AV, Hwalek MA, Scott RO, Sengstock MC, Stahl C. Validation of the Hwalek-Sengstock Elder Abuse Screening Test. J Appl Gerontol 1991;10:417-429.
19. Özmete, E. Hwalek-Sengstock Yaşlı İstismarı Tarama Testi: Türkçeye uyarlama çalışması. Anatolian Journal of Psychiatry/ Anadolu Psikiyatri Dergisi. 2016; 17.
20. Türkiye İstatistik Kurumu. İstatistiklerle Yaşlılar. 2019. Erişim Adresi: <https://data.tuik.gov.tr/Bulten/Index?p=Istatistiklerle-Yasli-lar-2019-33712#:~:text=Ya%C5%9F%C4%B1%20n%C3%BCfus%20oran%C4%B1n%C4%B1n%20en%20y%C3%BCsek%20oldu%C4%9Fu%20il%20Sinop%20oldu,3%2C9%20ile%20%C5%9Eanl%C4%B1urfa%20izledi.>
21. Mawar, S., Koul, P., Das, S. ve Gupta, S. Association of Physical Problems and Depression with Elder Abuse in an Urban Community of North India. Indian Journal of Community Medicine: Official Publication of Indian Association of Preventive & Social Medicine. 2018; 43 (3), 165.
22. Kılıç Ü, Şelimen D. Determination of the Causes That Force the Elders to Choose Living in Nursing Homes. JAREN; 2017; 3 (2):73-82.
23. Şahin H., Erkal S. Yaşlıların İstismar Ve İhmale Uğrama Durumlarının Hwalek Sengstock Yaşlı İstismarı Tarama Testi İle Değerlendirilmesi. Turkish Journal Of Geriatrics. 2018; 21(1), 16-24.
24. Turhan, S., Güncan, F., Ercan, M. ve Erkoyuncu, G. Yaşlı İhmali ve İstismarı. Sosyal Araştırmalar ve Yönetim Dergisi. 2019; (1), 28-43.
25. Yeşil P, Taşçı S, Öztunç G. Yaşlı İstismarı ve İhmali. Düzce Üniversitesi Sağlık Bilimleri Enstitüsü Dergisi. 2016; 6(2): 128-134.
26. Şahin H, Erkal S, Demirel B. Elderly Who Are Victims Of Domestic Violence In Written Press. The Journal of International Social Research. 2017.
27. Gülen M, Aktürk A, Acehan S, Seğmen M, Açıkalın A, Bilen A. Archives Medical Review Journal. 2013; 22(3):393-407.
28. Kıssal A. İzmir'de bir sağlık ocağı bölgesindeki yaşlıların istismar ve ihmal ile karşılaşma durumları ve etkili olan etmenlerin incelenmesi, Halk Sağlığı Hemşireliği Yüksek Lisans Tezi, İzmir. 2008.
29. Gökçe N. Yaşlı İstismarı ve İhmali, Kastamonu Sağlık Akademisi. 2017; 2 (2). 100-111.
30. Karadağ M. Elazığ İl Merkezinde Yaşlılarda Depresyon Belirtilerinin Yaygınlığı ve Etkileyen Faktörler. Fırat Üniversitesi, Tıp Fakültesi Halk Sağlığı Anabilim Dalı, Uzmanlık Tezi, Elazığ, 2008.
31. Bingöl G, Demir A, Karabek R, Kepenek B, Yıldırım N, Kayta EG. Bazı Değişkenler Açısından 65 Yaş Üstü Bireylerin Depresyon Düzeylerinin İncelenmesi. Göztepe Tıp Dergisi. 2010; 25(4),169-176.
32. Atagün M., Balaban Ö. , Atagün Z., Elagöz M., Özpolat A. Kronik Hastalıklarda Bakım Veren Yükü, Psikiyatride Güncel Yaklaşımlar. 2011; 3(3), 513-552.
33. Özer N. Yaşlı Bireylerde Depresyon, İstismar Ve İhmalin Değerlendirilmesi. Gaziantep Üniversitesi Sağlık Bilimleri Enstitüsü, Hemşirelik Anabilim Dalı, Yüksek Lisans Tezi, Gaziantep. 2013.