Domestic Abuse and Its Relation to Quality Of Life among Elderly People at Mania City

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Abstract:
Background: *Domestic violence against elders remain a hidden, growing and ignored problem with significant impact on elder's' health and wellbeing.* **Aim:** *To investigate domestic abuse and its relation to quality of life among elderly people.* **Design:** *A descriptive cross-sectional research design was carried out in this study.* **Sample and setting:** *A convenience sample of 250 elderly people attending geriatric club of the Red Crescent Society and Abd-Elrahman Geriatric club of the ministry of social solidarity at Minia city.* **Tool:** *A structured interview questionnaire sheet included socio-demographic and medical data, patterns of domestic abuse experienced by elderly people and World Health Organization Quality of Life Brief questionnaire for older people (WHOQOL).* **Results:** *More than two thirds (68%) were being mistreated (exposed to at least one type of domestic abuse), the most pattern of domestic abuse experienced by them was neglect (62%), followed by psychological abuse (58%). The most perpetrators were children followed by family members with percentages of 68.0 and 63.6% respectively). There was the highly statistically significant difference between the mean and standard deviation of total patterns of domestic abuse and levels of quality of life. Furthermore there a highly statistically significant difference between (age, education, location, living condition, and pension) and total patterns of domestic abuse.* **Conclusion & Recommendations:** *Highly percentage of elderly people experience at least one type of domestic abuse especially neglect and psychological abuse, associated with a significant negative impact on all dimension of quality of their life reflecting an urgent need for public education especially for adolescents (children) and care givers who are the most perpetrators and programmatic interventions.*
Keywords: *Domestic abuse, older adults, quality of life.*

I. Introduction

There is a remarkable growing in the numbers and proportions of aged people globally. In step with the last document of WHO the older population (men and women 60 years and greater) accounting six hundred million, about 8.5% of the total population worldwide. It is far predicted to attain two billion by 2020 globally with the vast majority of older humans residing in low- and middle-income international locations **(Burnes et al., 2015).** In Egypt, **(Central Agency for Public Mobilization and Statistics, 2017)** indicated that the Egyptian humans had been 94.3 million, elderly humans represents 7 millions of overall population in Egypt and anticipated to attain 20 million by way of 2050.

The variety of older people who are at risk of mistreatment and home abuse is more likely to grow as the percentage of older humans continues to grow internationally. It was estimated that 0.8% to 30.1% of aged people have experienced some form of maltreatment at their home, representing 141 million victims globally and anticipated to grow to 320 million victims by 2050 **(National Center on Elder Abuse, 2017).** Although this rate is high, it is expected to be an underestimate of the real magnitude of the problem as many aged especially in our Arab society refused to report abuse revel in from their circle of relatives' members or the caregivers in the residential houses they stay in **(Fulmer, 2013).**

Elderly people have been provided several services and duties toward their families as well as society and they expect to have care and attention as a kind of fidelity and gratitude, but actually, they found themselves suffering from mistreatment and marginalization from both family and society **(Williams, 2016).** home elder abuse usually refers to any form of mistreatment that is committed through a person with whom the elder has a special dating (asan instance, a partner, sibling, children, friend, or caregiver), that causes damage or misery to older humans, accordinglycontributingto someof negative consequences whichincludes decreased satisfactory of lifestyles, increase morbidity,declining functional talents,malnutrition,fractures, dementia, bed sore, depression, and suicidality **(Williams, 2016).**

Yearly, tens of thousands of aged humans are abused, ignored, and exploited in their own houses, loved ones and even in centers accountable for their care. Many sufferers are frail aged people who cannot aid themselves and depend on other people to accomplish their most basic and simple needs **(National Center on**

Elder Abuse, 2017). Because the elderly impose physical, social, psychological and or financial burden on the caregivers, leading to their frustration which could lead to mistreatment of the elder person **(WHO, 2017).**

Several patterns of domestic abuse can be experienced by aged human beings; physically, emotionally through a neglectful or beaten caregiver, and or being preyed upon financially **(Kristen, 2018)**. Many seniors don't document the abuse they face even supposing they're able. A few worry retaliation from the abuser, at the same time as others consider that if they flip in their abusers, nobody else will take care of them or putting them in nursing houses. whilst the caregivers and their youngest, they may be ashamed that their children are dealing abusively or blame themselves, or they need to protect abusive family contributors from the legal consequences and to get into problems with the law **(Johannesen & LoGiudice, 2013).**

Physical abuse described in keeping with the National Center on Elder Abuse as "infliction of physical harm or violence against aged persons result in physical pain, injury or impairment". While psychological (emotional) abuse implies infliction of emotional violence towards elderly in the forms of (shouting, insults, threats, upsetting worry, social isolation and ignoring elderly rights). An aged individual who affected by this form of emotional abuse commonly seems to have low self-worth, feelings of hopelessness, helplessness, and unexplained fearfulness **(Fulmer, 2013 and Yan and Tang, 2004).**

At the same time as the pattern of financial abuse refers to the illegal or improper exploitation or use of aged person funds, household items, clothes or jewelry. in addition to neglect mean the refusal or failure to satisfy a caregiving obligation takes place when a person who offers take care of a dependent senior fails to meet his/her needs as " insufficient provision of physical requirements, which includes food, housing, medicine, clothing or assistive devices, inadequate hygiene and or inadequate safety precautions**" (Yaffe & Tazkarji 2012).**

Because violence and abuse against elders are prevalent in our society, nurses should direct their efforts toward determining forms of abuse, perpetrators of violence, and risk factors of elder mistreatment in order to prepare educational needs, counseling and intervention for solving this widespread health problem.

Rationale for the study

Several studies conducted to cover abuse against women and children in Egypt, while the voice of older people and their experiences of mistreatment and domestic abuse remain largely unheard in research especially in upper Egypt **(Raudah et al., 2017 and Rezaeipandari et al., 2016)**. Detecting domestic abuse is challenged because it is a taboo and many victims remain unreported. Furthermore, domestic abuse against elderly people has several adverse health outcomes, as well as associated with a triple of mortality rate comparing to those who have reported never being abused **(Raudah et al., 2017 and Rezaeipandari et al., 2016)**. So early detection and intervention may result in decreased morbidity and mortality rates and development with the exception of their lifestyles. Hence this study conducted to through light on domestic abuse experienced by elderly people in one governorate of Upper Egypt to investigate patterns of domestic abuse experienced by older adults and its relation to quality of their life in order to prepare educational needs and intervention needed for reducing the domestic abuse against elderly people.

Aim of the study: the aim of this study was to investigate domestic abuse and its relation to quality of life among elderly.

Research questions
1. What are patterns of domestic abuse experienced by elderly people?
2. What is the impact of domestic abuse on their quality of life?

I. Subjects and Methods
Study design:
 A descriptive cross-sectional research design was followed in this study.
Study Setting:
This study was carried out in Geriatric clubs of the Red Crescent Society and of the ministry of social solidarity at Minia city.
Sample:
A total number of 250 elders who have membership in the club and meeting the study criteria (both sexes aged 60 years and more, able to communicate and agreed to be included in the study). The number of elderly members involved in the two selected setting , 150 participants attending geriatric club of the Red Crescent

Society and 100 participants attending Abd-Elrahman Geriatric club of ministry of social solidarity in Minia Governorate. There was another 30 memberships in both settings refused to participate in the research. This study conducted from September to November 2017

Tool of data collection:
Data gathered using an interview questionnaire sheet which included the following:
- **Socio-demographic characteristics**: such as (age, gender, marital status, level of education, working condition, pension, and living condition)

- **Medical data**: consisted of present medical history of chronic diseases (cardiac, renal, hepatic, diabetes, sensory….etc)

- **Patterns of domestic abuse experienced by elderly people: It developed by Reichenheim et al., 2009)** to gather data about various forms of domestic abuse experienced by aged personnel. These covered physical abuse, emotional, financial sexual, and neglect, these statements were measured according Likert scale into a three points ranging from always, sometimes, to never. These were respectively scored 3, 2, and 1. The scores of the items had been summed-up and the total divided by the number of the items, giving an average rating for every type. These rankings have been transformed into a percentage rating, and means and standard deviations had been computed. The elderly was considered exposed to abuse if the percentage score became sixty percent or more and not exposed if less.

- **WHO Quality of Life-BREF (WHOQOL-BREF, 1996)**
  The short model of the WHO's QOL scale (WHOQOL-BREF) changed into applied in this study. This tool derived from the unique WHOQOL- hundred. The WHOQOL-BREF tool includes twenty six items, 2 items that are examined one after the other (the first Question asks about the overall perception of QOL and the second question asks about the total perception of health), and twenty four items of satisfaction that divided into 4 domains: Physical health with seven items (DOM1), psychological health with six items (DOM2), social relationships with three items (DOM3) and environmental health with eight items (DOM4).

  Each item is rated on a five-point Likert scale (Strongly agree to strongly disagree coded one to five as indicated in the questionnaire). Raw domain scores for the WHOQOL were transformed to a four to twenty score according to guidelines. Domain scores are scaled in a positive direction (i.e., higher scores denote higher QOL). The mean score of items within each domain is used to calculate the domain score. After computed the scores, they converted linearly to a zero to one hundred scale.
- First Domain (physical) score = Q. three + Q. four + Q. ten + Q. fifteen + Q. sixteen + Q. seventeen + Q. eighteen.
- Second Domain (psychological) score = Q. five + Q. six + Q. seven + Q. eleven + Q. nineteen + Q. twenty five.
- Third Domain (social) score =Q. twenty + Q. twenty one.
- Fourth Domain (environmental) score = Q. eight + Q. nine + Q. twelve + Q. thirteen + Q. fourteen + Q. twenty-two + Q. twenty-three + Q. twenty-four.

Scoring and Interpretation
Higher rankings denote better high-quality of life. The mean score of items within every domain is used to calculate the domain score. Mean scores are multiplied by four that allows making domain scores comparable with the scores in the WHOQOL-100. Individual scores may be manually calculated. Raw scores may be transformed to scores ranging between four to twenty (comparable with the WHOQOL-100). A second transformation method converts domain scores to a zero to one hundred scale.

Levels according to a total score of QOL scale are;
- Low QOL (26-60)
- Moderate QOL score (61-95)
- High QOL score (96-130)

Dependent and independent variables
Four domains of WHOQOL-BREF questionnaire had been taken into consideration as dependent variables. A pattern of domestic abuse experienced by means of elderly people turned into considered as independent variables.

Work field:

Ethical approval has been sought from the faculty of the nursing research ethics committee. Permission to carry out the research was granted with the aid of the Dean of the Faculty of Nursing, Minia University, as well as from the Geriatric clubs of the Red Crescent Society and of the ministry of social solidarity at Minia city. Before interviewing with every sufferer, the respondents were oriented to the study process. **Pilot Study** has been done on 10% (25) of elderly at the geriatric club to assess the tools for clarity and applicability and to estimate the time needed to fill the sheet, that has been excluded from the total sample. The necessary adjustments had been carried out consistent with the end result of the pilot study.

Statistical analyses

In this study, the data have been analyzed by the usage of SPSS version 16.0 (SPSS Inc., Chicago, IL, USA). The descriptive analyses covered frequencies, percentages, ranges, columns presentation, means, and standard deviations (SD). Pearson's correlation coefficient used to decide the agreement level between the four domains of the WHOQOL-BREF. The paired t-test turned into used to examine the mean scores of the various domains of the WHOQOL-BREF. Also, one-way ANOVA test used to determine the relationship between patterns of home abuse and quality of life levels, the relationship between patterns of home abuse and personal traits of participants.

II. Results

The present study was carried out on 250 participants; 166 elderly men (66.4%) and the remaining 33.6% were elderly women with a mean of age for the studied sample was (63.62 ± 4.1). As shown in the table (1) the majority of participants were, married, and educated (46.4%, and 97.6% respectively). Also, results showed that the majority of the studies sample (84.4%) suffering from chronic illnesses with percentages of (68.4% - 64.4% - and 48%) for hypertension, diabetes, and arthritis respectively.

It was founded that more than two-thirds of the studied sample (68%) were being mistreated (exposed to domestic abuse), the most perpetrators were children followed by family members with percentages of 68.0 and 63.6% respectively) as shown in the table (2).

Also, It was clear that the highest domestic abuse encountered among the studied group were neglect abuse (62%), followed by psychological abuse (58%), and totally patterns domestic abuse was (55%) figure (1). Furthermore, a researcher in this paper investigated the impact of domestic abuse on elderly people quality of life and its dimensions. The Five dimensions of QOL according (WHOQOL-BREF) namely; Physical Health, Psychological Health, Social Relations, Environmental Domain were studied to understand the impact on QOL. Results of the table (4) revealed the highly significant difference between domestic abuse and low level of quality of life with the mean and standard deviation (66.1 ± 4.9), in another word domestic abuse lead to a decreased level of QOL compared to those not experience domestic abuse.

Finally, results of the table (5) illustrated the relationship between domestic abuse and personal characteristics of the studied sample, it was founded that elderly domestic abuse significantly affected by sex with p-value (.04*) and marital status, age, education, working condition, place of residence and pension with p-value (0.0001*). In which domestic abuse was highly encountered among female with the mean and standard deviation (56.6 ± 13.9) versus males and also highly reported by persons who; aged ≥70, not wok, widow, live in rural areas, low educated, and with insufficient pension compared to others.

Table 1: Frequency distribution of personal data among studied group.

Personal data	No.	%
Gender		
Male	166	66.4
Female	84	33.6
Marital status		
Married	116	46.4
Separated	24	9.6
Divorced	18	7.2
Widow	92	36.8
Age		
60 -	128	51.2
65-	63	25.2
70- 75	59	23.6
Mean ± SD	63.62 ± 4.1	
Education		
Read and write	6	2.4
Elementary	121	48.4
Secondary	54	21.6
High school	69	27.6

Working		
Work	71	28.4
Not work	179	71.6
Location		
Urban	122	48.8
Rural	128	51.2
With whom do you live		
Spouse only	61	24.4
Alone	35	14.0
Spouse and children	138	55.2
Extended family	16	6.4
Pension		
Sufficient	118	47.2
Insufficient	132	52.8
Total	**250**	**100**

Table (2) Frequency distribution of elderly people who were mistreated and the perpetrators.

Experience of domestic abuse	No.	%
You being mistreated		
Yes	88	35.2
No	80	32.0
Sometimes	82	32.8
# Person treat you with violence		
Spouse	66	26.4
Children	170	68.0
Family members	145	63.6
Friends	20	8.0
Neighbors	159	58.0
More than one	170	68.0

Figure (1) patterns of domestic abuse encountered among studied sample

Patterns of domestic abuse

70%   **62%**

              58%

60%   **55%**

                            46%

50%   **33%**

40%

30%

20%

10%

0%
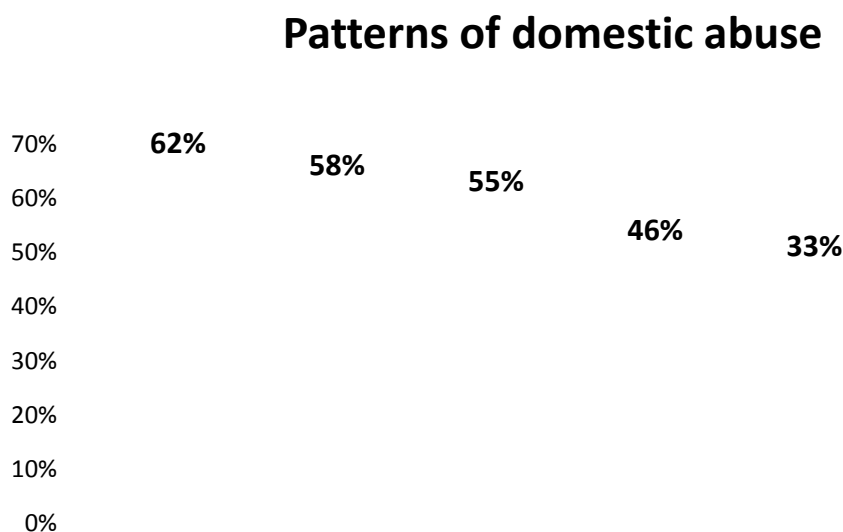
Table (3) Quality of live levels & Mean and standard deviation of WHOQOL domains

QOL levels	No.	%
Low	82	32.8
Moderate	115	46.0
High	53	21.2
WHOQOL and its domain	**Mean ± SD**	
Physical domain	20.7 ± 5.1	
Psychological domain	16.9 ± 4.3	
Social relation domain	9.9 ± 2.0	
Environmental domain	21.3 ± 5.4	
Total WHOQOL	74.5 ± 17.6	

Table (4): Relations between patterns domestic abuse and its domain with levels of WHOQOL (n= 250)

Patterns domestic abuse and its domain	Levels of QOL			F	P – value
	Low QOL (n= 82)	Moderate QOL (n= 115)	High (n = 53)		
Physical abuse	5.6 ± 1.4	4.9 ± 1.1	4.0 ± .0	39.765	.0001**
Psychological abuse	26.7 ± 1.7	20.9 ± 6.4	12.0 ± .0	39.731	.0001**
Financial abuse	6.8 ± 1.6	5.3 ± 1.0	4.0 ± .0	17.284	.0001**
Neglect abuse	25.1 ± 2.5	20.4 ± 6.2	14.1 ± 6.9	35.654	.0001**
Total pattern domestic abuse	66.1 ± 4.9	53.6 ± 12.7	36.1 ± 6.9	49.921	.0001**

Table (5) relationship between personal characteristics and total domestic abuse

Personal data	Total pattern of domestic abuse	F	*P* - value
Gender			
Male	52.7 ± 14.5	2.048	.04*
Female	56.6 ± 13.9		
Marital status			
Married	50.5 ± 15.2		
Separated	51.3 ± 9.4	26.907	.0001*
Divorced	53.4 ± 12.2		
Widow	59.3 ± 13.4		
Age			
60 -	49.0 ± 14.6		
65-	52.9 ± 12.3	33.190	.0001*
70 and more	65.9 ± 8.1		
Education			
Illiterate	70.3 ± .8		
Elementary	62.8 ± 9.1	48.702	.0001*
Secondary	51.6 ± 13.9		
High school	39.1 ± 8.6		
Working			
Work	41.7 ± 10.5	10.006	.0001*
Not work	58.9 ± 12.6		
Location			
Urban	43.9 ± 13.6	14.702	.0001*
Rural	63.6 ± 6.6		
With whom do you live			
Spouse only	53.4 ± 13.4		
Alone	60.0 ± 16.1	41.404	.0001*
Spouse and children	54.2 ± 13.6		
Extended family	42.0 ± 14.1		
Pension			
Sufficient	40.8 ± 10.1	16.938	.0001*
Insufficient	62.4 ± 9.7		

III. Discussion

Researcher viewed that studies conducted on older people either locally or regionally usually covered chronic illnesses, mental and psychiatric disorders or rehabilitation without looking to try or pay attention to know the hidden underlying possible cause of most mental and health problems for that growing segment of the population. Domestic violence against elderly people associated with negative impacts includes; high morbidity, the decline in functional capacity, isolation and depression and consequently decline in all over the quality of life. This study is the first study of its kind to throw light on domestic abuse against the elderly in Upper Egypt

focusing on identifying patterns of domestic abuse experienced by elderly people in Minia governorate and its effect on quality of their life.

Findings of the current study showed that the mean of age for the studied sample was (63.62 ± 4.1) and this in agreement with **(Yan and Tang, 2004**) who conducted a study on 276 Chinese elder in order to investigate elderly abuse by care givers in Hong Kong Chinese families and found mean age of studies sample was (62.91 ± 4.1) and **(Andre, 2016)** found mean age was 64.36± 6.1), but disagree with **(Laumann et al. 2008)** who found that respondents (aged more than seventy years) were more likely to fall victim to emotional, physical, and financial mistreatment in domestic settings. Several kinds of literature explained that elder abuse increase with increased age and discussed that the prevalence of functional disabilities, sensory deficits, chronic illnesses among those more than or equal seventy years impose physical, social, psychological and or financial burden on the caregivers which can lead to mistreatment of the elder person.

The key findings of this study was that sixty-eight percent of respondents experienced one or more pattern of domestic abuse, and this was high percentage compared with results of other studies such as; study of **(Laumann, 2008)** Found twenty percent of people aged sixty-five years and more were abused in united states, and results of **(Arai, 2006)** who investigate Perceptions of elder abuse among one hundred forty six Japanese elderly people and found thirty-three percent of them reported elderly mistreatment, also the study conducted in India by **(Skirbekk and James, 2014)** that reflects eleven percent of sixty years olds from seven states over India have experienced as a minimum one sort of aged abuse. There is a variation in the incidence of violence against the elderly it may be more in the Arab countries compared to foreign countries, the possible explanation for this fact might be related to cultural differences and awareness ignorance of the law, rules that protect elderly rights and punishment of abusers.

Regardless perpetrators; findings of this study illustrated that the most perpetrators were children followed by family members with percentages of sixty-eight and 63.6% respectively) and this is in agreement with the study of **(Abd-Elrahman, 2011)** who found fifty-five percent of perpetrators were children and agrees with **(Orflila et al., 2018)** who founded eighty-five percent of perpetrators were family member. Actually, when children act as a caregiver for their parents they feel stressed, burden and inpatient especially in our Arabic culture, additionally the differing values and attitudes some of the young due to socio-cultural alternate, embracing of liberal values, and decreased filial duty contributing to the chance of neglect and abuse toward the older persons. Furthermore, several health problems that need medical treatment and care impose physical, psychological and or financial burden on family members which can lead to mistreatment of the elder person **(Kamel, 2002).**

As reported from various studies on elder abuse **(Orfila, 2018 & yon et al., 2017 Abdel Rahman, 2011 & Yan and Tang, 2004**); the prime perpetrators are from within the family. Most often they abused by their sons as they are particularly dependent on them for support during old age. Furthermore, family members are the primary caregivers for elderly people; they have no other support system to seek help in the instance of abuse. As a result of these reasons, elderly people experience mistreatment cannot report, as they are dependent on these family members for fulfilling their basic economic and social requirements.

It was cleared that predominant type of domestic abuse reported by participants was neglect (sixty-two percent), followed by psychological, financial and physical abuse (fifty-eight, forty-six, and thirty-three percent respectively). There was no reported sexual abuse among respondents. Based on the results of this study, the researcher see that there was a high percentage in Egypt and specifically in Upper Egypt of neglect and other patterns of domestic abuse compared to previous studies on violence against the elderly either in Arab countries or foreign countries, for example; the study of **(Burnes et al., 2015)** that conducted in New York revealed prevalence of elder emotional abuse was 1.9%, physical abuse was 1.8%, and neglect was 1.8%. While **(Orfila et al., 2018)** found thirteen percent of the elderly sample was victims of abuse; according to type; 6.3% suffered neglect, 4.2% verbal, 2.8 % emotional and 1.7 physical and 0.8 % sexual abuse.

In Japan by **(Aria, 2006)** found that both Japanese women and men emphasized physical followed by neglect with the percent of 11 % and 6% respectively. While In Iran; **(Khanlary, 2016)** found the highest percentages was neglect 23% followed by 13% and 7% for verbal and financial abuse respectively. While surveys of Arab countries have shown; **(Palestinian Central Bureau of Statistics, 2007)** report that the prevalence of elderly abuse was 24.7%, with the main and most type is emotional (15%) followed by neglect (7.8%). On another hand it was found by **(Muddassir, 2016)** that verbal violence is the highest in the Saudi society with 11%, followed by psychological abuse at 8%, then physical abuse, and finally comes sexual abuse, compared to results of **(Abd-Elrahman, 2011)** who founded 42.4% was neglect followed by 5.7% and 5.1 percent for bodily and financial abuse in Dakahlia governorate, Egypt.

Based on the present literature on elderly abuse; emotional and bodily abuse had been associated with being separated or divorced, residing in a lower-income household, terrible health, being separated or divorced, and low socioeconomic fame. Furthermore, researchers in this paper evaluate the impact of domestic abuse on aged humans quality of life and its dimensions. The Five dimensions of QOL namely; Physical Health,

Psychological Health, Social Relations, Environmental Domain were studied to understand the impact on QOL. The results highlighted that the mean scores for overall QOL of elderly people experiencing abuse were low to moderate as compared to those who did not experience any abuse. The results clearly showed that elders encountering any form of abuse have significantly lower physical health, psychological health, social relations, and environmental domain, as well as the low overall quality of life level with a mean (66.1 ± 4.9) as compared to those not experiencing any form of abuse (36.1 ± 6.9). this was inconsistent with results of **(Gupta, 2016)** who studying Elder Abuse and Quality of Life amongst Older ladies in Urban India and found that The mean scores for overall QOL of older women experiencing abuse was very low (mean twelve and half) as compared to individuals who did not experience of any abuse (mean 13.8). Also in the same line with (**Rezaeipandari, 2016)** who found There was a statistically significant positive correlation between total elder abuse score and all General health Q subscales. In other words, elders who had experienced abuse in any way had more undesirable general health level.

In facts; there were several factors increase vulnerability of being mistreated and exposed to domestic abuse one of these factors was sex, researcher found domestic abuse was highly encountered among elderly women versus males, that was in agreement with **(Abdel Rahman, 2011& Naughton et al., 2010)** who illustrated that a significantly greater number of women have experienced verbal and physical abuse and neglect compared with men but was inconsistent with the previous study of **(Johannesen & LoGiudice, 2013)** who found there is no relation between sex and elderly abuse. Furthermore, it was cleared that persons who; aged ≥70, not wok, widow, live in rural areas, low educated, and with insufficient pension reported domestic abuse compared to others. This was highly in agreement with several previous studies of **(Orflila et al., 2018 & Lacher et al., 2016 & and Naughton et al., 2010)** whom their results revealed that insufficient pension, isolation, illiteracy, and lack of social contacts are significant factors increase the risk of elder abuse and neglect.

Limitations of the study:
1- With aging, there is a decrease in attention span which affects time spent in the filling of interview sheet.
2- Elder abuse is essentially a hidden problem and has a tendency to be committed to the privacy of the aged person's home, broadly by his or her family members. Sufferers are frequently unwilling to document their abuse fear of dropping their most effective social help (member of the family or their caregivers).
3- There were a number of thirty elderly memberships in both selected settings refused to participate in the research because of their social embarrassment to report their experience of domestic abuse and consider that is a sensitive issue to be discussed in research.
4- Low educational level of the studied sample needed high effort and a long time from the researcher.

IV. Conclusion& recommendations

There was a high percentage of elderly people experience at least one type of domestic abuse especially psychological abuse and neglect, related to a substantial poor effect on all dimension of quality of their life. Gerontology nurse can play an important role in preventing elder abuse by making elderly abuse assessment tool as a part geriatric assessment for determining potential victims, perpetrators, risk factors, signs and symptoms, and focusing on primary prevention of elderly abuse by counseling, and facilitating access to available community and social centers and resources to reduce burden of caregivers.

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