
Proportion of Family Caregivers at Risk for Committing Elder Abuse in Metro Manila 2020

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Abstract

Introduction Abuse of the elderly exists as a problem in both developed and developing countries. It can be in the form of financial exploitation, abandonment, physical, psychological, or sexual abuse, and the most common perpetrators are their own caregivers. This study aimed to determine the proportion of family caregivers in Metro Manila at risk for committing elder abuse.

Methods A descriptive cross-sectional study was employed and data collection was done via a Google Form online survey. It consisted of two parts, the Caregiver Abuse Screen (CASE) questionnaire and the Short Form Zarit Burden Interview (ZBI-12). Respondents were recruited by non-probability convenience sampling. Google Sheets was used for data encoding and analysis.

Results The study found that 29.03% of family caregivers have a high risk of abuse. The risk of committing elder abuse was highest among 18 to 32 year-old caregivers, males, those with monthly income of less than PhP 7,890, and those with at least a college or postgraduate degree. Most of the respondents were also found to have no to mild burden.

Conclusion The results of this study showed that there was a significant proportion of family caregivers at risk for elder abuse.

Key words: Elderly, risk of abuse, caregiver

Elder abuse, as defined by the World Health Organization, is “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,” that can take place in various settings and is commonly perpetrated by their own caregivers.^{1,2} It causes unnecessary suffering, injury, or pain to the victims, and can result in serious health consequences including increased risk of morbidity, mortality, institutionalization, and hospital admissions.^{3,4} In both developed and developing countries, abuse of the elderly has become a serious health issue as the population of people aged 60 and above is increasing, and is expected to more than double in number between 2015 and 2050.^{3,5-8}

The global prevalence of elder abuse, based on a systematic review and meta-analysis of prevalence estimates of elder abuse from 52 publications from

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2002-2015, was 15.7% or about 1 out of 6 older adults.^{4,9} However, these prevalence rates are underestimations as there are many unreported cases of elder abuse.¹ Unfortunately, there is little information regarding the extent of elder abuse, especially in developing countries.⁶ A study in Eastern Visayas in 2018 identified victims of elder abuse through reports filed in the Women's Desk of the Philippine National Police and found that one reason for the non-documentation or underreporting of cases is that abused elderly fear retaliation from their caregivers, who are often their family members.¹⁰ Traditionally, Filipino families have a high regard for their older family members, resulting in a sense of duty to care for them as they get older. However, there are various circumstances that put caregivers at risk of committing abuse. Determinants of abuse include individual aspects of the victim and the perpetrator. Caregiver burden has been reported in studies as one of the risk factors associated with higher risk of mistreatment.^{2,7,11} Some family members, feeling that the elderly have become a burden to the household, have given in to violence.

Furthermore, since Filipinos tend to keep private matters within their family, those outside the family might not even realize that elder abuse is happening, or they may believe that it is none of their business to intervene if they are not part of the family. Therefore, there may be a higher prevalence of elder abuse in the Philippines than previously documented.¹⁰ It is then important to raise awareness not only on the issue of elder abuse, but also on the current situation of family caregivers at risk for committing elder abuse, and identify the related risk factors in order to provide preventive measures to protect the health and welfare of the elderly population.² This study aimed to determine the proportion of family caregivers at risk for committing elder abuse in Metro Manila using a cross-sectional study.

Methods

A descriptive cross-sectional study design was implemented in this research to determine the proportion of family caregivers at risk for committing elder abuse in Metro Manila. Definite associations and temporal relationships were not inferred in the study.

The study population was selected via non-probability convenience sampling. Included as participants were family caregivers who were

1) 18 years old and above, 2) male or female, 3) an immediate family member (whether a parent, child, or sibling by blood adoption or marriage, spouse, grandparent, or grandchild) of the elderly, 4) providing hands-on care for at least six hours a day, 5) in good general health, and 6) residing in Metro Manila. Excluded in the study were family caregivers 1) who were unable to operate devices such as computers, laptops, tablets, etc., 2) who did not have access to the previously mentioned gadgets, and 3) with unreliable internet connection. Withdrawal criteria for the family caregivers included those who 1) were unable to comply appropriately with the procedure, and 2) requested to withdraw and did not want to continue participating in the study. An informed consent was obtained from family caregivers who were eligible to participate in the study. A prevalence of 33.4% from a similar study was used as the estimate to compute for the sample size.² The desired margin of error was set at 10%. The 95% confidence level was used, which is equivalent to 1.962. This yielded a sample size of 86 family caregivers.

Data gathering was done through an online Google Form. The form consisted of an informed consent, a questionnaire about the demographics of the respondents, the Caregiver Abuse Screen (CASE), and the Short Form Zarit Burden Interview (ZBI-12). The CASE and ZBI-12 questionnaires were translated into Filipino by the *Komisyon ng Wikang Filipino* (KWF). The translated Filipino versions were pretested on 10 respondents along with the original English version as a basis. The demographic questionnaire was used to obtain the socio-demographic data of the respondents and to determine a respondent's eligibility in participating in the study.

The CASE questionnaire was used as a screening tool to identify the caregivers' possible risk of abuse of the elderly.¹² This can be used regardless of suspicion, but it is not conclusive. It can be used to screen for physical, psychosocial or financial abuse, and neglect by the caregiver.¹³ The CASE's reliability in terms of internal consistency for the factor containing six abuse-oriented items was an acceptable $\alpha = 0.71$, since the items touched on three areas, psychosocial, physical and financial abuse.¹⁴ It consists of eight questions, and a response of "yes" to four or more of the eight questions indicates a high risk of committing abuse while three or fewer indicates a low risk of committing abuse.

The ZBI-12 questionnaire was used to screen and measure the burden felt by the caregivers; this tool is efficient for community-dwelling elders.^{2,15} There are many forms of the Zarit Burden Interview tool, but the ZBI-12 is the best short form. This tool was also suggested to have the highest validity with $\rho = 0.95-0.97$, assessed through Spearman correlation to be consistent across advanced cancer, dementia, and ABI samples. Internal consistency resulted in a Cronbach's alpha score of 0.85-0.89 across the cancer, dementia, and ABI groups, and discriminative ability using the area under the receiver operating characteristic curve (AUC = 0.99; 95% CI 0.98, 0.99) which was the best when compared with other scales.¹⁶ Another study stated that the ZBI-12 form is considered valid for the evaluation of burden used in research as a fast and efficient screening tool among caregivers of community-dwelling elders.¹⁷ It consists of 12 items and the cumulative numerical value of the responses would identify the level of burden that a caregiver was experiencing. A score of 0-10 suggests no to mild burden, 10-20 a mild to moderate burden, and a score > 20 a high burden.

Recruitment of respondents was done by reaching out to them through various forms of social media in August and September 2020. Eligibility of the participants was determined through the caregivers' self-assessment by checking the inclusion criteria indicated in the first part of the Google Form, and was verified by the responses to the demographic questionnaire. All the responses were recorded in a Google Sheet.

Elder was defined as either a male or female 60 years or older, currently living in Metro Manila, and was under the care of a family caregiver. Caregiver was defined as an immediate family member or a relative of the elder who was rendering care and providing assistance to the needs of the elder for at least six hours a day, was at least 18 years old and currently residing in Metro Manila. Risk for abuse referred to the risk of committing abuse by a caregiver on the elder that he/she was providing care for, measured through the Caregiver Abuse Screen (CASE). A high risk for abuse was defined as a score of four or more points in CASE while low risk for abuse was defined as a score of three or less. Caregiver burden was defined as the burden felt by the caregiver while providing care for the elder, measured using the Short Form Zarit Burden Interview (ZBI-12). It was classified into

three categories: a score of 0-10 was considered no to mild burden, a score of 10-20 corresponded to mild to moderate burden, and score of greater than 20 was considered high burden.

Responses gathered from the questionnaires were stored and evaluated using Google Sheets. The demographic data of the participants, as well as their scores for both questionnaires, were summarized in terms of frequency. The risk of abuse was determined using the scores from the CASE questionnaire. The responses "yes" and "no" corresponded to one and zero point, respectively. Scores were then classified into either high risk for committing abuse (≥ 4 points) or low risk for committing abuse (≤ 3 points). Caregivers' risk for abuse was also tabulated in terms of demographic distribution (age, sex, monthly income, and educational attainment). The burden of caregivers, on the other hand, was determined using the ZBI-12 questionnaire. The responses "never/hindi", "rarely/bihira", "sometimes/paminsanminsang", "quite frequently/madalas", and "nearly always/halos palagi" were scored 0, 1, 2, 3, and 4, respectively. The scores were then summed up and classified into no to mild burden (0-10 points), mild to moderate burden (10-20 points), and high burden (>20 points).

Results

Ninety-three respondents were included in the final analysis. As shown in Table 1, majority of the respondents were from ages 18-32 years (53.76%), female (70.97%), earning less than PhP7,890 per month (46.23%), and had at least a college or postgraduate degree (83.87%). Table 2 shows that 66 out of 93 caregivers, corresponding to 70.97%, are low risk of elder abuse based on their responses to the Caregiver Abuse Screen (CASE) questionnaire. The remaining 27 caregivers, corresponding to 29.03%, exhibited a high risk of elder abuse.

Table 3 shows that the highest risk for committing elder abuse were those aged 18-32 years (66.67%), males (70.37%), with a monthly income less than PhP7,890 or no income (48.1%), and with at least a college or postgraduate degree (92.59%). More than half of the 93 respondents (57.0%) were found to have no to mild burden and less than 15% had a high burden as shown in Table 4.

Proportion of Family Caregivers at Risk for Committing Elder Abuse

Table 1. Sociodemographic characteristics of the study population (N = 93).

	n (%)
Age (year)	
18 - 32	50 (53.76)
33 - 49	28 (30.11)
50 - 60	15 (16.13)
Sex	
Male	27 (29.03)
Female	66 (70.97)
Monthly income (PhP)	
None	18 (19.35)
< 7,890	25 (26.88)
7,891 - 15,780	17 (18.28)
15,781 - 31,560	11 (11.83)
31,561 - 78,900	7 (7.53)
78,901 - 118,350	9 (9.68)
118,351 - 157,800	2 (2.15)
> 157,800	4 (4.30)
Educational attainment	
No education	0 (0.00)
Primary school	3 (3.23)
Secondary education	12 (12.90)
College/postgraduate	78 (83.87)

Table 2. Family caregivers' risk of elder abuse based on CASE results (N = 93).

	n (%)
Low risk	66 (70.97)
High risk	27 (29.03)

Discussion

Proportion of Family Caregivers at Risk for Committing Elder Abuse

This study aimed to determine the proportion of family caregivers at risk for committing elder abuse in Metro Manila using a cross-sectional study. Out of 93 participants, there were more who had a low risk for committing abuse (70.97%) than those who had a high risk (29.03%). In a study on Spanish family caregivers, the prevalence of risk for abuse among

Table 3. Family caregivers' risk of elder abuse in terms of demographic characteristics (N = 93).

	High risk (27) n (%)	Low risk (66) n (%)
Age (year)		
18 - 32	18 (66.67)	32 (48.48)
33 - 49	6 (22.22)	22 (33.33)
50 - 60	3 (11.11)	12 (18.18)
Sex		
Male	19 (70.37)	19 (28.79)
Female	8 (29.63)	47 (71.21)
Monthly income (PpP)		
None	6 (22.22)	12 (18.18)
< 7,890	7 (25.93)	18 (27.27)
7,891 - 15,780	5 (18.52)	12 (18.18)
15,781 - 31,560	1 (3.70)	10 (15.15)
31,561 - 78,900	4 (14.81)	3 (4.55)
78,901 - 118,350	3 (11.11)	6 (9.09)
118,351 - 157,800	0 (0.00)	2 (3.03)
> 157,800	1 (3.70)	3 (4.55)
Educational attainment		
No education	0 (0.00)	0 (0.00)
Primary school	0 (0.00)	3 (4.55)
Secondary education	2 (7.41)	10 (15.15)
College/postgraduate degree	25 (92.59)	53 (80.30)

Table 4. Burden on family caregivers based on Short Form Zarit Burden Interview (ZBI-12) results (N = 93).

Level of burden (score)	n (%)
None to mild (0-10)	53 (56.99)
Mild – moderate (11-20)	27 (29.03)
High (> 20)	13 (13.98)

family caregivers was found to be 33.4%, which is higher compared to the results of this study.² The lower proportion of risk for elder abuse may be due to the Filipino culture of giving a lot of importance to family and its closely-knit ties including elderly relatives.¹² Furthermore, the way Filipino families care for their elderly members is also heavily influenced by religion and its accompanying practices.¹⁸

The proportion of family caregivers at high risk for committing elder abuse in this study may be lower compared to other studies, however, it is still significant because this means that the same number

of elders, under the care of these family caregivers, are also at risk of being maltreated.² Elder abuse has become a serious health problem worldwide.¹² Therefore, detection and preventive measures should be exhausted to lessen the burden of such abuse, and this would include identifying those who are at risk for committing elder abuse.

Risk for Elder Abuse Based on Demographic Profile

In a study on Spanish family caregivers, the caregivers' mean age was 63.3 years and 82.8% were women.² The majority of the respondents were women with a low level of education and without a source of regular income, who lived together with the care recipient. In comparison with the present study, the caregivers who were aged 18-32, who were male, who had no income or had income less than PhP 7,890, and who had at least a college or postgraduate degree had the highest risk of abusing the elderly that they were caring for.

Most cases of violence against the elderly occur in home environments and are perpetrated by a person with a close relationship with the victim. In relation with the results of this study, the demographic data of the participants in conjunction with the CASE questionnaire results showed that the highest risk for committing elder abuse were those aged 18-32 years. Younger adults were also noted to have cyclical nature of violence which may be a risk factor for future abuse. Mistreatment prevalence estimates were derived from assessment of both stranger-and-family perpetrated mistreatment events.¹⁹ A US study recognized younger age to be consistently associated with greater risk of elder abuse, including emotional, physical, financial abuse, and neglect.²⁰ In terms of sex, the highest risk for committing elder abuse were males (70.37%). The association between violence and male sex is a variable finding. A systematic review on risk factors for violence against the elderly identified 49 good quality studies that showed no clear trends among associations between abuse and gender, age, or educational levels.¹⁸

A low socio-economic status is a factor that may contribute to elder abuse. A study identified that abuser dependency in a living arrangement in terms of financial help is a risk factor with "strong" evidence for committing abuse.²⁰ It was observed in the findings of the study that caregivers at risk for committing abuse

were those with an income of less than PhP 7,890 per month and those who had no income (48.15%). In connection with the educational attainment, those with at least a college or postgraduate degree had the highest risk for committing elder abuse (92.59%).

The complexity of elder abuse and many factors associated with it makes it hard to separate from one from another. No factor alone can be used as an indicator that is strongly correlated with the occurrence of abuse in the elderly. All these factors (age, sex, socioeconomic status) are confounders and their interconnectedness points to a need for multi-faceted interventions.

Burden Among Family Caregivers

According to previous studies, the burden felt by caregivers is one of the factors that increase the risk of a caregiver committing elder abuse.^{2,21} This study showed that more than half (56.99%) of the respondents had no to mild burden. A high burden was only found in 13.98% of the respondents. These results were different from studies that revealed that more caregivers of elderly family members experienced burden related to caregiving.^{2,11} This may be attributed to the family-based cultural practice of Filipinos, where respect for the older members of the family is highly valued. The concept of "utang na loob" is also greatly treasured by Filipinos, and it is viewed as a way of giving back to the elderly for their love, efforts, and sacrifices instead of a perceiving it as a burdensome obligation.

Another factor that may have led to the low burden among family caregivers is the cultural image of caregiving as a profession. Caregivers are seen as saints by Filipinos despite geographic differences.²² This was in comparison to caregivers from other cultures. In the same study, Filipinos saw caregiving as a means for personal growth and improving emotional strength. However, this may also have negative effects on Filipino caregivers such as developing feelings of guilt for not allotting time for themselves. Moreover, caregivers may also experience caregiver burnout which is a state of physical, emotional and mental exhaustion.²³ Caregiver burnout may be caused by emotional and conflicting demands, ambiguity of roles, work load, conflicting policies and procedures and lack of privacy.²⁴ Experiencing burnout, lower job satisfaction, viewing patients as childlike, and drug

and alcohol dependence are risk factors for caregivers to become abusive.²⁵

Limitations of the Study

Several limitations of the study should be noted. First, the study was limited to determining the proportion of risk for elder abuse among family caregivers in Metro Manila, and not the presence of abuse itself. Second, it was limited to caregivers who were family members of the elderly and who provided at least six hours of hands-on care per day. Another limitation would be the lack of direct action on caregivers who were found to have high risk of committing elder abuse. The researchers were only able to provide an infographic at the end of the survey, which contained information about elder abuse and which introduced the respondents to the Coalition of Services of the Elderly (COSE), a non-governmental organization (NGO) that the respondents can reach out to for concerns regarding the elderly. Lastly, the verification process to determine the legitimacy of the respondents' caregiver status was also considered as a limitation. The researchers were not able to interview the family caregivers directly due to the pandemic, hence, the data used in the study was solely based on the responses in the survey form. The survey was only available online and could only be answered by those who had internet connection, and therefore was not able to reach a population of possible respondents with no internet access.

Recommendations

The researchers suggest to broaden the scope of succeeding studies, in terms of setting, especially in rural areas. According to a study, there is a higher risk of physical abuse as well as perceived physical abuse (25%) among elderly people living in rural areas.²⁶ Furthermore, it was found to be substantially higher among elderly women who were illiterate, widowed, and partly dependent on caregivers.²⁶ Another study stated that among the various socio-economic classes, religious communities and cutting through rural-urban borders, elder abuse and neglect prevail.²⁷

Data collection was affected by the pandemic. Ideally, it should have been done via face-to-face interview, instead of an online survey. The researchers

recommend conducting face-to-face interviews with the participants, particularly for the Caregiver Abuse Screen (CASE) because it was stated that a single "yes" response may already be indicative of abuse.¹² In order to further explore possibilities of abuse and necessary interventions, caregivers should be asked about every "yes" response. Being able to conduct face-to-face interviews may allow for direct intervention if a caregiver was determined to be at high risk of committing elder abuse. Face-to-face interviews would also allow for easier verification of relationships between caregivers and the elderly, an important step that has been limited by the pandemic during the execution of this study. In addition, the internet survey has an impersonal aspect. Thus, the researchers suggest face-to-face interview and interaction with the respondents to see other aspects of the elderly-caregiver relationship (e.g. body language, tone and manner of speaking) to address the possible prevarication bias.

Studying the population of the elderly is also recommended to improve one's understanding of the Filipino caregiver-elderly relationship, particularly in terms of the quality of care provided depending on the caregiver's risk of abuse and perceived burden. Mental status examination could be integrated while interviewing the elderly as well. While this study focused on the caregivers at risk of committing elder abuse, a more holistic picture can be acquired by including the elderly that they are caring for. Future studies may opt to extract other information such as family dynamics, family structure, and family functionality through face-to-face interactions. These can provide an opportunity for the elderly to participate and share their experience which can subsequently improve the findings of the study. Furthermore, other factors not included in this study such as number of hours that the family caregivers work, the age of the elderly, as well as their comorbidities and/or other special needs could be elicited in a more in-depth approach and institute understanding in the occurrence of abuse among individuals caring for the elder.

In addition, this study focused on possibilities of abuse in the physical, psychosocial, and financial aspects in caring for the elderly. However, depending on the caregiving context, caregiver burnout may also be identified.²⁸ Accompanying the presence of burnout, studies have shown that caregivers may

put an emotional or psychological distance between themselves and the person that they are caring for in pursuit of self-preservation.²⁹ This may subsequently yield a pragmatic and distant style of care and relationship most especially with stressful situations that could have affected their ideas and perception during this research.³⁰ With this, some responses could have been misinterpreted as the presence of risk for abuse rather than being caused by external factors such as burnout. Therefore, it would be favorable to assess the well-being of caregivers and screen for the presence of burnout before including them as respondents for future studies. With this, bias and confounding factors including caregiver burnout could be diminished to yield objective results.

The proportion of risk for elder abuse among family caregivers residing in Metro Manila of 29.03% is a significant value considering the socio-cultural belief and practices of Filipinos. Elder abuse is not a widely known or acknowledged reality among Filipino families, but its prevalence is an indicator for the need to spread awareness about it. The participants were shown an infographic about elder abuse at the end of the survey during the data collection period, but more widespread actions may be necessary. Hence, the researchers recommend finding effective methods in educating the general public about elder abuse such as the creation of a program that will aim to raise awareness and provide an avenue for both the caregivers and the elderly to answer questions and address possible problems. Accepting this reality and spreading awareness can be the first steps toward socio-political changes that can mitigate and address the issue of elder abuse. Targeted at the age demographic seen as a risk factor for elder abuse (18-32 years old), it would be recommended that the program invest on online resources to achieve its goal. Furthermore, taking into consideration that higher academic accomplishment is also seen as a risk factor, awareness of elder abuse may be integrated into national programs used in all colleges such as NSTP. Furthermore, the program can also reach out to the elderly through the local senior citizens' organizations to raise awareness of the issue with them as well.

Certain factors were also identified to put greater risk on family caregivers such as younger age, male gender, lower income, and higher educational attainment. However, the reasons behind how these

factors affect the behavior and perspectives of family caregivers in relation to their responsibilities to their elder/s are not clear. A qualitative approach can provide a more in depth understanding about the reality of elder abuse in the Philippines, thus, the researchers also recommend adapting a mixed method of study that can help elucidate these reasons. This kind of understanding can help improve the ways in which elder abuse is addressed in the country. Since family caregivers are a significant part of the lives of the elderly population, their needs and responses to situations also require examination to identify possible areas of improvement in providing caregiver service. This can help in determining the effective ways in which family caregivers can learn and train to provide the needs of the elderly while minimizing the risk of abuse, even in the most challenging situations.

Conclusion

In conclusion, the results of this study showed that there was a significant proportion of family caregivers at risk for committing elder abuse, albeit lower compared to what previous studies from abroad have shown. The proportion of risk for elder abuse among family caregivers residing in Metro Manila was 29.03% of the study respondents. The proportion of risk for committing elder abuse was highest among the age group of 18-32 years, males, those with monthly income of less than PhP7,890, and those with at least a college or postgraduate degree. Most of the respondents were also found to have no to mild burden.

Acknowledgements

This research paper was made possible through the assistance and support of the following significant people: to the group's adviser, Dr. Leopoldo P. Sison, Jr., for his expertise, guidance, and patience in seeing this research through with enthusiasm, they extend their warmest appreciation; to Dr. Carolyn Pia J. Bagain, for her support and interest in this research study, they offer their deep gratitude; to Coalition of Services of the Elderly, Inc. (COSE), for their selfless work in empowering the elderly in the Philippines and spreading awareness on all issues concerning the eldest members of the communities.

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