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The Subliminal Violence Of Gendered Ageism

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Abstract:
The article deconstructs ageism and contextualizes it as a form of subliminal yet pervasive gender violence, revealing elderly women to be subject to abuse within families, communities, workplaces, and beyond. This mistreatment is traced to deep-rooted and socially embedded gender stereotypes and cultural expectations, which manifest in both overt and subtle forms of violence and neglect. It examines the various intersections of ageism, with ethnicity, region, disability, and socioeconomic status. Throughout a woman's life, she is exposed to violence, yet there has been a striking lack of focus on the issue of neglect, abuse, and the distinct form of violence encountered by older women in their everyday lives. It explores how prejudice and stereotyping, fuelled by gender and age-related biases, escalate into bullying, discrimination, and ultimately violent behavior. It delves into the root causes of ageism and the reasons why stereotypes persist where age-based discrimination has become deeply ingrained in our society, often going unnoticed. Various forms of violence stem from ageism and sexism, including neglect, verbal abuse, physical and sexual assault, emotional manipulation, and financial exploitation. By relying on qualitative methods, the author articulates the layered experiences of gendered ageism as a form of subliminal violence. "Sharad" elucidates on the lived experiences of the elderly, highlighting their unmet desires, suppressed yearnings for pleasure, and the erosion of agency that often accompanies advancing age, particularly for women. By unpacking these dynamics, the author contributes to a deeper understanding of ageism as a gendered phenomenon, while deliberating on societal strategies that may foster inclusivity and dignity in the hegemonic discourse of aging.

Key-Words: *Gendered ageism, Subliminal violence, Elderly women, Socioeconomic status, Cultural expectations*

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I. Introduction

Age discrimination, manifested in subtle but widespread ways, is closely intertwined with gender biases, disproportionately impacting older women in familial, societal, and institutional spheres. Sadly, elder abuse is a frequently disregarded issue, with abuse against elderly women particularly obscured from view. The media's distractions often contribute to this ignorance, as abuse suffered by older women is not granted the same level of attention as other societal issues. This neglect has significant implications for the psychological, physical, social, and health well-being of elderly women. Ageism is deeply analyzed as a subtle yet damaging form of violence against women, shining a light on the various forms of mistreatment experienced by older females within the confines of societal gender biases and cultural standards. Research has highlighted that elderly individuals who suffer abuse often experience profound feelings of loneliness and isolation. Studies have documented how victims of abuse in their later years frequently express a sense of disconnection from the world, both within their homes and in care facilities, with time seemingly stretching endlessly (Pritchard, 2000; Podnieks, 1992; Hightower et al., 2006). Many older individuals become physically isolated or emotionally withdrawn, often confined to their homes without meaningful social interactions, a situation exacerbated by the abuser's manipulative tactics (Lazenbatt et al., 2010). Such abuse not only isolates the elderly but can also strain and fracture family relationships, leading to breakdowns in communication (McGarry & Simpson, 2011). Despite the severe impacts of abuse, multiple studies have documented the resilience of older adults, who often develop coping mechanisms to deal with their situations.

The Subliminal Violence of Gendered Ageism

- **Media Portrayal and Cultural Stereotypes:** This examination offers a comprehensive insight into the mistreatment elderly women face, encompassing physical, mental, emotional, sexual, financial, and other forms of abuse. It delves into the factors contributing to such mistreatment in India, as well as the responses of the populace towards it while amplifying the voices of the victims themselves. One will also gain an understanding of how these issues are often overlooked in favour of highlighting youthfulness, and how society today prioritizes youthful appearance and behavior above all else. In society, women are often under relentless pressure to maintain a youthful appearance. This pressure can be overt or subtle, but the message is clear - if women do not adhere to a certain narrow definition of beauty, they are subject to harsh criticism. On the other hand, men are often celebrated as they age, likened to fine wine that improves over time. These unjust and hypocritical double standards contribute to a culture where women's self-esteem is diminished, and their spirits are dampened. This pervasive sense of not measuring up can leave women feeling disconnected and isolated from society at large.
- **The Impact on Women's Self-Perception:** This research delves into the experiences of older individuals who have been mistreated and abused. It aims to understand the nature of abuse, its consequences, how victims cope with it, and their patterns of seeking help. The findings shed light on the complex forms of abuse that older adults endure, such as physical, psychological, financial abuse, and neglect. They also highlight the significant emotional and physical toll that abuse takes on victims. These mechanisms include emotional detachment, reliance on close friends and family, and finding solace in religion (Podnieks, 1992; Pritchard, 2000; Mears, 2003; Hightower et al., 2006). Some older individuals, particularly women, have demonstrated an 'inner strength,' taking each day as it comes and adapting to their abusive environments as a survival strategy (Podnieks, 1992). Research also underscores the role of religion as both a source of strength and, in some cases, a contributing factor to abuse, highlighting the complex relationship between spirituality and coping in the elderly (Podnieks, 1992; Pritchard, 2000; Hightower et al., 2006). Moreover, counselling and peer support have been identified as crucial in helping elderly abuse survivors heal, with many older women valuing the opportunity to share their experiences with peers who can relate (Schaffer, 1999; Pritchard, 2000; Hightower et al., 2006). Many questions arise when considering why abuse and neglect occur in our society. Is it driven by the relentless pursuit of wealth? Do institutions and societal norms enable such behavior? Why do some children neglect their aging parents? Could it be due to the desire for a smaller, nuclear family or seeing the elderly as burdensome? Is society's obsession with beauty a contributing factor? Or perhaps it is the lack of empathy among individuals.
- **Intersectionality and Ageism:** Considering all these factors, the following will shed light on the harsh and unsatisfactory truths of our society. Let's examine the circumstances surrounding senior women and compare how they are treated in society to the youth, who often receive more praise and attention. Have we truly created a more welcoming environment for the elderly to live in today? Additionally, we will delve into the impact of these situations on elderly women. Through a thorough analysis of available literature and data, this paper aims to provide readers with insight into the numerous subtle forms of violence experienced by elderly women in India.

II. Despair Vs. Optimism: Navigating The Dichotomy

The topic under discussion was sensitive and had the potential to elicit unpleasant feelings or anxiety among the individuals involved. Before gaining informed consent, participants were fully informed about the sensitive nature of the topic. This ensured that they understood their involvement was voluntary and that they could withdraw from the study at any time. Participants were provided with the option to interrupt or terminate the interview if they experienced discomfort.

It is important also to analyze the cognitive processes and behavioral responses employed by elderly individuals in addressing instances of abuse. The study aims to investigate the coping mechanisms that elderly individuals employ to address instances of abuse. It also determines the assistance requirements of elderly individuals who have encountered mistreatment. Reporting abuse remains a significant challenge for the elderly, with factors such as fear of abandonment, a desire to protect family relationships, and internalized shame contributing to their reluctance (Pritchard, 2000; Mears, 2002; Lazenbatt et al., 2010). Additionally, external barriers such as limited access to support services, particularly in rural areas, and a lack of awareness about available resources further complicate the situation for elderly abuse victims (Hightower et al., 2006; Lazenbatt et al., 2010). Overall, the literature indicates that older adults who have been abused often face significant obstacles in accessing the help they need, including social isolation, financial dependence, and a lack of trust in authorities (Mowlam et al., 2007).

Abuse Encounters

The category encompasses a wide range of abusive actions, including physical, psychological, financial, and material abuse as well as neglect. These included instances of assault and restraint, theft, manipulation, financial trickery, misuse and destruction of personal belongings, denial of assistance and support, verbal abuse, and prevention from seeing grandchildren. The elderly individuals detailed their experiences of abuse, noting that they had experienced multiple forms of mistreatment. While participants identified a primary abuser in each case, some situations involved more than one abuser. The abuse scenarios involved assault and restraint, theft and financial manipulation, property misuse and damage, denial of assistance, and verbal abuse. Elderly abuse victims often struggle with a lack of awareness regarding their rights and the resources available to them. Many older adults do not possess sufficient knowledge about the support services that could aid them, which significantly impedes their ability to seek help (Scott et al., 2004). Even when they are aware of these services, there is often confusion about their purpose and scope, with many learning about these resources indirectly rather than through direct outreach or education (McGarry & Simpson, 2011; Lazenbatt et al., 2006). This lack of clear information contributes to the hesitancy among older adults to leave abusive situations, as they are unsure of where to turn for help (Pritchard, 2000). Additionally, cultural and professional assumptions that older women are not experiencing abuse further complicate the issue, with some older women fearing that they will not be believed or that their complaints will not be taken seriously (Scott et al., 2004; Montminy, 2005). This fear is compounded by concerns over potential institutionalization or further isolation, which can prevent elderly individuals from reporting abuse or seeking assistance (Hightower et al., 2006).

Women faced physical abuse which included assault and restraint. The incidents of abuse were not triggered by any action and happened repeatedly. The women were subjected to being pushed, spit on, grabbed, attacked with objects, confined, and forced to endure painful actions. While the physical assaults did not result in serious injuries, the victims felt fear, terror, anxiety, and extreme stress, particularly when the abuse happened unexpectedly. They shared how they were robbed, threatened, evicted from their homes, and felt pressured to cover their adult children's expenses and financially support them.

Elderly individuals have spoken out about the mistreatment they have faced, detailing instances of their personal belongings being damaged or destroyed, and even suspicions of their property being used for illicit activities. This form of mistreatment seems to predominantly target elderly women, taking place within the confines of their own homes and causing significant distress. Furthermore, they have expressed feeling let down by the lack of support from caretakers and medical professionals, with their healthcare needs being routinely dismissed. This neglect extends to being denied essential medical and social services, as well as having their fundamental needs disregarded. These patterns of neglect appear to have persisted over a prolonged period, resulting in feelings of deep emotional pain and isolation. The situation worsened when elderly individuals shared their experiences of emotional abuse, including verbal mistreatment, and mentioned being alienated from their own grandchildren. Women recounted feeling ignored, shouted at, and insulted by their abusers, with some facing intimidating and threatening comments. Others described being degraded and belittled. The verbal abuse caused feelings of pain and fear among many victims. These accounts highlighted a variety of abusive behaviours, such as physical, emotional, financial, and material mistreatment, as well as neglect. These harmful experiences had a profound impact on the health and overall well-being of the study participants.

Effects of Abuse Encounters

Elderly women who have faced abuse have suffered from anxiety and emotional distress, leading to feelings of being upset and hurt. Some struggled to articulate the impact of the abuse, but they acknowledged that it had changed them in some way. Many expressed ongoing distress when recalling the abusive experience, stating that it still brought about feelings of sadness and pain. The sense of loneliness and isolation that followed the abuse was a common emotional outcome. They described feeling alone, disconnected from others, and feeling like they had no one to turn to for help and support. Multiple women mentioned reducing their social interactions, withdrawing from society, and losing interest in their usual activities due to the abuse they endured. In some cases, the abuser even controlled the participants' social interactions. Financial constraints and social isolation act as significant barriers, limiting the ability of older adults to access the necessary support services (Scott et al., 2004). The literature also points to the emotional and psychological barriers that prevent elderly individuals from confronting their abusers, including feelings of powerlessness, guilt, and a deep-seated need for privacy (Lazenbatt et al., 2010). These internal obstacles are often reinforced by external pressures, such as the reactions of family members, healthcare professionals, and the broader community, which can lead to a sense of despair and resignation among abuse victims (Lazenbatt et al., 2010). Consequently, many elderly individuals remain trapped in abusive situations, feeling isolated, disempowered, and uncertain about how to navigate their circumstances. This highlights the critical need for more targeted outreach, education, and support services to empower older adults and provide them with the tools and confidence to seek help when needed (Mowlam et al., 2007).

The older women expressed how they felt less sure of themselves, with lower self-worth, often due to being belittled and disrespected. This showed how the harmful experiences affected their mental well-being in various ways. They struggled with disrupted sleep, feelings of pain and emotional suffering, anxiety, and depression. Some mentioned feeling alone and cut off from others, lacking someone they could confide in. Consequently, they started to distance themselves socially, losing interest in everyday activities and participating in fewer social events. While most of them used to be independent and self-assured, the abusive situations caused some to struggle with poor self-assurance and self-worth. They also spoke of experiencing fear, which lingered even after the abuse had stopped, and feelings of sadness.

Understanding the Complexity of Violence: Moving from Biases to Behaviours.

Simply labelling older individuals as "elderly" can have a significant impact on their well-being. Describing someone as "that old man" or using similar terms can worsen this effect. Aging is a natural part of life that everyone experiences but labelling someone as "old" and using that as their defining characteristic is questionable. Unfortunately, derogatory expressions like "buddiya sath gayi" or "old fogey" are often used to refer to older individuals. While these terms may appear harmless, they can be offensive and perpetuate age discrimination. Even seemingly positive phrases like "kind old gentleman" can still reinforce ageist attitudes.

Ageism has a magnified effect when combined with factors like ethnicity, disability, socioeconomic status, and other personal identities. Older women from marginalized communities face even more intense discrimination, leading to increased vulnerability to mistreatment and exclusion within society. Biases based on age and gender contribute to different types of violence against elderly women. They often experience verbal abuse that undermines their dignity, physical and sexual assault that violates their autonomy, emotional manipulation that takes advantage of their vulnerabilities, and financial exploitation that jeopardizes their hard-earned financial security. As Davies, Brand reports; *"*Iryani, a renowned dancer from the Peliatan village, at the age of twenty, expected her career to come to a stop soon. She simply said, "When I get older and weaker, people will not want to see me. Later when I look older, and people do not like to see my face I may dance the dances where you wear masks. Here everyone is an expert, and everyone can criticize, and a poor dancer is openly criticized and told to leave. Dancers can be criticised also just for not being beautiful, though it's not their fault and they can dance very well."

Today, the concept of the ideal beauty standard is constantly evolving. From specific body types to skin tones and facial features, certain characteristics are considered mainstream. These beauty standards have changed over the years, but some factors remain constant. The first factor is the desire to look youthful and almost childlike. Women are expected to have smooth and soft skin, shiny hair, a small body, and be hairless in certain areas. The second factor is beauty enhancement. Whether it's through fairness creams or cosmetic surgery, women are pressured to alter their appearance. Many opt for procedures like Botox, lip fillers, and rhinoplasty to achieve a fuller, slimmer, or more youthful look. Society may not openly criticize those who don't meet these standards, but there is subtle discrimination and pressure to conform. The constant focus on beauty treatments and surgeries reinforces the idea that looking better is necessary for acceptance. This mindset affects people of all genders, leading them to believe that beauty requires sacrifice. Ultimately, this perpetuates the belief that "beauty is pain" and offers a solution to all insecurities. Today, there is a growing number of individuals who proudly identify themselves as 'ageist resistors'. These people are committed to challenging the pervasive cultural stigma surrounding old age and are determined to open up conversations about this often-taboo subject. Most of these advocates are elderly women, who unfortunately continue to face discrimination and fear due to ageism.

One is reminded of some of the inspirational women who have recently passed away, including Ursula Le Guin, a fierce advocate for celebrating old age. She once stated, *"For old people, beauty isn't handed to us effortlessly like it is for the young with their hormones... It is about who we are as individuals. It's about the inner light that shines through our aging faces and bodies."* Le Guin, along with others in this movement, understands that the real challenge for older individuals is not the loss of physical beauty, a concept heavily influenced by societal standards, but rather the loss of identity, belonging, and connection to the world, which can be incredibly isolating and frightening. Today, many women find themselves held to a certain standard that is dictated by patriarchal norms. While men also face expectations, they tend to be less rigid compared to those placed on women. The contrasting standards for men and women highlight the gender bias that exists. Men are typically expected to embody qualities such as dominance, physical strength, masculinity, stature, ruggedness, and independence. On the other hand, women are often pressured to exhibit traits like submissiveness, weakness, femininity, delicacy, nurturing behavior, emotional vulnerability, adaptability, and sexual allure.

Although these gender norms are becoming increasingly blurred in modern times and are somewhat more accepted, they are still not universally embraced. In many cases, women who want to reach higher positions in various settings, such as large corporations, may feel compelled to adopt traditionally masculine qualities like assertiveness. This can be seen as a requirement for success. Furthermore, despite progress in challenging traditional gender roles, women are often still expected to fulfil stereotypical roles as mothers, wives, and objects

of sexual desire. This places an undue burden on them and limits their opportunities for personal and professional growth.

As our women age, they start to internalize the stereotypes and expectations placed upon them by society. The process of aging brings about various physical, emotional, and mental changes and challenges. With age comes weak muscles, loss of motor control, wrinkles, and more. Unfortunately, the focus tends to be solely on their physical appearance and capabilities, rather than their personal growth and wisdom. This lack of recognition can be quite damaging to the elderly, as it makes them feel inferior and alienated from a society that glorifies youthfulness.

The discrimination faced by the elderly can manifest in different ways - from feeling marginalized due to their perceived physical weakness compared to their younger counterparts to facing frustration and impatience from others for not being able to keep up with daily tasks as they once could. This constant feeling of inadequacy and being a burden can take a toll on their mental well-being. Society needs to acknowledge the value and contributions of our elderly population, rather than dismissing them based on their age-related physical limitations. By showing respect, patience, and understanding towards the elderly, we can create a more inclusive and compassionate community for everyone to thrive in.

In many cultures, women have traditionally been regarded as the primary caregivers within the family. They are responsible for cooking meals, keeping the house tidy, and various household chores such as doing the dishes, laundry, and grocery shopping. Furthermore, it is often expected that grandmothers will step in to care for their children and grandchildren when their parents are not available. This expectation is not limited to urban areas where busy parents might require a babysitter, but also extends to rural communities. While some grandparents gladly take on this role out of love, others may feel compelled to do so. Regardless of the motive, as they age, the physical needs of these caregivers must also be taken into consideration. Unfortunately, many elderly individuals do not receive the love, support, and care they deserve.

Elderly individuals often experience feelings of disillusionment when they do not receive the care and support, they once provided to their younger generations. In their later years, they may find themselves alone, left to fend for themselves without the companionship of their spouses, a situation that is particularly prevalent among elderly women. This sense of betrayal can be overwhelming, as they realize that the children they dedicated their lives to raising have either abandoned them or dismissed their concerns as exaggerations or excuses. Unfortunately, their expressions of pain and struggle are frequently met with scepticism or even mistreatment, both verbally and physically.

It has been brought to our attention that many elderly women are still experiencing significant inequalities in accessing healthcare services. These women are often overlooked in discussions surrounding aging policies. To address this issue, it is crucial to focus on understanding the specific needs of elderly women and how to effectively support them. A gender-sensitive approach is necessary in the development of policies and interventions to promote the health of women throughout their lives. Policymakers, researchers, and healthcare providers must consider both age and gender perspectives when creating and evaluating interventions to ensure they are appropriate and effective.

Deep Dive into Personal Experiences

Personal experiences provide a deep and intricate understanding of the lives of elderly women, revealing their unfulfilled wishes, suppressed dreams of pleasure, and diminishing control as they age. These narratives challenge the common beliefs about getting older, shedding light on how ageism significantly impacts their quality of life and overall well-being. The effects of ageism go beyond just social isolation, leading to different forms of abuse:

- Neglect: Disregarding the needs and desires of older women
- Verbal Abuse: Using hurtful language or disrespectful comments based on their
- age and gender
- Physical and Sexual Assault: Acts of physical violence or sexual abuse targeting
- elderly women
- Emotional Manipulation: Gaslighting or controlling their emotions to weaken
- their independence
- Financial Exploitation: Taking advantage of their finances, exploiting their
- vulnerabilities.

This sheds light on how ageism affects elderly women in a gendered way, contributing to a better understanding of the inequalities ingrained in our society. It urges a change towards inclusivity and respect in the aging process, questioning dominant narratives that lead to mistreatment and exclusion. Through collaborative action, we can work towards a society that values and honours people of all ages, creating spaces where elderly women can grow older with independence, self-determination, and respect. The research confirms the firsthand

accounts of mistreatment and abuse as told by elderly individuals. Through these personal stories, valuable insights were gained regarding the various forms of abuse older people endure, shedding light on the specific aspects of their abuse experiences. It became evident that these detrimental encounters can significantly impact the health and well-being of older individuals. Additionally, the study uncovered the internal strengths older people draw upon to cope with their abuse, as well as their support requirements. By exploring the lived experiences of elderly individuals who have faced abuse, the groundwork is laid for crafting effective policies and interventions to meet their unique needs and circumstances.

Call for individual and collective action towards inclusive and egalitarian for women of all ages

Policies regarding elder abuse must acknowledge that the mistreatment experienced in old age could be a result of a lifetime of abuse or could be a recent occurrence. Therefore, interventions should be personalized to meet the specific needs of each victim. It is important for those providing support to understand that older individuals may have their coping mechanisms to deal with abuse and should help them utilize these strategies. It is crucial to continue efforts to raise public awareness about elder abuse in Ireland through events and media campaigns. Many older adults may not even realize they are being mistreated, so promoting education about abuse, especially the more subtle forms that may occur within families is essential for health promotion. Older individuals also need to know about the services available to help them address and overcome abuse. With increased awareness, older adults are more likely to recognize and prevent mistreatment. Empowering older adults can help them tap into their inner strength, enabling them to protect themselves and seek assistance with confidence.

In the vast expanse of patriarchal society, numerous stories illuminate the journey of aging, providing insight into its multifaceted nature. Immersing oneself in these narratives has proven to be a wellspring of motivation, reinforcing the belief that regardless of our age or situation, it is vital to appreciate every fleeting moment. Through embracing life with a spirit of love, empathy, and generosity towards one another, we can grasp the ephemeral beauty of time.

III. Conclusion:

Reclaiming Agency: Towards a More Inclusive Narrative

- **Recovery from abuse encounters** 'Recovery from abuse encounters' describes the coping strategies employed by the elderly to help them overcome their abusive experiences. The category captures the array of strategies that participants used to cope with the abuse and it was avoidance, confrontation, personal strengths, affirmation, finding a place of sanctuary, and rationalizing the abuse. Describing the coping mechanisms used by them to overcome their abusive experiences, they reported how they avoided any encounters with the abuser and any triggers that might provoke an abusive response, and explained that they managed to cope by avoiding thinking and ruminating about the abuse by distracting themselves with hobbies and interests. Some even spoke about having reached a point where they could take no more and confronted the abuser about their behaviours and took steps to end the abuse. Several women conveyed that they drew on their strengths and explained that it was their self-determination, resiliency, and faith that had helped them to overcome their abusive experiences. On the other hand, the elderly believed it was helpful to get affirmation and implied that they needed their abusive experiences validated by others. Several spoke about their home as a place of sanctuary, free from abuse. Women indicated that it was important for them to understand why the abuse had occurred and they attributed the abusive behaviours variously to stress, mental ill-health, and drug and gambling addictions. Some even blamed themselves for the abuse that they experienced on the way they raised their son or daughter.
- **Individual Empowerment:** It also identifies various challenges faced by the elderly in seeking help and support. The study highlighted that many women failed to seek help because they didn't recognize they were being abused, were unaware of available support services, or were afraid of seeking help due to shame or fear of rejection. They were hesitant to openly discuss their problems.
- **Collective Action and Social Change:** When seeking help, many women encountered difficulties and often had someone else, like a friend or healthcare professional, seek help on their behalf. They received support from a variety of sources including friends, family, voluntary organizations, and healthcare professionals. The support ranged from practical assistance like help with shopping and accessing basic entitlements, to emotional support such as attending court cases with them.

The women expressed their gratitude for the help and support they received, noting that it gave them moral support, boosted their confidence, provided reassurance, and gave them a sense of security.

References

[1]. Acierno R., Hermandez H., Amstadter A.B., Resnick H.S., Steve K., Muzzy W. And Kilpatrick D.G. (2010) Prevalence And Correlates Of Emotional, Physical, Sexual, And Financial Abuse And Potential Neglect In The United States: The National Elder Abuse Mistreatment Study.

[2]. American Journal Of Public Health, 100(2), 292–297. Action On Elder Abuse (1995) New Definition Of Abuse. Action On Elder Abuse Bulletin, London.
[3]. Baker A.A. (1975) Granny Battering. Modern Geriatrics, 5(8), 20–24.
[4]. Band-Winterstein T. And Eisikovits Z. (2009) 'Ageing Out' Of Violence: The Multiple Faces Of Intimate Violence Over The Lifespan. Qualitative Health Research, 19(2), 164–180.
[5]. Berg B.L. (1989) Qualitative Research Methods For The Social Sciences. Allyn And Bacon, New York. Bowling A. (2009) Research Methods In Health: Investigating Health And Health Services. Open University Press, London.
[6]. Buchbinder E. And Winterstein T. (2003) "Like A Wounded Bird": Older Battered Women's Life Experiences With Intimate Violence. Journal Of Elder Abuse And Neglect, 15(2), 23–44.
[7]. Carter S. And Henderson L. (2005) Approaches To Qualitative Data Collection In Social Science. In A. Bowling And S. Ebrahim (Eds), Handbook Of Health Research Methods: Investigation, Measurement And Analysis. Open University Press, Maidenhead.
[8]. Central Statistics Office (CSO) (2012) This Is Ireland: Highlights From Census 2011, Part 1. The Stationery Office, Dublin.
[9]. Douglass H. (2005) The Development Of Practice Theory In Adult Protection Intervention: Insights From A Recent Research Project. The Journal Of Adult Protection, 7(1), 32–45.
[10]. Fox D.J. (1982) Fundamentals Of Research In Nursing (4th Ed.). Appleton-Century-Crofts, New Jersey. Glaser B. And Strauss A. (1967) The Discovery Of Grounded Theory. Aldine, Chicago
[11]. Hightower J., Smith M.J. And Hightower H.C. (2006) Hearing The Voice Of Abused Older Women. Journal Of Gerontological Social Work, 46(3/4), 205–227.
[12]. Lachs M.S., Williams C., O'Brien S., Hurst L. And Horwitz R. (1997). Risk Factors For Reported Elder Abuse And Neglect: A Nine-Year Observational Cohort Study. The Gerontologist, 37(4), 469–474.
[13]. Law Reform Commission (2003) Consultation Paper On Law And The Elderly (LRC CP 23 – 2003). Law Reform Commission, Dublin.
[14]. Lazenbatt A., Devaney J. And Gildea A. (2010) Older Women's Lifelong Experience Of Domestic Violence In Northern Ireland. Changing Ageing Partnership (CAP),Queen's University,
[15]. Martin P., Hagberg B. And Poon L.W. (1997) Predictors Of Loneliness In Centenarians: A Parallel Study. Journal Of Cross Cultural Gerontology, 12, 203–224.
[16]. Mccreadie M. (1996) Elder Abuse: Update On Research. Institute Of Gerontology Kings College, London. Mcgarry J. And Simpson C. (2011) Domestic Abuse And Older Women: Exploring The Opportunities For Service Development And Care Delivery. The Journal Of Adult Protection, 13(6), 294–301.
[17]. Mcgreevey J.F. (2004) Elder Abuse: The Physician's Perspective. Clinical Gerontologist, 28(1), 83–103. Mears J. (2003) Survival Is Not Enough: Violence Against Older Women In Australia. Violence Against Women, 9(12), 1478–1489. Montminy L. (2005) Older Women's Experiences Of Psychological Violence In Their Marital Relationships. Journal Of Gerontological Social Work, 46(2), 3–21
[18]. Mowlam A., Tennant R., Dixon J. And Mccreadie C. (2007) UK Study Of Abuse And Neglect Of Older People: Qualitative Findings. King's College London And The National Centre For Social Research, London. Nägele B., Bohm U., Gorgen T. And Toth O. (2010) Intimate Partner Violence Against Older Women (Ipvow). Summary Report. European Commission, Germany.
[19]. Nandlal J.M. And Wood L.A. (1997) Older People's Understanding Of Verbal Abuse. Journal Of Elder Abuse And Neglect, 9(1), 17–31.
[20]. National Council Of Ageing And Older People (NCAOP) (1998) The Law And Older People: A Handbook For Service Providers. National Council On Ageing And Older People, Dublin.
[21]. National Council On Ageing And Older People (NCAOP) (2009) Review Of The Recommendations Of Protecting Our Future: Report Of The Working Group On Elder Abuse. Department Of Health And Children, Dublin.
[22]. Naughton C., Drennan J., Treacy M.P., Lafferty A., Lyons I., Phelan A., Quin S., O'Loughlin A. And Delaney L. (2010) Abuse And Neglect Of Older People In Ireland: Report On The National Study Of Elder Abuse And Neglect. University College Dublin.
[23]. Naughton, C., Drennan, J., Lyons, I., Lafferty, A., Treacy, P., Phelan, A., O'Loughlin, A. And Delaney, L. (2012) Elder Abuse And Neglect In Ireland: Results From A National Prevalence Survey. Age And Ageing, 41, 98–103.
[24]. O'Loughlin A. And Duggan, J. (1998) Abuse, Neglect And Mistreatment Of Older People: An Exploratory Study. National Council On Ageing And Older People, Dublin.
[25]. Peri K., Fanslow J., Hand J. And Parsons J. (2008) Elder Abuse And Neglect: Exploration Of Risk And Protective Factors. Families Commission, New Zealand.
[26]. Podnieks E. (1992) Emerging Themes From A Follow-Up Study Of Canadian Victims Of Elder Abuse. Journal Of Elder Abuse And Neglect, 4(1/2), 59–111.
[27]. Podnieks E., Pillemer K., Nicholson P., Shillington T. And Frizzell A. (1989) National Survey Of Abuse Of The Elderly In Canada. Ryerson Polytechnical Institute, Toronto.
[28]. Pritchard J.H. (2000) The Needs Of Older Women: Services For Victims Of Elder Abuse And Other Abuse. The Policy Press, Bristol. Pritchard J.H. (2001) Male Victims Of Elder Abuse: Their Experiences And Needs.
[29]. Jessica Kingsley, London. Rinker A.G. Jr. (2009) Recognition And Perception Of Elder Abuse By Pre-Hospital And Hospital-Based Care Providers. Archives Of Gerontology And Geriatrics, 48(1), 110–115.
[30]. Rodríguez M.A., Wallace S.P., Woolf N.H. And Mangione C.M. (2006) Mandatory Reporting Of Elder Abuse: Between A Rock And A Hard Place. Annals Of Family Medicine, 4(5), 403–409.
[31]. Schaffer J. (1999) Older And Isolated Women And Domestic Violence Project. Journal Of Elder Abuse And Neglect, 11(1), 59–78.
[32]. Schmeidel A.N., Daly J.M., Rosenbaum M.E., Schmuch G.A. And Jogerst G.J. (2012) Health Care Professionals' Perspectives On Barriers To Elder Abuse Detection And Reporting In Primary Care Settings. Journal Of Elder Abuse And Neglect, 24(1), 17–36.
[33]. Stones M.J. (1995) Scope And Definition Of Elder Abuse And Neglect In Canada. In M.J. Maclean (Ed.), Abuse And Neglect Of Older Canadians: Strategies For Change (Pp.111- 116).
[34]. Thompson Educational Publishing, Toronto. Scott M., Mckie L., Morton S., Seddon E. And Wasoff F. (2004) Older Women And Domestic Violence In Scotland. Health Scotland, Edinburgh.
[35]. Wolf R.S. And Pillemer K.A. (1989) Helping Elderly Victims. Columbia University Press, Surrey. Working Group On Elder Abuse (2002) Protecting Our Future. The Stationary Office, Dublin