

**Social and Psychological Determinants of Elder Abuse among Urban Community-Dwelling
in Dera Ghazi Khan**

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ABSTRACT

Elder abuse is a relatively under-researched social issue in Pakistan, where family-based living arrangements are traditionally believed to keep older adults safe. The present study examines the social and psychological determinants of elder abuse among urban community dwelling living with their families in Dera Ghazi Khan Division, Pakistan. A cross-sectional research design was adopted that is quantitative in nature. The structured interview schedule was used and data were collected from 384 respondents aged 60 years and above. A multistage sampling technique was used to select respondents from eight urban union councils in Tehsil Muzaffargarh and Tehsil Layyah. Statistical analysis was conducted using SPSS to test relationships between elder abuse and its related factors using descriptive and inferential statistics, Pearson Correlation and linear regression. The results indicated that the prevalence rate emotional abuse was high among elder people. Findings indicated that social isolation, lack of social participation and loneliness were the key predictors of elder abuse among older adults. The study concluded that elder abuse is a multidimensional and structural problem that needs multifaceted policy and community-based interventions.

Keywords: Emotional elder abuse, Social participation, Social isolation, loneliness, Community-dwelling elders, Division Dera Ghazi Khan, Pakistan

INTRODUCTION

Elderly abuse has become the most severe social, psychological and emotional problem of the contemporary era, which should be addressed urgently. Despite the fact that elder abuse has been a long-standing issue, it was not formally identified as a global issue until the World Health Organization report on elder abuse (WHO, 2002). Since that time, the prevalence of elderly abuse and its severe consequences have been recorded in empirical evidence (Dong, 2015; Herrenkohl et al., 2020). Elder abuse is a widespread phenomenon that is gaining recognition as a social problem in the world, including underdeveloped, developing, and developed countries. As a result, in developed countries, several studies have been conducted on this global issue in order to ensure the provision of sufficient facilitation for older people. However, underdeveloped countries like Pakistan, which are already facing numerous challenges of economic depression, high inflation, limited financial benefits for limited sectors of society, and poor insurance for health, are putting the vulnerable group at stake (Alam et al., 2021). Elders were considered as most respectful among the family; a few decades ago there was joint family system with high values, moralities and care for elders. Now, time is continuously changing, and working members in a family have little time, and in some cases, they have no time for the care of their elders (Malik & Azam, 2018).

Older victims of physical, psychological, and other forms of abuse are being reported every year. The lives of older people who are facing abuse are highly threatened. They are confronting worsened dependency and financial status, loneliness, helplessness, and psychological and mental disorders. The studies reported that an abused older person, who may not be suffering from any life-threatening disease, dies earlier than those who do not face any sort of abuse (Lachs et al., 1998; Talpur et al., 2024). Mostly, elder abuse and neglect take place in their residential homes, not in nursing homes. About 95% of abuses have been reported from the residential area of abused older people when they are living with their spouse, children, or close ones. Usually, the abusers are family members or paid caregivers when the elder abuse happens (Orfila et al., 2018; National Research Council, 2003). Sometimes, it is difficult to distinguish between normal interpersonal stress and abuse when the abuse is subtle. It was estimated that there are many patterns of elder abuse. It may be in the form of long-lasting patterns of physical, psychological, emotional, or financial violence within the family framework. Frequently, elder abuse happens when changes take place in living situations and relationships that may be brought about by an older person because of his declining health, dependency, and increased reliance on family members and relatives for financial and emotional support (Pillemer & Finkelhor, 1988).

Different types of abuse include physical, emotional, psychological, financial, sexual abuse, and neglect (Jandu et al., 2024). Humiliation, or mental torture, is a fundamental tool for psychological abuse. Psychological abuse also takes two forms: verbal abuse and nonverbal abuse. In verbal abuse, an older person is confronted with shouting, mocking, criticism, accusations, and blaming, while in nonverbal abuse, he faces silence, shunning, ignoring, and withdrawing affection (Patel, 2023). In emotional abuse, personal behavioral changes are observed. The result of this emotional abuse is that the elder becomes unresponsive and uncommunicative, or sometimes he may be fearful and more isolated (Acierno et al., 2010). Some elders who have been experiencing verbal and psychological abuses from perpetrators show low self-esteem and sudden changes in behavior. Abused ones may show social withdrawal. The victim may be screaming and scared (Straughair, 2011).

Since the definition of elder abuse is different globally, the risk of elder abuse is also different in different settings. Although living alone could lead to more social isolation and vulnerability. It has also been observed that the widowed, divorced, or single elderly people scored higher on abuse than the married ones, which associated marital status and living arrangements with risk of abuse (Sadrollahi, Khalili, Ghorbani, and Mahmoodi Sharafteh, 2020). Social isolation or less participation in social activities was a relatable factor in detecting elder abuse because less participation in social activities was a well-adopted strategy to keep abuse secret. Less participation in social activities proves fatal because it cuts off an old person from external aid and puts them at the mercy of stressors. It also paralyzed an external person from intervening in the matter (Hsieh & Mirza, 2023). Being socially inadequate and having poor social interactions have been identified as contributing to worse mental health outcomes, while supportive relationships have a positive impact and can moderate the negative impact of stressful interpersonal life experiences in adulthood (Harada et al., 2018). Moreover, the systematic reviews of the literature on elder abuse point to social isolation and ineffective support networks as one of the key risk factors of abuse and neglect in community-dwelling older adults (Johannesen and LoGiudice, 2013). The Australian National Elder Abuse Prevalence Study depicted that elder abuse was also associated with the communication and contact with their family members and friends (Qu et al., 2021).

Elder abuse, as an international phenomenon, spans the global spectrum in socio-economic, cultural, and geographical boundaries. Its manifestations can be seen in the form of emotional, psychological, and socio-economic exploitation, and the threatening of older individuals' well-being and dignity. The issue is under-highlighted in Pakistani society, causing significant concern. Older individuals, holding a lifetime of experiences and insights into recurring life issues and incidents, should be the centre of attention for younger ones, both within families and societies. However, their presence is astonishingly disregarded in

the decision-making process. Consequently, the true essence of intergenerational knowledge and holistic relationships among generations remains unattainable. The situations resulting in the complete negation of elderly opinions put them in less participation in social activities, which becomes the cause of loneliness and severe mental and psychological disorders. To resolve the issue, there is a need to inculcate a culture of respect and engagement with elders in societal and family matters to protect their individual well-being. They feel marginalized and isolated without satisfactory access to healthcare dispensaries, social services, and basic resources. This marginalization is not only a threat to elderly well-being but is also vulnerable to durable intergenerational connectivity and exacerbates disparities in social order. For South Punjab's dynamic perspective, the issue should be addressed with vigorous efforts to overcome it by raising voices on every platform, specifically to policymakers concerned with urban planning and development.

Objectives

1. To assess the prevalence of emotional abuse among elders.
2. To determine the effect of social isolation on the emotional abuse of elders.
3. To examine the relationship between lack of social participation and emotional elder abuse.
4. To investigate the role of loneliness in predicting emotional elder abuse.

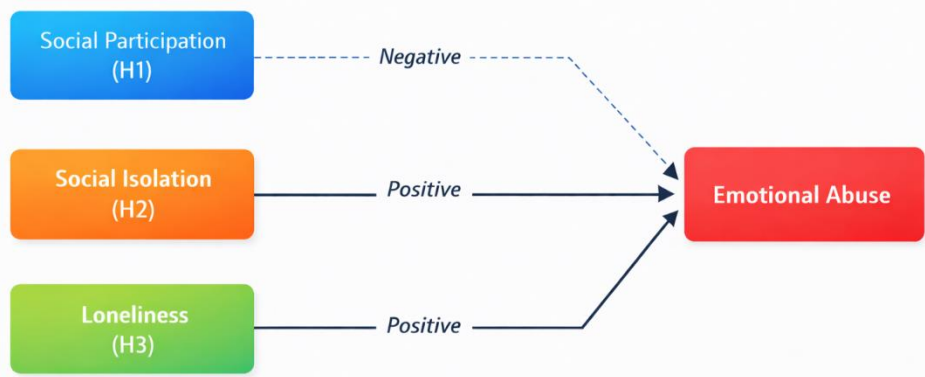
Research Questions

1. What is the prevalence and nature of emotional abuse among elders in community settings?
2. In what ways does social isolation contribute to the emotional abuse of elders?
3. What is the association between social participation and emotional abuse among elders?
4. How does loneliness function as a predictor of emotional abuse in later life?

Hypothesis

1. Lower the social participation, higher the emotional abuse among elder people.
2. Higher the social isolation of elders higher the elder abuse.
3. loneliness positively predicts emotional abuse among elders

Conceptual Model



Based on the reviewed literature and relevant theoretical perspectives such as Social Support Theory, Stress and Coping Theory, and Socio-emotional Well-being Framework, the present study proposes a conceptual framework in which social participation, social isolation, and loneliness function as independent variables predicting emotional abuse among older adults as the dependent variable.

REVIEW OF LITERATURE

Abid et al. (2021) addressed the problems related with elder abuse and mistreatment, especially in the sphere of social and psychological wellbeing. The results showed that the lack of social interaction and insufficient involvement and communication in either community or family related activities may enhance the sense of loneliness, neglect and psychological distress amongst the older population. Maleki et al. (2025) the study also showed a high rate of any type of elder abuse, as more than 70 % of the respondents reported any of the types of abuse in the last year, and the most frequent ones were psychological abuse and neglect. Bülbül Maraesh and Unlubas (2025) revealed that almost a quarter of the participants had at some time been victims of some kind of elder abuse and psychological abuse was commonly prevalent with sons and male caregivers being the most common perpetrators. Abbas et al. (2021) conducted research on the community dweller elder in Lahore, Pakistan to study the prevalence of elder abuse and its determinants. Researchers conducted cross sectional surveys to measure the socio-demographic and economic factors of elder abuse. 13.6% respondent argued that they face one type of abuse and the emotional abuse was reported in high numbers.

Results of Abbas et al. (2021) showed that the prominent factors of elderly abuse were age, educational background, low-income status and poor family relations. The study focused on various demographic features (age, marital status, income, gender, level of education), family structures, and descriptions of abuse (psychological, physical, financial, and neglect), and residential arrangements were the predictive variables. The results revealed that socio-demographic factors and the prevalence of elder abuse were associated variables. Research explored the relationship between social isolation and the well-being of elders living in a community in Pakistan. Researchers argued Social isolation and well-being of elders was significantly negatively correlated, meaning an increase in social isolation will lead to the decrease in the well-being of elders. In another research results showed that one in four seniors aged 65 and above community-dwelling elders experienced social isolation, and almost half (43%) of elders aged 60 and above reported that they felt loneliness (Anderson, 2018). Shorey and Chan (2021) argued the lack of social engagement and meaningful relationships can leave elders without advocates or opportunities to

report mistreatment, thereby increasing their risk of on-going abuse. Researchers also argued that the elders living with families or alone in both situations experienced social isolation and felt loneliness. Mion and Momeyer (2019) argued older adults who have low social support-that is, few family members or friends-are particularly vulnerable to abuse. This isolation can arise from a variety of circumstances, including the loss of a spouse, limited mobility, chronic illness, or geographic separation from relatives. In such situations, elders may become increasingly dependent on a single caregiver or a small group of individuals, which can heighten their risk of experiencing neglect, exploitation, or other forms of mistreatment. Glass et al. (2006) supported this by finding that social engagement protects against cognitive decline in older adults. Encouraging such engagement could help strengthen social integration and reduce risk factors.

RESEARCH METHODOLOGY

This study adopted a quantitative research design to examine the targeted variables among older adults living in the Division Dera Ghazi Khan. Community-dwelling elders aged 60 years and older (both men and women) living in the urban areas were the study population. A multistage sampling technique was applied to ensure systematic selection. Two districts were conveniently chosen out of the four districts of the division: Layyah and Muzaffargarh. Subsequently, four urban union councils were selected from each chosen tehsil, focusing specifically on the urban community-dwelling elderly population. The sample size was calculated according to Cochran formula on an unknown population with a final sample of 384 respondents. The inclusion and exclusion criteria were clearly defined in order to keep the data quality and relevance. The participants must have been aged 60 years or above, and reside in the community accompanied by the ability to interact effectively and no history of hearing loss or known mental illness. The elderly that were entirely bedridden or not participating in community activities were not included in the study. The structured interview schedule was used to gather data to achieve consistency in respondents. Upon the completion of data collection, the responses were coded and analyzed with the Statistical Package of Social Sciences (SPSS). The study was conducted using 384 valid responses which offered reliable statistical interpretation and meaningful conclusions.

RESULTS AND DISCUSSIONS

In the present study, Confirmatory Factor Analysis (CFA) was conducted in AMOS as a way of ensuring the reliability of the measurement of instruments. Descriptive statistics were then calculated in a bid to explain the demographic characteristics. The demographic variables were summarized (frequency, percent, mean, and standard deviation) based on age, gender, education, marital status. Social factors included social participation, Social Isolation, while psychological factor was loneliness. Emotional elder abuse was also calculated in frequencies, percentages, Standard Deviation and Mean to give information regarding the prevalence of emotional elder abuse. Inferential statistical methods were used in hypothesis testing and to investigate the relationships. To test the strength and direction of the correlations among social and psychological variables and emotional elder abuse, SPSS correlation analyses were conducted. Linear regression analyses were performed to determine the predictive strength of the social and psychological factors on emotional elder abuse. The explanatory power and significance of each predictor (regression coefficients, R² values, and p-values) were analyzed to offer empirical evidence to confirm or deny the hypotheses put forward.

Table No.1 Construct Reliability, Evaluation of Normality and Description of Social Factors, Psychological Factors and Emotional Abuse

Variable	Cronbach's Alpha	Composite Reliability (CR)	Convergent Validity	Items	Mean	S.D	Skewnes	Kurtosis
SF_SP	0.91	0.89	0.67	SF_SP1	2.92	1.28	0.11	-1.18
				SF_SP2	2.99	1.29	0.23	-1.24
				SF_SP3	2.89	1.27	0.33	-1.13
				SF_SP4	2.97	1.24	0.12	-1.13
SF_SI	0.97	0.96	0.69	SF_SI1	3.00	1.29	0.01	-1.26
				SF_SI2	3.00	1.29	0.01	-1.26
				SF_SI3	3.11	1.34	-0.15	-1.21
				SF_SI4	3.01	1.27	-0.15	-1.11
				SF_SI5	3.08	1.30	-0.16	-1.17
				SF_SI6	3.13	1.31	-0.21	-1.17
				SF_SI7	3.11	1.30	-0.19	-1.16
				SF_SI8	3.02	1.28	-0.12	-1.18
				SF_SI9	3.12	1.30	-0.19	-1.16
				SF_SI10	3.05	1.28	-0.11	-1.18
PF_LON	0.94	0.93	0.68	PF_LON1	3.36	1.25	-0.48	-0.73
				PF_LON2	3.25	1.24	-0.44	-0.75
				PF_LON3	3.20	1.33	-0.38	-0.96
				PF_LON4	3.24	1.33	-0.36	-0.99
				PF_LON5	3.21	1.22	-0.28	-0.81
				PF_LON6	3.27	1.34	-0.42	-0.95
	0.94	0.94		EA_EMO 1	3.40	1.26	-0.45	-0.93
				EA_EMO 2	3.27	1.23	-0.56	-0.82
				EA_EMO 3	3.49	1.28	-0.63	-0.60

EA_EMO	0.57	EA_EMO 4	3.41	1.19	-0.77	-0.30
		EA_EMO 5	3.30	1.28	-0.57	-0.84
		EA_EMO 6	3.20	1.30	-0.38	-0.92
		EA_EMO 7	3.26	1.32	-0.49	-0.90
		EA_EMO 8	3.42	1.30	-0.63	-0.72
		EA_EMO 9	3.18	1.28	-0.43	-0.92
		EA_EMO 10	3.17	1.28	-0.40	-0.93
		EA_EMO 11	3.35	1.25	-0.53	-0.70

Cronbach's alpha and Composite reliability value have been shown in the table. All the variables have acceptable level with all the items indicating the same latent construct reliability. Convergent validity entails the fact that the items in a construct must be well correlated. The above table indicates that AVE of all the constructs exceeds 0.5 that is. Implicating that there is shared variance of underlying construct than the variance due to measurement error. The difference in responses, as seen in the standard deviation of 1.11 to 1.34, shows that there was a fair dispersion among the responses and experiences of the participants. The skewness and kurtosis of all subscales fell within the acceptable limit of +2, indicating that the data were normally distributed. This justifies the application of parametric tests, including correlation and regression, to investigate the correlations between these social, psychological variables and emotional abuse.

Table No. 2 Demographic Information of the Respondents

Variable	Categories	Frequency	Percent	Mean	S.D
Age	60-69	174	45.3	1.71	0.729
	70-79	148	38.5		
	80 and above	62	16.1		
Gender	Male	147	38.3	1.62	0.487
	Female	237	61.7		
Marital Status	Married	217	56.5	0.60	0.891
	Widowed/Widower	133	34.6		
	Separate	13	3.4		
	Divorced	11	2.9		
	Un married	10	2.6		
Education	Illiterate	223	58.1	1.89	1.27
	Primary	64	16.7		
	Middle	41	10.7		
	Graduation	28	7.3		
	Master	28	7.3		
Number of Children	None	41	10.7	3.10	0.962
	1-2	37	9.6		

	3-4	149	38.8		
	5 and more than 5	157	40.9		

The results showed that 45.3% elders were between 60 and 69 years old. 38.5% of the elders were between the ages of 70 and 79, and 16.1% of elderly respondents were belonged to the 80 and above the 80 age group. 61.7% respondents who participated in this study were female and remaining 38.3% were male. Results in above table shows that 56.5% respondents were married and 34.6% elders were widowed or Widower. Results show that 3.4% respondents were separated, 2.9% were divorced, and 2.6% respondents were unmarried. This showed that a significant percentage of respondents suffered from the loss or end of marriage in the form of widowhood, divorce, or separation, and the majority of respondents were married. Marital status became an important factor of well-being among the elderly and their vulnerability to abuse. A study reported that unmarried, widowed, or divorced older individuals were more vulnerable to neglect and abuse, as there were no close relatives to provide support and they were more isolated (Abid et al., 2021).

The majority of respondents, 58.1% were illiterate, while 16.7% respondents had primary education, 10.7% respondents finished middle school, and a smaller percentage had graduated 7.3% and 7.3% respondents had master's degrees. The results indicated generally low educational achievement among the elders, and a very small number of respondents had higher education. These results were consistent with past research conducted, and low educational levels were also observed by Chandanshive et al. (2022). Nasir and Rehman (2023) found greater rates of illiteracy, 93.6% especially among women, while 46% among men. The results depict that 10.7% respondents had no child, 9.6% elders had one or two children, 38.8% respondents had three or four, while 40.9% had five or more children. The results depicted that the majority, 40.9% of respondents, had 5 or more 5 children. However, the large family size can cause family disputes, especially related to property and caregiving duties, which can lead to elder abuse, especially emotional abuse or elder neglect Pillemer et al., 2016).

Table No. 3 Respondents' Agreement Levels Regarding Lack of Social Participation

Independent Variables	Never + Rarely n (%)	Sometimes n (%)	Often + Always n (%)
Social Participation			
Group participation avoidance	174 (45.3%)	62 (16.1%)	148 (38.6%)
Community activity avoidance	182 (47.4%)	52 (13.5%)	150 (39.0%)
Family event avoidance	195 (50.8%)	52 (13.5%)	137 (35.7%)
Feeling unwelcome in community	168 (43.7%)	67 (17.4%)	149 (38.8%)
Social Isolation			
Age-based exclusion	169 (44.0%)	47 (12.2%)	168 (43.7%)
Family exclusion	165 (43.0%)	49 (12.8%)	170 (44.3%)
Reduced social visits	141 (36.7%)	68 (17.7%)	175 (45.6%)
Avoid sharing personal matters	142 (40.9%)	80 (20.8%)	162 (42.2%)
Feeling socially isolated	143 (37.3%)	66 (17.2%)	175 (45.6%)
Experience undervaluation	139 (36.2%)	66 (17.2%)	179 (46.6%)
Decision-making exclusion	151 (39.3%)	64 (16.7%)	169 (44.0%)
Loneliness			
Feeling unwanted	90 (23.5%)	94 (24.5%)	200 (52.1%)
No one to talk to	97 (25.2%)	99 (25.8%)	188 (48.9%)
Feeling misunderstood	104 (27.1%)	97 (25.3%)	183 (47.6%)
Feeling disconnected	108 (28.1%)	89 (23.2%)	187 (48.7%)

Avoid asking for help	104 (27.1%)	111 (28.9%)	169 (44.0%)
Avoid expressing opinions	100 (26.0%)	93 (24.2%)	191 (49.7%)

In the first statement, the percentage of the respondents who have avoided taking part in group-based activities is quite high, as 38.6% (often + always) of them stated that they tend to withdraw themselves regularly out of such interactions. Likewise, there was also avoidance of social activities and community programs such as religious gatherings and clubs where 39.0% (often + always) of the respondents indicated that they avoided them in most cases or never participated in them.

Moreover, the findings indicate that the evasion of family events is also common, and 35.7% of participants indicate that they frequently (often + always) do not attend family events like reunions, birthdays, and holidays. This is an indication of loss of family interaction and less participation in significant social events. Moreover, a considerable number of respondents 38.8% (Often + always) said that they felt unwanted or uncomfortable when they participated in community activities, which suggests that they felt socially excluded and emotionally uncomfortable in groups.

The table presents the reactions of elders regarding their social isolation and its accompanying factors, which lead to social isolation of elders. The results reveal the high degree of social isolation of the elderly. A significant percentage of the respondents indicated that they were not included in social activities on the basis of age 43.7% (often + always) and family issues 44.3% (often + always). In the same way, weakened interpersonal relationships are indicated by avoidance of visits by relatives or friends 45.6% (often + always) and reluctance to discuss personal issues 42.2% (often + always). Additionally, a significant number of respondents stated that they feel socially isolated 45.6% (often + always), and an impressive percentage also stated that their experiences and knowledge are not valued by family members 46.6% (often + always). The lack of participation in decision-making 44.0% (often + always) also indicates marginalization at home. Overall, the findings indicate that elderly people are subjected to systematic social and family exclusion, which can undermine support networks and expose them to emotional and psychological vulnerability.

The results indicate that loneliness among the respondents is high. A significant percentage indicated a feeling of unwanted presence at home 52.1% (often + always) and the absence of someone with whom to discuss 48.9% (often + always), which denotes a lack of emotional support. Likewise, perceptions of not being understood 47.6% (often + always) and lack of emotional bonding with other people 48.7% (often + always) were common as well. Moreover, many respondents indicated that they did not ask to be helped 44.0% (often + always) and did not express their views in the family 49.7% (often + always), which is indicative of internalized withdrawal and lack of communication. In general, the results show that older adults are continually affected by emotional loneliness and disconnection, which can adversely affect their mental health and predispose them to emotional abuse.

Table No. 4 Emotional Abuse

Emotional Abuse	Never + Rarely n (%)	Sometimes n (%)	Often + Always n (%)
Name-calling	109 (28.4%)	56 (14.6%)	219 (57.0%)
Verbal threats	110 (28.7%)	56 (14.6%)	218 (56.8%)
Derogatory comments	79 (20.6%)	83 (21.6%)	222 (57.8%)
Insults	78 (20.3%)	78 (20.3%)	228 (59.4%)

Child-like treatment	106 (27.6%)	57 (14.8%)	221 (57.5%)
Threat of displacement	106 (27.6%)	95 (24.7%)	183 (47.7%)
Social restriction	102 (26.6%)	80 (20.8%)	202 (52.6%)
Force-feeding	93 (24.2%)	63 (16.4%)	228 (59.4%)
Rude communication	110 (28.7%)	83 (21.6%)	191 (49.8%)
Restricted grand parenting	109 (28.4%)	89 (23.2%)	186 (48.4%)
Restricted home access	91 (23.7%)	87 (22.7%)	206 (53.7%)

The results indicate a very high prevalence of emotional abuse in older adults. A significant percentage of the respondents claimed to be verbally humiliated through calling names 57.0% (often + always) verbal threat 56.8% (often + always), derogatory remarks 57.8% (often + always), and insults 59.4% (often + always), which manifested the fact that they were highly exposed to psychological abuse. Moreover, loss of autonomy and dignity was reported by many respondents being treated like children 57.5% (often + always), denied social contact 52.6% (often + always), and even forced to eat 59.4% (often + always). Family-related limitations, including being denied access to meeting their grandchildren 48.4% (often + always), or seeing their homeland 53.7% (often + always), also demonstrate emotional suppression and disregard. Overall, the findings show that emotional abuse is very common and it occurs in various forms, and it presents severe threats to the dignity, autonomy, and the psychological well-being of older adults.

Hypothesis

H1: Lower the social participation, higher emotional elder abuse.

H2: Social Isolation causes emotional abuse.

H3: Loneliness positively predicts emotional abuse among elders

Hypothesis	Predictor (X → Y)	R	R ²	EC (a)	EC (b)	P-value	Decision
H1	SP → EA_EMO	-0.360	0.129	4.259	-0.321	.001	Supported
H2	SI → EA_EMO	0.413	0.171	2.215	0.359	.001	Supported
H3	LON → EA_EMO	0.297	0.088	2.474	0.258	.000	Supported

R = Pearson Correlation Coefficient, R² = Coefficient of Determination, EC (a) = Intercept (Constant), EC (b) = Regression Coefficient (Slope), P-value = Level of Significance, SP= social participation, SI= social isolation, LON= loneliness, EA_EMO= emotional abuse

The findings indicate that there is a strong negative correlation between social participation and emotional elder abuse ($r = -0.360$, $p = .001$). This implies that, the decrease of social participation leads to higher emotional abuse, which is in line with the hypothesis. The model predicts emotional abuse explaining 12.9% of variance in emotional abuse ($R^2 = 0.129$) which is significant. The regression coefficients also indicate that at the zero level of social participation the intercept ($EC (a) = 4.259$, $p = .001$) is the level of emotional abuse. The slope coefficient ($EC (b) = -0.321$, $p = .001$) informs that when the social participation decreases by one unit, emotional abuse rises by 0.321 units. This implies that elderly

individuals who have less engagement in the family or community activity are susceptible to emotional abuse.

The regression result indicates that social isolation is a very strong and predictable measure of emotional elder abuse. The relationship was positive and statistically significant ($p = .001$), which means that the more socially isolated elders are, the more likely they become the victims of emotional abuse. These findings emphasize social isolation as a not only a state of loneliness, but also as a significant risk factor. In the case of emotional abuse, social isolation demonstrated a moderate positive correlation ($r = .413$) and contributed to 17.1% of the variance ($R^2 = .171$). The positive slope ($b = 0.359$) showed that increasing isolation significantly increase the risk of emotional abuse. The aged individuals who do not interact with one another and have no emotional support are easily subjected to verbal aggression, humiliation, and mental neglect.

The regression result indicates that loneliness is also a predictable measure of emotional elder abuse. The relationship was positive and significant ($p = .000$), which means that the more loneliness elders are, the more likely they become the victims of emotional abuse. Emotional detachment demonstrated a positive correlation ($r = 0.297$, $p < .01$) and contributed to 8.8% of the variance ($R^2 = 0.088$). The positive slope ($b = 0.258$) showed that increasing loneliness significantly increase the risk of emotional abuse.

DISCUSSION

The results of the current research point to the fact that lower social participation is a major contributor of emotional elder abuse. This indicates that less engaged elders are more susceptible to abuse because they have fewer support systems and feel more dependent on their family. These results are aligned with other studies, which highlight the role of active social engagement as a protective factor against elder abuse. Indicatively, Avanish Bhai Patel (2023) found that the lower the socialization and the level of family bonding, the higher the chances of verbal and emotional abuse in the older adults. Similarly, Chesang et al. (2021) found that intra-familial elder abuse is caused by limited social involvement and dependency in families.

Moreover, the researchers discovered that emotional abuse is strongly positively correlated with social isolation, and is therefore the most significant among the examined variables. This observation is similar to the available literature that indicates socially isolated elders are at a higher risk of being neglected, excluded in the decision making process, and suffering emotional harm. According to Özmete et al. (2018), social isolation increases vulnerability to various forms of abuse, particularly emotional and psychological abuse, due to reduced social visibility and support. In addition, World Health Organization (2022) highlights that isolation and lacks of social connections are key risk factors for elder abuse globally, especially in low- and middle-income countries where formal support systems are limited.

The results also reveal that loneliness significantly predicts emotional abuse, although its effect is comparatively weaker than social isolation. This indicates that subjective feelings of disconnection contribute to emotional vulnerability among elders. The conceptualization of loneliness as the perceived absence of meaningful social relationships is supported by the popular UCLA Loneliness Scale. A study by Hawkley and Cacioppo (2010) also indicates that loneliness correlates with heightened psychological distress and low ability to cope, rendering the individuals vulnerable to abuse and neglect.

Moreover, the descriptive findings of this study, which show high frequencies of verbal threats, insults, derogatory comments, and rude behavior, are in line with prior studies on emotional elder abuse. The same study conducted by Avanish Bhai Patel (2023) also revealed verbal aggression, humiliation, and disrespect as the most frequent types of emotional abuse older adults face. These trends are echoing the

general socio-cultural trends, such as the deterioration of family institutions and a decrease in the respect towards older people, as reported by the World Health Organization (2022). Overall, the present study reinforces the argument that social disconnection—both structural (isolation, low participation) and psychological (loneliness)—is a critical driver of emotional elder abuse.

CONCLUSION

In conclusion, the study establishes that social participation, social isolation, and loneliness are critical determinants of elder abuse in urban communities of Dera Ghazi Khan. Elders who are socially disengaged, isolated from family and community, and experiencing feelings of loneliness are at a higher risk of emotional abuse. Low social participation increases vulnerability, while social isolation and loneliness significantly increase the likelihood of emotional abuse. The study concludes that elder abuse is a complex phenomenon that is affected by social disconnection and deterioration of family bonds. Among these factors, social isolation emerged as the strongest predictor, emphasizing the importance of social inclusion and active engagement in reducing elder mistreatment.

Moreover, the findings underscore the urgent need to address family dynamics and societal attitudes toward older adults. An emotional abuse, which is usually characterized by verbal aggression, neglect, and lack of respect, is an unnoticed but widespread problem. In its untreated form, it may cause serious psychological effects including depression, low self-esteem and poor quality of life. Therefore, promoting supportive environments and strengthening social connections is essential to safeguard the well-being of the elderly population.

RECOMMENDATIONS

1. Community centers and local organizations should arrange social, recreational, and religious activities to actively engage older adults.
2. The awareness programs are intended to inform families about the rights, dignity, and emotional needs of the elders.
3. Establish support groups and counseling services for older adults reduce the loneliness and provide emotional assistance.
4. Government should enforce policies and laws specifically aimed at preventing elder abuse and protecting vulnerable older individuals.
5. Programs that promote bonding between younger and older generations should be encouraged to reduce social gaps and improve understanding.
6. The professionals should be trained to identify indicators of different types of abuse and to intervene appropriately.

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