

Elder Abuse: International and Polish Perspectives

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Abstract. As people age, they find themselves vulnerable to unique social problems, but especially, elder abuse. Elder abuse may be defined as a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. Like any other form of abuse, elder abuse is a violation of human rights and a significant cause of injury, illness, lost productivity, isolation and despair. Elder abuse is a critical social problem that often results in devastating outcomes, including serious physical injuries, emotional pain and suffering, shame, depression, shattered trust, financial ruin, and increased risk of mortality. Despite increasing attention, elder abuse is still largely hidden with unresolved questions about the number of victims and relatively little attention devoted to developing and testing interventions. According to World Health Organization (2008), abuse is underreported by as much as 80%, and estimates that around four to six per cent of older people have experienced some form of maltreatment at home. This means that as much as 4 million older people are thought to experience maltreatment in any one year in the Europe. Risk factors include, carer stress, high levels dependency and co-morbidities, family conflict, isolation, and addictive behaviours. Responses to elder abuse range from helplines and counselling, specialised care management, and multi-disciplinary response teams.

Keywords: elder abuse; mistreatment; public policy; Malta; Poland.

Introduction

The second half of the 20th Century witnessed unprecedented demographic changes. Declining fertility rates and mortality levels, and major improvements of life expectancies at birth, had far-reaching effects on global population trends, to the extent that the present epoch has been referred to as the 'age of ageing' (Magnus, 2008). Although policy discourse

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is not immune to approaching later life and population ageing with trepidation, it is positive to note that recent years witnessed the emergence and development of an alternative, optimistic, view of ageing, one that sees ageing trends as an accomplishment. Indeed, many national policies on ageing embrace a positive view of human ageing, as policy makers move away from the traditional view of older persons as poor, frail, and unemployable, and instead, perceiving population ageing as offering a myriad of opportunities (Formosa, 2017a, 2017b). However, later life is not always a bed of roses. As people age, they find themselves vulnerable to unique social problems, but especially, elder abuse. Like any other form of abuse, elder abuse is a violation of human rights and a significant cause of injury, illness, lost productivity, isolation and despair. Elder abuse is a critical social problem that often results in devastating outcomes, including serious physical injuries, emotional pain and suffering, shame, depression, shattered trust, financial ruin, and increased risk of mortality. Despite increasing attention, elder abuse is still largely hidden with unresolved questions about the number of victims and relatively little attention devoted to developing and testing interventions. This is mostly because elder abuse is often time consuming and too complex to address in available delivery systems that are typically fragmented and underfunded.

Defining elder abuse

Elder abuse may be defined as a “single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person” (Action on Elder Abuse, 1995 : 1). Elder abuse

...may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. (Department of Health, 2000 : 9)

In other words, elder abuse refers to “intentional actions that cause harm or create a serious risk of harm, whether or not intended, to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder, or failure by a caregiver to satisfy the elder’s basic needs or to protect the elder from harm” (Wallace & Bonnie, 2003 : 40). The kinds of behaviour that can be defined as elder abuse may be of six key types - namely, physical abuse, material and financial abuse, psychological or emotional abuse, sexual abuse, spiritual abuse, and neglect (Fenech, 2018):

- *Physical abuse* consists of an intentional infliction of physical harm on an older person. The abuse can range from slapping an older adult to beatings to excessive forms of physical restraint (e.g. chaining). The inappropriate use of drugs and physical restraints, force-feeding, and physical punishment of any kind also are examples of physical abuse.
- *Material and financial abuse* consists of the misuse and/or exploitation of an older adult’s material and/or monetary assets. Examples include but are not limited to cashing an older person’s cheques without authorization/permission, forging an older person’s signature’, and coercing or deceiving an older person into signing any document.

- *Psychological or emotional abuse* consists of the infliction of mental harm and/or psychological distress upon the older adult. The abuse can range from insults and verbal assaults to threats of physical harm or isolation. Emotional or psychological abuse is defined as the infliction of anguish, pain or distress through verbal or nonverbal acts.
- *Sexual abuse* consists of any sexual activity for which the older person does not consent or is incapable of giving consent. Sexual contact with any person incapable of giving consent is also sexual abuse. It includes but is not limited to unwanted touching, and all types of sexual assault or battery, as well as showing sexually explicit photographs.
- *Spiritual abuse* refers to banning and / or denying access for an older person to participate in religious services and prayer, as well as prohibiting ownership of religious symbols; in Indian communities, this also means preventing the access of older persons to traditional healers when they are sick.
- *Neglect* occurs when the caregiver does not meet the physical, social and/or psychological needs of older persons; in other words, it is the failure of the guardian to provide the needed and necessary assistance. As a result, negligence can lead to self-neglect when older persons fail to meet their own needs. With passive and active neglect, the caregiver fails to meet the physical, social, and/or emotional needs of the older person. With passive neglect, the failure is unintentional, often the result of caregiver overload or lack of information.

Abuse can range from what might clearly constitute a criminal offence – for example sexual or physical abuse, theft, etc. - to acts that cause harm to an older person whether by omission or otherwise - for example, neglect through lack of resources or difficulties with interpersonal relationships (Formosa, 2018). Abuse and neglect have been distinguished depending on whether or not there has been an active violation of rights or an absence of action. The abuser can be a stranger, an acquaintance or a trusted other. The perpetrator can be the person him or herself, in which case one would talk about self-neglect. Abuse can take place at home (domestic abuse) or in a health and care setting (institutional abuse). Depending on the motivation of the perpetrator, it can be intentional or unintentional (Anetzberger 2012). Elder abuse occurs in both domestic and institutional settings. Domestic elder abuse generally refers to any of several forms of maltreatment of an older person by someone who has a special relationship with the elder (for example, a spouse, a sibling, a child, a friend, etc.). Polish law defines ‘domestic violence’ as

...a single or repeated wilful action or omission that violates the rights or personal rights, in particular that expose these people to the danger of loss of life, health and violate their dignity, physical integrity, freedom, including sexual, causing damage to their physical or mental, as well as causing suffering and moral damage to people affected by violence. (Chancellery of Selm, 2005 : 2)

Hence, the notion incorporates all forms of abuse and violence occurring in the intrafamily relationships in which they are the victims of family members, including older people. On the other hand, *institutional abuse*, generally refers to any form of abuse that occurs in residential facilities for older persons (e.g. nursing homes, foster homes, group homes, board and care facilities, etc.). Perpetrators of institutional abuse usually are persons who have a legal or contractual obligation to provide elder victims with care and protection.

Policy measures and elder abuse

One key international policy framework that targets the issue of elder abuse is the United Nations (2002) *Madrid International Plan of Action on Ageing* (MIPAA). The MIPAA is based on the United Nations Principles for Older Persons adopted in 1991 by the United Nations General Assembly under the slogan 'adding years to life, adding life to years', which encapsulates the needed effort towards a just society for all ages. The MIPAA has several implications that address the issue of elder abuse. It calls for changes in attitudes, policies and practices at all levels and in all sectors in order to ensure that people everywhere are able to age with security and dignity, as citizens with full rights. Furthermore, the MIPAA recognizes the universality of the problem of elder abuse. Although the MIPAA points out that the process of ageing brings with it a declining ability to heal and that the impact of trauma may be worsened because shame and fear may result in reluctance to seek help, it also emphasizes that elder abuse is often not solely of a physical form. In this respect, the MIPAA sets out as objectives the elimination of all forms of neglect, abuse and violence directed at older people and the creation of supporting services that address elder abuse.

The World Health Organisation (WHO) also recognised the need to establish a global strategy for the prevention of the mistreatment of older people. In 2002, the WHO collaborated with the International Network for the Prevention of Elder Abuse (INPEA), HelpAge International, and partners from academic institutions in a range of countries, as well as non-governmental organisations, to study the perceptions of older people and care workers on elder abuse through focus groups held in eight countries (Argentina, Austria, Brazil, Canada, India, Kenya, Lebanon and Sweden). The resulting publication, *Missing voices: Views of older persons on elder abuse* (WHO, 2002a), was considered a milestone in the field and led to the development of further research. In the same year, WHO (2002b) launched *The Toronto Declaration for the Global Prevention of Elder Abuse* which called for a global action plan for the prevention of elder abuse. More recently, the United Nations Economic Commission for Europe's (UNECE) Vienna Ministerial Declaration titled *Ensuring a Society for All Ages: Promoting Quality of Life and Active Ageing* declared that

...many societies are still confronted with man-made barriers and prejudices that constrain the achievement of intergenerational equity and reciprocity. There remains the need for policies on health and welfare of older persons to be complemented with measures to empower older persons, particularly older women, and to prevent elder abuse, neglect and loneliness, as well as by measures to strengthen solidarity among generations...(UNECE, 2012 : 6)

UNECE urged member states to improve the collection and sharing of data, statistics and qualitative information for monitoring better the quality of life and dignity of older persons, including cases of violation and abuses of their rights, in order to design and implement appropriate evidence-based policy measures. The need to safeguard the dignity of older persons, particularly those with disabilities, and fostering their sense of belonging and self-esteem through measures aimed at combating any form of prejudice, neglect, abuse and discrimination was also advocated.

Various countries have attempted to implement UNECE's recommendations (see UNECE, 2013). For instance, the project titled 'The right to live without violence in old age' aimed to alleviate all forms of neglect, abuse and violence against older women and men in the Kyrgyz Republic by protecting older people, with specific attention to older women, against domestic violence, neglect and abuse. Most importantly, it advocated enhanced civil society participation in the promotion and protection of the rights of older victims of domestic violence and abuse. The project achieved many positive changes at civil society level, at community and family level, and at national level. In Ukraine, a project was implemented by Age Concern Ukraine to improve the lives of vulnerable older people in the country by raising awareness of their human rights, reducing the abuse of their rights, and mobilising older volunteers to defend their own human rights. It aimed at achieving a once-for-all change in the national approach to identifying and safeguarding vulnerable adults by gaining national legislative support for local multi-agency vulnerable adults' protection working groups, to have elder abuse recognised as a human rights abuse by all key stakeholders, society and legislation, and by raising awareness among the general public and older persons themselves. In 2012, Poland created the Department of Policy which was tasked to implement improved rates of active ageing amongst Polish older persons. This department launched special programmes aimed at improving the quality of life of older people through a myriad of social activities. An example of this is the Government Programme for Active Ageing for the period 2014-2020, which was a continuation of the 2012-2013 programme, and which highlighted four areas of social activity for seniors - namely, education of older persons, intra- and inter-generational activities, social participation of older people in communal life, and better social services for older persons. The key goal of active ageing policy in Poland is to bring about better levels of social inclusion even for older persons with physical and cognitive challenges when some functional limitations. It is noteworthy that the National Programme for Combating Domestic Violence seeks to protect and assist victims of violence, including older persons, and offenders, through correctional programmes, as well as raising public awareness and dissemination of information about the possibilities and forms of support.

Prevalence of elder abuse

Despite increasing attention, elder abuse is still largely hidden with unresolved questions about the number of victims and relatively little attention devoted to developing and testing interventions. This is mostly because elder abuse is often time consuming and too complex to address in available delivery systems that are typically fragmented and underfunded. The UNECE's (2013) brief on *Elder abuse* underlines that internationally comparable data on abuse of older persons are not readily available, which makes it difficult both to have a good understanding of the dimension of the problem and to monitor trends. Above all, elder abuse remains a taboo for many older persons who tend to keep silent for fear of exposing a family member, losing services or being placed in a nursing home against their will. Detection of abuse among people with limited or reduced capacity, such as those with Alzheimer's disease or other dementias, may be even more difficult since these people may not be able to articulate their need for support. Therefore, even in countries where reporting of abuse is mandatory, underreporting is likely to be substantial. According to WHO (2008),

abuse is underreported by as much as 80%. More recently, the WHO (2016) estimated that around four to six per cent of older people have experienced some form of maltreatment at home. This means that as much as 4 million older people are thought to experience maltreatment in any one year in the WHO European Region.

National studies on the prevalence of elder abuse put down the rates as between 1% and 35% (Formosa, 2015), depending on definitions and survey and sample methods. These figures, however, may represent only the tip of the iceberg, and some experts believe that elder abuse is underreported by as much as 80%. Estimates of the number of elder abuse cases reported range from 1 in 15 cases to 1 in 6 cases. These low rates may be due to the isolation of older people, the lack of uniform reporting laws and the general resistance of people - including professionals - to report suspected cases of elder abuse and neglect. In developing countries, although there is no systematic collection of statistics or prevalence studies, crime and social welfare records, journalistic reports and small-scale studies provide evidence that abuse, neglect and financial exploitation of older people appear to be widely prevalent. In the United States, more than 10% of community-dwelling older adults reported elder abuse or potential neglect according to the 2008 United States National Elder Mistreatment Study with a representative sample of 5,777 older adults (Roberto, 2016).

However, it is positive to note that some countries have tried to gain a better understanding of their national situation by carrying out surveys through different data sources and methodologies (UNECE, 2013). For instance, a survey carried out by the Red Cross of Serbia in 2011 found very different results when comparing data of domestic violence among older persons recorded in police departments with those registered in the social welfare centres in the area of Niš and Novi Sad. The police department in Novi Sad, a city of about 340,000 inhabitants reported 31 cases of family members committing violence against persons aged 65 and above and a total of 34 victims. In Austria, a survey titled *Attacks, violence and aggression against older people* involved 247 experts from Austrian setting up counselling and advisory centres and facilities. As much as 26% of the facilities reported being 'frequently' or 'very frequently' faced with problems of violence in the private environment, followed by 12% in care homes and public institutions. Issues with stress and overburdening of informal carers were found in 85% of the facilities. In Ireland, with a total population of 468,000 people aged 65 years and above, total referrals received by Senior Case Workers for the Protection of Older People increased by 22% from 2008 (1,887 referrals) to 2011 (2,302 referrals). The increased number of referrals is probably also a reflection of the accompanying awareness raising campaign which contributed to people coming forward to ask for assistance of the Senior Case Workers. It is estimated that over 10,000 people experienced abuse in the previous year, highlighting the underreporting of elder-abuse. Moreover, a study on *Abuse and Health among Elderly in Europe* conducted among individuals aged between 60 and 84 years in seven European countries (Germany, Greece, Italy, Lithuania, Portugal, Spain, and Sweden) is a noteworthy example of cross-national research (Soares et al., 2010). The study found that 19.4% of older persons surveyed suffered from psychological abuse, 2.7% from physical abuse, 0.7% from sexual abuse, 3.8% from financial abuse and 0.7% from 'other' forms of abuse. Psychological abuse occurred significantly more often in Sweden and Germany than in the other countries, and financial abuse was seen

more frequently in Portugal and Spain. The study found that 28.1% of older women had experienced some kind of violence or abuse during the previous 12 months.

In Poland, research conducted with a group of 630 people aged 60-plus living in the region of Podlasie indicated that 10% of older persons experienced at least one form of ill-treatment (Halicka, 2010). Elsewhere, Tobiasz-Adamczyk's (2003) study with women aged 65-plus found as much as 14% of respondents admitted that they were victims of violence, ranging from psychological violence (67.3%) to physical abuse (60%) to sexual abuse (14.5%). Similar indicators have been obtained by Maćkowicz's (2012) study on police intervention in domestic violence experienced by older people. The data demonstrated that among all the interventions taken against domestic violence by the police in a calendar year, older persons accounted for 15% of the cases. In most instances, the victim and perpetrator were mothers and sons respectively. Moreover, research conducted among professionals (police officers, social workers, nurses and students) indicated that nearly 40% of respondents had some form of contact with elder abuse, among which the largest professional group (about 75%) consisted of police officers. (Halicka et al., 2009).

Risk factors

Although there is no clear reason for abuse, since its causes are both complex and concealed, research suggests that certain factors are related to abuse. Key risk factors for abuse include carer stress, dependency, family conflict, isolation, psychological problems and addictive behaviours. The existence of more than one of these factors places an older person at high risk of elder abuse.

Carer stress. Caring for a person who is frail or who has special needs is stressful. In many cases, other contributory factors are also present and this additional stress on the carer appears to be the factor that triggers the abuse. More specifically, the following factors may contribute to an abusive relationship: financial difficulties, lack of respite care, inadequate support to give high quality care, heavy physical or emotional costs of being a carer, lack of recognition for the role of carers, personal stress, caring after two generations such as children and dependent parents, and unfamiliarity with the caring role and its responsibilities.

Dependency. Older people are at risk of abuse from people with whom they live and share a relationship of dependency. This dependency may be due to physical impairments such as physical frailty, disability, or cognitive impairments such as dementia. These impairments may hinder the person leaving the abusive situation or reporting the situation. Some perpetrators of abuse, who are dependent on the person they care for, may feel trapped or powerless and perpetrate abuse because of frustration or fear. Whilst older persons who are abused are often dependent on others for all or part of their day-to-day care, the perpetrator of the abuse may also be dependent on the person in order to meet their own needs.

Family conflict. Abuse can be a continuation of domestic violence or family violence that re-emerges as abuse in the caring situation. Similarly, a child who was previously abused may now be a primary carer and repeat the cycle of abuse to a dependent parent or child. In some families, violence is considered the normal reaction to stress, and it may continue from generation to generation. People are also at risk when two or more generations live together and intergenerational conflict exists. In cross-cultural situations where two or more generations hold different cultural values or roles, tension can place dependent older people at risk of abuse.

Isolation. Older persons or their carer may be isolated and lack social contacts or support. The following factors increase the risk of abuse (i) misappropriation of property, money or valuables - a loss of money ranging from removal of cash from a wallet, to the cashing of cheques for large amounts of money, loss of jewellery, silverware, paintings or furniture; (ii) forced changes to a will or other legal document - the making of a new will in favour of a new friend or another family member - while the power of Attorney may be obtained improperly from a person without decision-making capacity; (iii) denial of the right to access personal funds - a family member may take control of an older person's finances or banking, while the older person is still capable of maintaining their affairs; (iv) forging of signatures - on bank accounts or legal documents; and (v), the absence of adequate support for the carer.

Medical/psychological conditions. In many cases of physical and psychological abuse, the mental health of the perpetrator is implicated as the major contributory factor. Abuse may occur when either older persons or carer has a period of mental illness, a history of mental problems, difficulty in controlling anger and/or frustration, and low self-esteem or feelings of low self-worth. An older person may also be considered to be at risk when they suffer from cognitive decline, for example, an older person experiencing a dementia.

Addictive behaviours. Where the carer or family member has a dependency on drugs, both prescription and illicit, alcohol or a gambling problem, an older person can be considered to be at risk of abuse.

Responses to elder abuse

Despite the growing recognition of elder abuse as a public health problem, sparse research focuses on national and community responses to elder abuse. Unfortunately, programmes to address elder abuse implemented at the local or national levels often lack stringent evaluations and are mostly invisible in the academic literature (Roberto, 2016). The following are key and common reactions in attempts to prevent elder abuse:

Helplines and counselling. Free and confidential helplines provide an easily accessible means for them to receive neutral advice and counselling in case of any grievances in relations to elder abuse. Since abuse may be associated with insecurity and shame, a helpline may be a low-threshold way for potential victims to ask for advice. Such centres can be staffed with trained volunteers who can handover difficult cases to professional counsellors, and

generally have access to a network of other professionals who they can refer older persons to for specific issues.

Specialised case management. To address individual cases of abuse, many countries have in place a system of specialized case managers. The latter are the specialists that an older person is referred to in case of abuse. Case managers can respond to a critical situation, advise about next steps, arrange for needed services, develop care plans, and provide a list of attorneys aware of older person issues. Reported cases should be dealt with in confidentiality, and the wishes for privacy should be respected. Case management could take several forms, it can be one person or a team handling the case. Case managers can be social workers, medical or legal specialists; they can work for public or private services or non-governmental organisations. They should be well aware of the complexities of issues related to elder abuse, including legal issues, and maintain a network of experts for referrals. Case management includes psychological assistance and counselling which should focus on breaking through denial and shame, planning how to protect against future abuse and how to build support networks, helping with traumatic or post-traumatic stress. It should help to overcome trauma, resolve conflicts, assess the options and plan for the future. Specialised case management has the potential to address the needs for treatment, education or confinement of the perpetrator.

Multidisciplinary teams. Many local agencies also set up multidisciplinary teams, consisting of professionals from diverse disciplines and agencies, to deal with elder abuse. Multidisciplinary teams may include health and social service providers, law enforcement officers, ombudspersons, mental health care providers, physicians, and advocates for persons with developmental disabilities, lawyers, domestic violence advocates, money managers and case managers. Multidisciplinary teams can discuss difficult abuse cases and learn about available services from other agencies or disciplines. Joint home visits could be carried out to assess particular cases. Good coordination between agencies reduces the burden on older abuse victims for multiple interviews, thereby minimizing the inconvenience of clients. Interagency protocols, memoranda of understanding or contracts may clarify the distribution of work. Moreover, good interagency coordination may also help to identify and respond to service gaps and other systemic problems.

Conclusion

An international perspective on elder abuse, including a focus on the travails Polish public policy on elder abuse, demonstrates clearly that legislation is urgently required to develop, strengthen, and carry out programmes for the prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation. However, it is best if such legislation is preceded by the provision of public educational campaigns to identify and prevent elder abuse, neglect, and exploitation - followed by the promotion of information and data systems, including elder abuse reporting systems, to quantify the extent of elder abuse, neglect, and exploitation in the State. Another step in the right direction constitutes policy measures that encourage training for caregivers, professionals, and paraprofessionals, working in relevant fields on the identification,

prevention, and treatment of elder abuse. It is imperative that the state - perhaps in collaboration with non-governmental organisations - conduct special and on-going training, for individuals involved in serving victims of elder abuse, neglect, and exploitation, on the topics of self-determination, individual rights, and other related topics. It is also important that legislation provides technical assistance to programmes that provide or have the potential to provide services for victims of elder abuse, neglect, and exploitation and for family members of the victims. The law should include provisions for immunity for persons reporting instances of elder abuse, neglect, and exploitation, from prosecution arising out of such reporting, under any State or local law.

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