

Abuse & Neglect among Mentally Disabled

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Abstract

There is lot of stigma attached to mental illnesses which often leads to increased risk of physical abuse, verbal abuse, sexual abuse and social neglect among patients suffering with mental illness. The mentally ill persons experience stigma from variety of sources like families, communities, co workers and mental health care givers. This review is intended to create awareness among health care professionals to educate regarding abuse and neglect among mentally disabled.

Keywords: Abuse; Neglect; Mentally Ill.



Introduction

Discarded by families or wandering further and further away from home, their real selves are lost and submerged under layers of dirt and idiosyncrasies. They become non persons, consciously ignored or worse, paid unhealthy attention. The mentally ill destitute comprise a largely forgotten and un thought of section of the homeless [1].

Definition of Terms

Abuse

The term abuse is used in mental health nursing to describe behaviors in which an individual misuses, attacks, or injures another individual. Neglect is also a form of abuse. This means any act or failure to act by an employee of a facility rendering care or treatment which was performed, or which was failed to be performed, knowingly, recklessly,

or intentionally, and which caused, or may have caused, injury or death to an individual with mental illness [2].

Neglect

It means a negligent act or omission by an individual responsible for providing services in a facility rendering care or treatment which caused or may have caused injury or death to an individual with mental illness or which placed an individual with mental illness at risk of injury or death, and includes, but is not limited to, acts or omissions such as failure to: establish or carry out an appropriate individual program or treatment plan (including a discharge plan); provide adequate nutrition, clothing, or health care; and the failure to provide a safe environment which also includes failure to maintain adequate numbers of appropriately trained staff [2].”

Abuse & Neglect in Psychiatric in -Patients

Since 2005 over 70 employees of 10 state mental hospitals at Texas’ in USA, have been fired while dozens more have been disciplined for alleged physical abuse, including brutal beatings in some cases. In 2007, the same state confirmed 137 cases of abuse against patients. Hundreds of other employees have been fired for other violations, including sleeping on the job and overmedicating

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patients.

Many mental hospitals in India also continue to be shadowy prisons for the forgotten and wretched. Patients in many hospitals are found to suffer brutal treatment, violence, abuse, or neglect at the hands of untrained medical, nursing and orderly staff. There is excessive regimentalisation, and a regime of fear, and opacity.

Regardless of where the persons with mental illness live, it is their right to be treated with respect and to live free from abuse and neglect. Some of the abuse and neglect by the mental health professional include:

- Verbal abuse
- Physical abuse
- Emotional abuse
- Sexual abuse

Physical Abuse

This occurs when they are hit, kicked, slapped, beaten, punched, intentionally burned or physically hurt in some other way. Physical abuse also occurs when

- They are over-medicated.
- They are forced to take medication in a psychiatric hospital without consent, except in an emergency (immediate danger to self or others). In the community they have the absolute right to refuse medication, and cannot be forced to take it for any reason.
- Too much force is used during restraint.
- Restraints or seclusion are used in a psychiatric hospital when they are not an immediate danger to themselves or another person.

Sexual Abuse

Sexual abuse is any unwanted or forced sexual touching, words or activity, including rape and incest. Infants, young and older people have been victimized. Men and boys, as well as women and girls, can be victims.

Emotional Abuse

Emotional abuse occurs when words or actions result in fear or a break-down of a person's self-esteem. Examples of emotional abuse are acts which:

- Terrorize
- Intimidate

- Make fun of
- Ignore
- Threaten
- Coerce
- Reject
- Harass

Coercion happens when a person uses power or authority to make the patients do something that they don't want to do. Coercion is often used in assaults to ensure secrecy. Example; an abusive staff member who says she/he'll be punished or will take away their privileges if they don't keep silent about the abuse.

Neglect

It is deliberate lack of care so that the inpatients basic rights to shelter, clothing, food, health services or companionship are not met. Some of the neglectful acts are:

- People are restrained with rusting metal shackles, kept in caged beds, and subject to other inhumane treatment
- People live in filthy living conditions, lacking clothes, clean water, food, heating, proper bedding or hygiene facilities
- People are kept in seclusion for lengthy periods
- People are often detained in large institutions, isolated from society and far from families and loved ones [3,4].

Few Evidences of Abuse & Neglect In Indian Psychiatric Institutions

Erwadi, an Incurable Malady

Erwadi, a smouldering volcano, is not the only place in the country where one can find the mentally ill or the mentally challenged under the same roof. There are similar systems in other places as well. Twenty five patients with mental illness were chained at the Darga of Erwadi and unfortunately burnt to death when a fire broke out [6].

Neglect of services in Institute of Mental Health

There seems to be no real deliverance for the 571 mentally challenged people rescued from the 15 so-called mental homes in Erwadi in Tamil Nadu's Ramanathapuram district in August 2001. They

had come under the Tamil Nadu government's care after all the "mental homes" in Erwadi were closed down following a fire in the Moideen Badusha Mental Home on August 6, which killed 28 inmates who were chained to their positions. Of the 571 persons who were rescued, 152 were sent to the Government Institute of Mental Health (IMH) in Chennai, while 11 patients who had violent tendencies were admitted to the Ramanathapuram Government Hospital. The rest were returned to the care of their families [6].

Others Include

Inadequate medical facilities for ailments of the body, combined with abysmal living conditions, leads to illness and even tragic deaths of patients from entirely preventable non-psychiatric ailments.

There are still reports of brutal and indiscriminate application of ECT, or the controversial application of electrical current, without anesthesia.

In many hospitals, patients can rarely meet their families, and several families abandon the patients.

There is almost exclusive reliance on pharmacological remedies, with little or no psychotherapies, counseling, or alternative therapies.

To make matters worse, there is little done to prepare the patients to resume life after discharge. Neither they nor their family members are counseled even about the need for regular medicines, even less are they prepared for the emotional stresses of re-integrating with their families, and resuming interrupted professions or educational careers. It is not surprising therefore that the patients who are discharged frequently return to the mental hospitals, for longer and longer periods, with less and less hope [7].

Reasons for Not Reporting Abuse & Neglect

People may not report because they

- Fear punishment (increased medication, move to more restrictive ward, loss of privileges, etc.);
- Fear that no one will believe them or have already experienced not being believed;
- Fear or have experienced staff labeling their report as manipulative, delusional or a symptom of illness;
- Fear further or more severe abuse;
- Fear that alternatives to the present abusive situation may be worse than living with the

abuse;

- Feel guilty or believe the abuse was their fault;
- Feel emotionally or financially dependent on the victimizer;
- Feel embarrassed, especially in cases of sexual assault;
- Love or care about the abuser, and don't want him/her to go to jail or lose a job;
- Don't know that the abuse is a crime and/or a violation of rights;
- Believe that the abuse is a private event and should not be reported [4].

Role of the National Human Rights Commission to Protect the Mentally Ill

- The National Human Rights Commission has described the state of mental hospitals throughout the country as "appalling" and initiated several steps, including a research project on "quality assurance of mental hospitals," to improve the situation. The NHRC said most of the mental hospitals in the country were overcrowded, and serve as "dumping grounds" for desperate relatives, who don't realize that patients can return home after appropriate treatment. Some mental hospitals in India lack even basic amenities and do little to alleviate the ignorance of relatives about the illness, medication and possible rehabilitation of their mentally ill kin.
- The interventions of committed professionals, organizations of patients and their families, civil society groups, judicial activism and the NHRC have initiated heartening reforms in many hospitals, in which patients are encouraged to stay for short periods with their families, and then get discharged. But within the walls of several mental hospitals, not enough has changed for people living with mental illness, especially those who are further disadvantaged because of gender, caste or poverty.
- The NHRC is mandated under Section 12 of the Protection of Human Rights Act, 1993 to visit Government run mental health institutions to 'study the living conditions of inmates and make recommendations thereon.' Besides discharging this specific responsibility, the Commission has been, right from its inception, giving special attention to the human rights of mentally ill persons because of their vulnerability and need for special protection.

Through regular visits the Commission was astonished to find that old and even primitive ways of diagnosis and treatment were being practiced at most places. Because of the absence of psychological and psycho-social facilities, control of aggressive patients is achieved by combination of drug therapy, physical restraint and seclusion.

As per The Mental Health Act of India, 1987 predates the human rights emphasis in the nineties. It can be described as a civil rights legislation as it aims to regulate standards in mental health institutions and to make provisions with respect to their property and affairs. From a human rights perspective, the provision under Section 81 is of particular importance. It says,

1. No mentally ill person shall be subjected during treatment to any indignity (whether physical or mental) or cruelty.
2. No mentally ill person under treatment shall be used for purposes of research, unless-

Such research is of direct benefit to him for purposes of diagnosis or treatment, or

Such persons, being a voluntary patient has given his consent in writing or where such person (whether or not a voluntary patient) is incompetent by reason of minority or otherwise, to give valid consent, the guardian or other person competent to give consent on his behalf, has given his consent in writing for such research.

Mental Health Act, 1987 is still not being implemented in many psychiatric institutions. Hopefully Mental Health Care Bill 2010 will address this issue.

As per the United Nations High Commission for Human Rights, the responsibility for special care and attention lies with the care givers and the institution which includes;

In the Treatment Setting

- No individual should be handcuffed or tied with ropes while being brought to the hospital or as an inpatient;
- There should be facilities for sedating disturbed individuals in the outpatient (OPD) setting;
- The OPD should comprise a large hall with sufficient number of chairs to seat persons seeking consultation and accompanying family members;
- The OPD hall should be well lit and ventilated

with provision of potable water, toilet, newspaper stand and a television;

- A hospital canteen should be available nearby as waiting in the OPD may go up to 2 to 4 hrs depending on the average turnout of patients and the number of treating professionals available;
- At the OPD there should be sufficient number of registration counters to cater to the needs of people in different age groups (adults, adolescents, elderly and the children) as also women and men.
- The people at the registration counter should be given orientation and training to be civil, courteous, considerate to everyone seeking care, particularly the elderly;
- No mentally ill person or their caregivers should be subjected to any abuse or offensive treatment or treatment that borders on cruelty or torture; instead they should be treated with utmost civility, courtesy and consideration;
- No person seeking help for mental distress or illness should be refused examination at the OPD on any ground whatsoever;
- Similarly, no patient should be refused admission as an inpatient if the same is considered absolutely necessary by the physician examining him/her.

Once a Decision is Taken that a Patient Requires Inpatient Care, Certain other Rights Accrue to the Admitted Person Such as:

- Right to potable water;
- Right to environmental sanitation including clean toilets;
- Right to personal hygiene; periodicals and newspapers in their language;
- Right to recreation (television in the room, dance, drama, music, other cultural activities, games and sports);
- Right to food is further elaborated.

Right to Food Includes

- Preparation of food in the kitchen in a neat, orderly and tidy manner;
- Serving food courteously;
- Ensuring that the food is wholesome and nutritious;

- Making the hospital self-sufficient by developing a farm/kitchen garden to minimize dependence on market and ward off scarcity [7,8].

Steps to be Followed in Safeguarding the Mentally ill from Abuse:

- Abuse of the mentally ill can take place in any part of society. The mentally ill cannot always tell you about the abuse. Mentally ill people may be abused at home, in an assisted living facility or in an institution. Abuse is a situation that no one should have to live with and it is up to others to protect the mentally ill from being abused.
- Watch the mentally ill person that you suspect suffers from abuse. Look for any marks or bruising. Look for signs of neglect such as the mentally ill person wearing the same clothes for more than one day or acting as if she has not eaten anything for a while. The mentally ill person might not be able to verbally tell people when abuse occurs and depends on the people around her to report the situation. Protect the person by reporting the abuse if it happens.
- Report abuse that happens in an assistant living facility to the manger of the facility.
- If you think that the manager will not take action you can report it to their supervisors. The mentally ill cannot always tell the aides or residents that they live and work with about abuse. If abuse occurs in the institution you can report the abuse to the head of the institution.
- Talk to the mentally ill person if they can communicate and ask them if they know what abuse is. Have a discussion with the mentally ill person and ask about the abuse. Sometimes the mentally ill are not firmly attached to reality and may misconstrue your conversation. Make sure that you have this conversation with someone else in the room to protect yourself and the mentally ill person.

Abuse & Neglect in Vulnerable Groups

Abuse and neglect is not uncommon among the vulnerable sections of the society .There are three elements that generally create the environment for an incident of abuse to occur: the abuser or perpetrator, the abused, and a crisis.

The Abuser

The abuser is usually an individual who grew up

in an abusive family. Research findings indicate that children, who observed or were victims of beatings and violence when young, believe that abuse is normal behavior and will reenact these behaviors later as adults. Abusive individuals usually are young and select a mate who is indifferent, passive, or of little help to them. Generally, abusers keep to themselves and may move from place to place. Other common characteristics include low self-concept, immaturity, fear of authority, lack of skills to meet their own emotional needs, belief in harsh physical discipline, fear of spoiling a child, poor impulse control, and unreasonable expectations from a child. Abusers often use alcohol or other substances to cope with stress. The mate, who usually knows about the abuse, either ignores it or may even participate in it.

The Abused

Abused individuals often demonstrate a pattern of learned helplessness, manifest characteristics of low-self esteem and shame, and often experience feelings of increased dependence, isolation, guilt, and entrapment.

A Crisis

A crisis (e.g., loss of job, divorce, illness, or death in the family) is usually the precipitating event that sets the abusive person into action. The individual overreacts because he or she is unable to cope with numerous or complex stressors. The person becomes frustrated and anxious and suddenly loses control [10].

Abuse & Neglect among Children

- ✓ Child abuse is considered an act of commission in which intentional physical, mental, or emotional harm is inflicted on a child by a parent or other person. It may include repeated injuries or unexplained cuts, bruises, fractures, burns, or scars; harsh punishment; or sexual abuse or exploitation. Child abuse is not to be confused with discipline. Discipline is a purposeful action to restrain or correct a child's behavior. It is done to teach, not to punish, and it is not designed to hurt the child or result in injury [3].
- ✓ Children are also victims of family violence (e.g., one parent kills the other), school violence (e.g., a child brings a gun to school and kills a teacher), or public violence (e.g., the terrorist

attack on the World Trade Center).

- ✓ The term ‘Child Abuse’ may have different connotations in different cultural milieu and socio-economic situations. A universal definition of child abuse in the Indian context does not exist and has yet to be defined. The WHO subcategorizes child abuse into physical abuse, physical neglect or abandonment, emotional abuse, and sexual abuse including commercial or other forms of exploitation that cause actual or potential harm to the child’s health, survival, development, or dignity [8].

Abuse & Neglect among Senior Citizens

Elder abuse is a general term used to describe certain types of harm to older adults. Other terms commonly used include: “elder mistreatment”, “senior abuse”, “abuse in later life”, “abuse of older adults”, “abuse of older women”, and “abuse of older men”.

One of the more commonly accepted definitions of elder abuse 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 [12].

According to Help Age India, most elders are ill-treated by their own children, who have emerged as the largest group of perpetrators at 47.3 per cent. Spouses follow next at 19.3 per cent. Other relatives and grandchildren follow at 8.8 per cent and 8.6 per cent respectively. Neglect is the most common form of abuse at 48.7 per cent followed by emotional/psychological, financial exploitation physical abuse and abandonment respectively. There is growing number of insecurity, injustice and abuse in Elderly in India [13].

Abuse & Neglect among Women

Domestic violence is the single greatest cause of injury to women. Although exact numbers of domestic violence incidents differ because this is such an underreported crime [1,5].

Domestic Violence is a family violence, and a pattern of coercive behaviors that may include repeated battering and injury, psychological abuse, sexual assault, progressive social isolation, deprivation, and intimidation. Someone (e.g., spouse, ex-spouse, or significant other) who is or was involved in an intimate relationship with the victim perpetrates these behaviors. Although 95% of

domestic violence is directed at women who are emotionally involved with the batterer, children, siblings, parents, and the elderly are also at risk [5]. The behaviors of domestic violence include [14]:

- Intimidation (e.g., using looks, action, or gestures to instill fear in the victim)
- Threats (e.g., threatening to do something harmful to the children, a pet, or self)
- Sexual abuse (e.g., forcing unwanted sexual activity on the victim)
- Isolation (e.g., controlling the victim’s contacts and activities)
- Emotional abuse (e.g., using put-downs or attacking the abused victim’s self-confidence)
- Use of children (e.g., using custody/visitation rights as a way to control or harass the victim)
- Male privilege (e.g., expecting to be waited on by the victim)
- Economic abuse (e.g., refusing to share money with or provide financial support for the victim)

Abuse & Neglect among Challenged

Disabled people experiences neglect in many instances. Disabled children are neglected in education, play grounds, sports, leisure, love, support, health and decision making processes like selecting their own food or dress. Like wise disabled adults also suffer from neglect in the areas of employment, active participation in society, family life, health including reproductive health care and marriage, property rights, decision making process etc. Disabled people are often neglected of their material, financial, emotional requirements.

Prevention of Abuse and Neglect

The nurse may help prevent abuse by recognizing early signs of abuse, supporting and working for legislation to interrupt the abuse syndrome, promoting educational courses on family interpersonal relationships and childrearing practices, promoting community awareness programs, participating in continuing-education courses, and participating in nursing research of child abuse and effective treatment measures. In US, certain professionals are required by law to report suspected child abuse, neglect, or sexual abuse. Even if the law does not require nurses to report such a case, they have an ethical obligation to protect a child from harm. It is not the intent of the law to remove a child from his or her home

unless the child is in danger. Parents are not punished unless undue harm has occurred. In most situations, the family is helped so that the parents and child can stay together. When reporting abuse, the report may be made by telephone, in person, or in writing to a local welfare department or to the local police department. The following information is stated [9]:

- Name and address of the suspected victim
- Age
- Name and address of the parent or caretaker
- Name of the person suspected of abusing or neglecting the person
- Why abuse or neglect is suspected
- Any other helpful information
- Nurse's name, if she or he wishes (some states require a signature)

Nursing Interventions for Victims of Physical Abuse and Violence

The assessment of victims of abuse or violence requires the nurse to display sensitivity, empathy, and confidentiality. Privacy is essential when collecting data. Important interventions focus on providing a safe environment, including emergency medical care when necessary; empowering the victim through supportive therapies; and exploring continuum of care to assist the victim to regain control of his or her own life. Each victim's situation is unique and the decision to take action varies among individuals.

Safe Environment

After the client's medical condition is stabilized, often a referral to a local domestic-violence shelter may be made to ensure a safe environment and to assist the victim and the victim's family. If the situation is acute, law-enforcement officials should be notified immediately. However, some victims may refuse help or refuse to press charges due to fear of retaliation by the perpetrator. If an in-depth formal interview is planned, arrange for someone to stay with the victim. Inform the victim of his or her rights. Make arrangements so that the victim only needs to tell the story once in detail. This way the victim does not have to re-live the incident psychologically over and over again by repeating the story.

Supportive Therapies

Crisis counseling is provided to reduce anxiety and provide supportive care. Medication may be prescribed for symptoms of depression, anxiety, insomnia, agitation, or the presence of nightmares. Displaying a nonjudgmental attitude is essential while encouraging the client to verbalize feelings, allowing for the expression of both anger and possible affection toward the perpetrator or batterer. Past coping responses and adaptations to battering are discussed. Emphasis is placed on helping the victim develop a realistic and rational perception of the battering situation and to provide the victim with the information necessary to make an informed decision. Interactive therapies that are available include individual, couples, and family therapy. Additionally, referrals may be made to self-help groups and a community mental health social worker who is familiar with additional services that are available.

Continuum of Care

If the victim prefers to return home, an action plan is developed in the event that the violence recurs. The victim also is given emergency telephone numbers and informed of available options. They include:

- Legal assistance to obtain a restraining or protection order
- Temporary custody of minor children
- Emergency financial assistance
- Temporary emergency housing
- Assistance from local women's organizations
- Advocacy services
- Community counseling services
- Vocational counseling
- Legal-aid services

If the victim is an older adult, additional service such as alternate housing, nursing care by the visiting nurse, food from Meals on Wheels, assistance from a visiting homemaker program, visits by persons involved in a foster grandparent program, and transportation for the elderly provided by community organizations may be helpful [9,10].

Research Abstracts

Ammerman et al (1989) studied the Medical charts of 150 consecutive admissions of multihandicapped children to a psychiatric hospital, to determine the

extent and characteristics of abuse and neglect. Results indicated that 39% of the sample experienced or had a history that warranted suspicion of past and/or current maltreatment. Physical abuse was the most frequent type of maltreatment, followed by neglect and sexual abuse. Maltreated multihandicapped patients admitted to the psychiatric unit were less likely to receive diagnoses of organic brain syndrome or profound mental retardation than nonmaltreated multihandicapped counterparts on the same unit. Moreover, data indicated that less severely impaired patients were more likely to be maltreated than were the more severely impaired. Particularly striking was the severity of maltreatment in this multihandicapped sample and the relatively high percentage (40%) of sexually abused patients who were assaulted by multiple perpetrators [24].

Chandra, P.S et al (2003) used qualitative research methods to investigate the problem of sexual coercion among female psychiatric patients in India. Consecutive female admissions ($n = 146$) to the inpatient unit of a psychiatric hospital in southern India were screened regarding coercive sexual experiences. Women who reported coercion ($n = 50$; 34%) participated in a semi-structured interview to learn more about their experiences. Among these women, 24 (48%) reported that the perpetrator was their spouse, 13 (26%) identified a friend or acquaintance, and 10 (20%) identified a relative such as an uncle or cousin. Most experiences occurred in the women's homes. Thirty of the 50 coerced women (60%) reported that they had not disclosed their experience to anyone, and that they had not sought help. Women revealed a sense of helplessness, fear, and secrecy related to their experiences. The problem of sexual coercion is seldom addressed in mental health care in India; the prevalence and severity of such experiences warrant immediate clinical attention and continued research [11].

Sailaxmi Gandhi & Reddemma K (2009) conducted a study to assess abuse in psychiatric patients. Data was collected from the files of inpatients at NIMHANS, Bangalore over a period of one year. Among a total of 119 patients, seven patients' were found to have a history of abuse (physical and sexual). Out of seven patients, one (Mrs. X) had Post Traumatic Stress Disorder and severe depression with psychotic symptoms. Mrs. X underwent structured activity program such as exercises, meditation, laughter therapy, music therapy and was encouraged to practice under supervision. Findings from the study revealed that she had extreme stress perception (78) in PTSD

checklist before the intervention which reduced to mild stress (30) following intervention. Similarly; there was decrease in the scores on the Hamilton Anxiety Rating Score after the specific intervention [1].

Sebastian D & Sekher, T. V., (2010) conducted a study based on interviews with 300 elderly (age 60 years and above) living in households from Pathanamthitta district of Kerala state. The extent of elder abuse and neglect were assessed by using the Hwalek Sengstock Elder Abuse Screening Test (EAST), which was modified and adapted to Indian situation. Nearly 60 percent of the respondents experienced either mild or severe forms of abuse in their households. The extent of severe abuse among the females was almost 2.7 times higher than the male elderly. Neglect and verbal abuse were the most commonly reported forms of mistreatment followed by physical abuse and material exploitation. The main perpetrators were sons; son-in-law and daughter-in-law. The study revealed that abuse and neglect of elderly exists in Indian families. It also indicates that female elderly, especially widows, those in oldest-old age group (80+ years) and physically immobile, were more vulnerable to abuse than others. Not only the poor, even the rich are susceptible to neglect and abuse in many families [19].

Conclusion

Since the dawn of human civilization, mentally ill patients have received the scant care and concern of the community because of their unproductive value in the socio-economic value system. They have not only been neglected but received step motherly treatment from the health planners especially in the developing countries. It was only after the plea of progressive incorporation of the norms of human rights and liberal jurisprudence in the respective legal system of nation states that has created the urgency and necessity of initiating appropriate steps for the care and treatment of mentally ill persons. Thus as a result of the growth of humanistic values it is now admitted on all hands that a mentally ill person needs more care and concern for his treatment and well being.

“Protect, preserve and promote human life and its essence and do not destroy it (or its essence) for once destroyed it cannot be recreated”.

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