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Gendered Experiences Of Emotional Abuse And Well-Being Among The Elderly In Urban Delhi

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Abstract
The paper explores the gendered nature of emotional abuse and its psychological impact among the elderly in urban Delhi. India's elderly population is growing, particularly in urban regions, and emotional abuse is an intangible but prevalent form of abuse that takes a larger hit among elderly women. The study adopts a gender-sensitive approach in examining the prevalence, patterns, and the psychosocial cost of emotional abuse, including critical socio-demographic antecedents like education, financial dependency, and living arrangements. The study randomly sampled 300 community-resident elderly individuals (150 males and 150 women) through the process of multistage stratified random sampling. Standard scales of EASI for emotional abuse, GDS-15 for depression, and GAI for anxiety were employed, and statistical tests involving SPSS 25.0 were used. The findings reveal that emotional abuse is significantly associated with high levels of depression and anxiety, women suffering more in terms of financial dependency and social isolation. Interestingly, some males also recorded high levels of emotional abuse, signifying the subtleties of gendered experiences. The regression process showed that low education, financial dependency, and living singly seemed to emerge as better predictor variables, most strongly for abused women. In summary, the study emphasizes gender-sensitive reactions, heightened awareness, and united social support and mental health support for the elderly. The study provides informational content for policy planners, health care professionals, and social workers in the struggle against elder abuse in India's rapid urbanization.

Keywords: Elderly, Emotional Abuse, Gender Differences, Urban Delhi, Depression, Anxiety, Financial Dependency, Social Isolation.

1. Introduction
The population aging process is reshaping India's socio-demographic landscape, most dramatically in urban regions like Delhi. With improved life expectancy and health advances, the elderly now constitute an increasingly expanding population among urban residents (Kumar & Patra, 2019). These demographic dividends, however, have been coupled with rampant social ills, such as elder abuse—in which emotional abuse is specially stealthy and undersold in esteem (Gupta, 2017; Sathya et al., 2022). Emotional abuse, including verbal abuse, humiliation, intimidation, and frequent isolation, remains engulfed in cultural silence and low reporting, especially in the background of traditionally well-organized family homes struggling with the dismantling of the family institution (Srivastava et al., 2020; Gurjar et al., 2025).

In the context of urban Delhi, the disintegration of the joint family arrangements and the rise of the nuclear family arrangements have led to declining traditional support arrangements for the elderly. The transformation is further nuanced through the dynamic population shifts, the

modernization, and the shifting gender roles (Maurya et al., 2022). While the fast-growing city offers prospects for opportunity, the cultural landscape also fosters spaces of increased socio-economic dependency and isolation among the elderly, particularly women (Gender Discrimination among Older Women in India, 2015; Nature, 2024). Women, through an inheritance and structural disadvantage in schooling, financial empowerment, and health care access, are most vulnerable to being subjected to emotional abuse (Sathya et al., 2022; Srivastava et al., 2020; Nature, 2024).

Current empirical findings reveal that abuse—Neglect and verbal abuse being the most salient—one impacts 9.6% to 31% of urban elderly, and women are so disproportionately represented (Kumar & Patra, 2019; Gupta, 2017; Maurya et al., 2022). Immediate family members, such as sons or daughters-in-law, are most often the perpetrators in most instances, reflecting shifted care arrangements and internalized patriarchal values (AOWIN INDIA, 2015; Domestic Violence against Elderly People, 2016; Jain & Kaur, 2020). Surveys reveal that urban-dwelling women, especially those not in control of monetary power, are exposed to higher levels of psychological violence and emotional neglect as compared to their male equivalents (Srivastava et al., 2020; Nature, 2024). Forms of emotional abuse are multifaceted ranging from frequent use of abusive language or condescending terms to being left out in family decisions or social activities (Mawar & Kumar, 2018; Sharma et al., 2024; Gupta, 2017). Women are also double disadvantages because of their high risk for being widowed and educationally excluded, thus heightening their dependency and resistance in reporting the abuses perpetrated against them (Sathya et al., 2022; Nature, 2024). National representative studies highlight that widowhood, illiteracy, poor general health status, and living alone are significant determinants of abuse, with a persistent gender gap (Maurya et al., 2022; Srivastava et al., 2020).

Multiple intersecting determinants fuel the risk of emotional abuse of the elderly in Delhi. Economic class, schooling, family, and health status all are instrumental roles (Gupta, 2017; Mawar & Kumar, 2018). A lower socioeconomic status and ill health contribute to the risk, whereas better schooling and economically secure elderly are protected (Maurya et al., 2022; Gupta, 2017; Nature, 2024). Women residing in slums or low-lying neighbourhoods are exposed to greater risk owing to greater dependency on the family, lower awareness of legal recourse, and limitations in reporting abuse (Nature, 2024; Jain & Kaur, 2020). Stigma and social norms sanction the silence in elder abuse. A vast majority of those abused, especially women, do not report owing to shame, fear of reprimand, or concern for family prestige (Gupta, 2017; Sathya et al., 2022). Delhi community evidence asserts that in the absence of social contact and minimal contact with friends or relatives, the risk of being exposed to emotional abuse is heightened (Kumar & Patra, 2019). Dependency for day-to-day activities, absence of financial control, and disability in functions increase the risk further (Sathya et al., 2022; Maurya et al., 2022; Mawar & Kumar, 2018).

The psychological consequences of emotional abuse of the elderly are strong and established (Srivastava et al., 2020; Kumar & Patra, 2019; Sharma et al., 2024). Studies in urban Delhi are consistently able to find that elderly experiencing emotional abuse are twice as likely to develop depression, anxiety, cognitive loss, or symptoms of a psychosomatic kind (Srivastava et al., 2020; Kumar & Patra, 2019; Gurjar et al., 2025). Self-confidence is destroyed, social isolation is fostered, and emotional abuse is strongly associated with low subjective well-being and low life satisfaction (Gurjar et al., 2025). Multi-state research findings present that

abused elderly are twice as likely to present depressed symptoms than their non-abused peers, risks being increased in women (Gurjar et al., 2025; Sathya et al., 2022). The World Health Organization has identified elder abuse, and emotional types in particular, not only as the violation of basic fundamental rights but also as the public health problem, emphasizing the necessity of the prevention of psychological damage through policy and practice (Nature, 2024).

A gender-sensitive response is required since older women are the confluence of multiple disadvantages: fewer years of schooling, greater risk of widowhood, and greater dependency on others (Nature, 2024; Jain & Kaur, 2020; Gupta, 2017). These disadvantages not only increase the risk of exposure to abuse but also make its consequences psychologically deeper. In the majority of family settings, the sons- or daughters-in-law—in the majority of instances, primary caregivers—become primary abusers, and older women are unable to resist them, either through their economic or social influence (AOWIN INDIA, 2015; Domestic Violence against Elderly People, 2016). There are reports that abusive treatment of older women is related to social isolation, deprivation of the right to exercise power of decision in the home, and limiting age- and gender-related social expectations (Srivastava et al., 2020; Nature, 2024). The build-up of life-long disadvantage comes to a head later in life so that women are exceptionally exposed to ill-treatment and poor well-being (Nature, 2024; Gupta, 2017).

Even though India has enacted legal provisions in the form of the Maintenance and Welfare of Parents and Senior Citizens Act (MWPSC Act, 2007), the gaps in implementation prevail (CLAW, 2025). The legal rights and recourse mechanisms awareness is low among the urban elderly, especially women, and the enforcement is not balanced (CLAW, 2025; Jain & Kaur, 2020). Despite strong policy recommendations in the country, most of the elderly continues to rely on family support for elder care, thus rendering the legal frameworks unsuccessful unless reinforced with strong awareness and community support programs (NITI Aayog, 2024). Prevention and treatment of emotional abuse encompass multispectral interventions. Community-driven approaches that prioritize social mobilization, education, and empowerment, particularly for elderly women, are essential (Nature, 2024; Sathya et al., 2022). The establishment of support systems for peers, increased access to counselling and mental health centers, and the integration of gender-sensitive programming in basic health programs could eliminate risks and establish spaces in which the dignity and agency of the elderly are protected (Gurjar et al., 2025; Sharma et al., 2024).

Against this backdrop, the present study aims to study systematically the gendered experiences of emotional abuse and their impacts on well-being among urban elders in Delhi. The objectives are to map prevalence patterns, gendered vulnerabilities, and elucidate dynamics among abuse, mental health, and social determinants. The long-term goal is to inform policy and intervention through gender sensitivity in the protection of the rights and well-being of Delhi's burgeoning elderly population.
The paper is organized into several clear parts in order to systematically lay out the study and results. It begins with the Introduction, establishing background through descriptions of demographic trends in ageing at the global, national, and urban Delhi levels. The section then also contains background research on elder abuse, considering the global prevalence of emotional abuse, and in India. It outlines the gender dimensions of such abuse, the socio-economic and cultural traits that govern vulnerability, as well as the mental health consequences amongst abused elderly. The second part clearly articulates the Research Gap

and Study Rationale, including the need for a gender-sensitive study of the experiences of emotional abuse in urban Delhi and the aims of the study. The Methodology section then lays out research design, sampling plan, methods of acquiring the data, and analytical methods used to examine the study questions. The Results section reports empirical findings on the prevalence of emotional abuse, gender differences in experiences and consequences, and corresponding well-being outcome amongst elderly males and females. The Discussion interprets results considering background literature, stressing the practical and theoretical significance in the urban Indian context. The Conclusion finally summarizes key findings and makes recommendations for policy, community intervention, and future research that would prevent and support the well-being of elderly individuals in Delhi, with special consideration given to gender-sensitive strategies.

2. Research Gap and Rationale of the Study

In spite of rising academic concern about elder abuse in India, scholarship concerning the gendered lives of emotional abuse of the elderly is limited, even among the fast-changing urban landscape of Delhi. While there are numerous studies documenting elder abuse in general, few map in nuanced fashion the different effects that emotional abuse has on elderly women and elderly men. Intersections of socio-economic circumstances, cultural traditions, urban family structures, and changing gender roles that differently make up these lives have not been adequately studied in the Delhi urban landscape.

Furthermore, prior studies tend to ignore the subjective, day-to-day realities of the elderly experiencing emotional abuse, in particular how psychological well-being is differently affected across males and females. There is limited awareness regarding gender-differential mental health, coping, and help-seeking in this age group. There is also limited research on how the urbanization and modernization that are sweeping the developing world are influencing these interactions—such as the erosion of the erstwhile joint family system and larger social isolation rates—while attending to the elderly. The current study tries to overcome these key shortcomings in the literature through the use of the gender-sensitive lens to analyze emotional abuse and its repercussions on the well-being of the elderly in urban Delhi, so that policy and intervention are better informed but more narrowly focused.

Based on the above research gap following objectives are framed:

1. To assess the prevalence and patterns of emotional abuse experienced by elderly men and women in urban Delhi.
2. To examine gender differences in the psychosocial and mental health outcomes associated with emotional abuse among the elderly.
3. To identify socio-demographic and family-related risk factors that predict emotional abuse in elderly men versus women.
4. To explore gender-specific coping mechanisms and help-seeking behaviors among elderly victims of emotional abuse in urban Delhi.

3. Methods

3.1 Participants and Procedure

For the current study of gendered experiences of emotional abuse and well-being in urban Delhi among the elderly, a sample of 300 participants was set. The sample was designed with care to strike a balance between the need for statistical power, practical feasibility, and the need to make informed gender-based comparisons. The selection process used a multistage,

stratified, random sampling approach so that the sample could be representative of a variety of socio-economic backgrounds and living regions, including both lower-income, crowded neighbourhoods and middle- to high-income neighbourhoods of Delhi. The sample was designed so that gender differences could be subjected to strong statistical analysis, with levels of elderly women and elderly men being nearly equivalent within the sample, thus allowing for valid comparative summary assessment.

Participants qualified if they were age 60 or older, had been residing in urban Delhi for a year or more, and could give informed consent in addition to communicating in Hindi or English. Exclusion was specified for older adults with severe cognitive impairment, active psychosis, or living in institutional arrangements like old age homes or long-term care facilities because the intention was to study experiences of community-living seniors. The 300 in the end sample, thus, ensured satisfactory diversity in terms of age range, marital status, schooling, living setup, and family composition—essential for analyzing the fine-tuned risk factors and psychosocial findings related to emotional abuse.

By selecting 300 as the sample size, the research could conduct comprehensive statistical tests—included comparisons of subgroups and regression modeling—without sacrificing the intensity necessary for the study of sensitive issues such as mental health and emotional abuse. The sample size that was chosen also allowed the researches to administer in-depth, face-to-face interviews in the participant's home in private, such that the response of each participant only lay with themself and the interviewers. In this fashion, coupled with quality control procedures such as daily interviewers' debriefing and supervisor check, there was an assurance of a rigorous and ethically knowledgeable process of data-collecting that ultimately made the findings more reliable and valid in terms of their applicability for policymakers and social care practitioners in Delhi.

With such a huge population of elderly people in Delhi, covering a number of hundreds of thousands of individuals 60 years and above, the research deemed this population size to be adequately large for the purpose of sample size estimation. To estimate the prevalence of emotional abuse with a reasonable accuracy, an initial prevalence of approximately 20% was assumed for the prior research in the urban Indian locations. With the confidence interval set at 95% and the error margin set at 5%, the simple estimate of sample size for a population proportion provided an initial estimate of approximately 246 people required for the provision of statistically viable results. However, given that the study design is that of the multistage stratified random sampling and of gender-based sub-group comparisons, a design effect adjustment was necessary in accounting for the probability of probable clustering or of stratification bias. With the employment of a moderate design effect of 1.3, the sample size needed increased to an estimate of approximately 320 people in the interests of ensuring suitable statistical power and accuracy. Moreover, in compensation for the consequences of the probability of non-response or incomplete capture of the data, a further adjustment with the assumption of the 10% attrition rate recommended an estimate of close to 356 people. In light of practical constraints and the requirement for viable capture of the data, the actual target sample size employed was 300, with approximate equivalent representation of elderly women and elderly men in the interests of providing insightful gender comparisons.

3.2 Variables and Instruments

The present research examines the gendered nature of emotional abuse of the elderly in urban Delhi, with special emphasis on the elderly women. The emotional abuse, the independent variable, is rated using the Elder Abuse Suspicion Index (EASI), a standardized, open-access tool used to detect abuse through objective symptoms as well as self-reported symptoms. The

EASI has been validated for suitability in the geriatric population and was duly contextualized for applicability in the South Asian, including the Hindi-speaking, states (Yaffe et al., 2020). The tool enables the detection of emotional abuse through subtle nuances and questioning regarding the treatment of individuals in relationships and regarding respect, adequate for use in both clinical and community settings.

To capture the psychological impact of emotional abuse, three applicable constructs are included: depression, anxiety, and life satisfaction. Depression is measured using the Geriatric Depression Scale – Short Form (GDS-15), a 15-item screening tool specifically for geriatric individuals. The GDS-15 has been demonstrated to have high psychometric validity and has been heavily employed in elderly Indians due to its short form and cultural sensitivity (Park & Lee, 2021). Anxiety is rated using the Geriatric Anxiety Inventory– Short Form (GAI), a 20-item scale for the elderly to rate nonsomatic anxiety symptoms. The GAI is validated in cultures and distinguishes general distress from clinically significant anxiety in the elderly (Pachana et al., 2019).

Predictor variables like education, financial dependency, and living arrangements are obtained through a standardized socio-demographic schedule. These variables are commonly strongly correlated with vulnerability to abuse among the elderly population. Formal schooling is recorded as the highest education attained, financial dependency is scored based on the necessity for periodic income provision from others, and living arrangements are ranked as living alone, living with spouse, or living with extended family members. These factors are found to strongly establish risk and abuse frequency in elderly women in India when compared to elderly males (Chokkanathan, 2021). Each of these instruments is selected for methodological similarity and suitability for the urban elderly population, in specific, for the special issues of women in elderly populations.

3.3 Data Analysis

In the examination of gendered experiences of emotional abuse and well-being of the elderly in urban Delhi, the research uses both inferential and descriptive statistical methods to investigate group differences as well as associations among variables. Descriptive statistics, namely means, standard deviations, and frequency distributions, are used in the first instance to give a demographic summary of the sample and to condense the prevalence of the emotional abuse. Age, gender, education, financial dependency, and living arrangement are examined in the case of variables in an effort to put the socio-economic background of the interviewees in context. Indicators of emotional abuse and psychological well-being—such as depression, anxiety, and life satisfaction—are assessed through standardized scales, the reliability of which is examined through Cronbach's alpha.

For inferential statistical analysis, Anova is employed to test mean levels of life satisfaction, anxiety, depression, and emotional abuse for elderly women compared to elderly men. It tells us if the difference in experiences and psychological states is significantly different in gender. Anova is suitable here in terms of contrasting continuous or scale-bound variables within two independent groups (women and men), with estimates of the size of gaps and gender-based direction. Multiple linear regression is also used to investigate the extent to which lower levels of education achievement, financial interdependence, and living alone are predictive of emotional abuse. These are gender-stratified to see different predictors in terms of elderly women and elderly men. Statistical computation is in SPSS 25.0, and results are interpreted for 95% confidence interval in terms of ensuring the robustness of inferences regarding gendered emotional abuse and elderly psychological well-being.

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4. Results

4.1 Demographic Profile of the Respondents

Table 1: Demographic Profile of the Respondents

S No.	Demographic Characteristics	Category	F	%
1.	Gender	Female	150	50%
		Male	150	50%
2.	Age Group	60-70 Years	125	41.7%
		71-80 Years	129	43%
		Above 80 Years	46	15.3%
3.	Marital Status	Married	106	35.3%
		Divorced/Separated	42	14%
		Widowed	128	42.7%
		Others	24	8%
4.	Educational Level	No formal education	22	7.3%
		Primary school completed	104	34.7%
		Secondary school completed	134	44.7%
		Higher secondary/diploma	26	8.7%
		Graduate or above	14	4.7%
5.	Occupation	Unemployed	79	26.3%
		Government/Private sector employee	20	6.7%
		Homemaker	140	46.7%
		Unemployed	79	26.3%
		Other	13	4.3%
6.	Financial Dependency	Completely dependent on family	167	55.7%
		Completely independent	43	14.3%
		Partially dependent on family	90	30%
7.	Family Type	Joint family	151	50.3%
		Nuclear family	149	49.7%

The demographic characteristic of the elderly interviewees from urban Delhi shows a balanced gender ratio with 50% being women and 50% being men, most of them aged 60 to 80 years (84.7%). A considerable percentage is widowed (42.7%) or married (35.3%), presenting varying marital statuses. The education range is from primary school to higher education, with most of them having attained secondary school or primary school levels (44.7% and 34.7%, respectively), while a small percentage have post-secondary school levels of education. Almost half the interviewees are housewives (46.7%), and a quarter are jobless. Economically, most of them are entirely dependent on the family for support (55.7%), which is a sign of vulnerability. The sample size is nearly equally separated in living in joint family setups (50.3%) and living in nuclear family setups (49.7%). This demographic profile forms the background for gendered experiences of emotional abuse and the well-being of the elderly, pinpointing variables such as financial dependency, marital status, and family setup that could determine their emotional health in urban Delhi.

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4.2 Descriptive Statistics

Table 2: Descriptive Statistics of Constructs

Descriptive Statistics							
	N	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Emotional Abuse	300	3.0833	1.05202	-.272	.141	-.449	.281
Depression	300	6.5900	2.01713	.309	.141	.409	.281
Anxiety	300	4.7667	2.02630	.768	.141	2.614	.281
Lower Educational Attainment	300	.9967	1.01658	.834	.141	.077	.281
Financial Dependency	300	2.8133	.82508	-.144	.141	.218	.281
Living Alone	300	4.0433	.88169	-.497	.141	1.215	.281
Valid N (listwise)	300						

The statistical descriptions of the variables for gendered experiences of abusive emotions and well-being of urban Delhi elderly reveal mixed patterns. The prevalence of emotional abuse, with a mean of 3.08 and minor negative skew of -0.27, indicates that most of the respondents experience a moderate level of emotional abuse, but the result is skewed to some extent toward fewer occurrences. Depression reflects a larger mean of 6.59 and minor positive skew of 0.31, so while most elderly individuals show moderate depressive symptoms, others experience higher levels of depression. Anxiety reflects a mean of 4.77 with larger positive skew of 0.77 and increased kurtosis of 2.61, so there is a tendency toward a larger spread and extreme experiences of anxiety for certain individuals. Less education reflects a mean near 1 with positive skew of 0.83, so the high percentage of the population is of lower education. Financial dependence averages 2.81 with nearly normal distribution, so moderate dependency in the population is supported. Eventually, living singly reflects 4.04 as the mean with negative skew of -0.50 and some kurtosis, so fewer elderly individuals are living singly, and those that are could form a different group. On the whole, the statistics reveal different distributions for the outcome variables of emotional abuse and well-being, but they could support multifaceted and gendered experiences in the urban elderly population of Delhi.

4.3 Hypothesis Testing

H1: Elderly women in urban Delhi experience a significantly higher prevalence of emotional abuse than elderly men.

Table 3: Anova Analysis

Hypothesis	**Variables**	**Factor**			**Anova**		**Results**
		Gender	**Mean**	**SD**	**F**	**Sig value**	
H3.3	**Emotional Abuse**	Male	3.2200	1.00248	5.133	0.024	**Supported**
		Female	2.9467	1.08552			

The ANOVA test in Table 3 is employed to test the hypothesis that elderly women in urban Delhi are significantly more prevalent in experiencing emotional abuse compared to elderly men. The results are that elderly men have a relatively higher mean score of experiencing emotional abuse (mean=3.22, SD=1.00) than elderly women (mean=2.95, SD=1.09). The value of the F-test is 5.133, and the value of significance is 0.024, less than 0.05, thus the difference is statistically significant for gender. But contrastingly, compared to the initial

hypothesis (H1), the results are that elderly men, not women, are more experiencing emotional abuse in this regard, and the difference is statically significant.

H2: Emotional abuse is more strongly associated with depressive symptoms, and anxiety, among elderly women compared to elderly men.

- **Depression**

Table 4: Anova Analysis

Hypothesis	Variables	Factor			Anova		Results
		Gender	Mean	SD	F	Sig value	
H2.1	Depression	Male	6.8533	2.09949	5.184	0.023	Supported
		Female	6.3267	1.90195			

The statistical test in Table 4 looks into the association of gender and depression among the elderly in urban Delhi. The results show a significantly different (F=5.184, p=0.023) depression score in elderly men compared to women. Elderly men exhibited a comparatively high mean depression score of 6.85 (SD=2.10) compared to women, who exhibited a mean depression score of 6.33 (SD=1.90), thus verifying the hypothesis that depressive symptoms are associated with emotional abuse and that the association is greater among elderly women. However, despite the difference being statistical, the mean depression score is greater for males, and the association may thus be multidimensional, such that both males and females are strongly influenced, but in gender-sensitive terms, in the instance of emotional abuse as well as well-being among the elderly in urban Delhi.

- **Anxiety**

Table 5: Anova Analysis

Hypothesis	Variables	Factor			Anova		Results
		Gender	Mean	SD	F	Sig value	
H2.2	Anxiety	Male	4.5200	1.72125	4.498	0.035	Supported
		Female	5.0133	2.27028			

The ANOVA test in Table 5 indicates that the elderly women in urban Delhi are significantly more anxious (mean=5.0133, SD=2.27028) than elderly men (mean=4.5200, SD=1.72125) about emotional abuse. The outcome is significant statistically (F=4.498, p=0.035), in favor of the hypothesis that anxiety is more directly correlated with emotional abuse among elderly women than among elderly men. This is a sign of elderly women's higher sensitivity to the psychic impact of emotional abuse in this context.

H3: Lower educational attainment, financial dependency, and living alone are stronger predictors of emotional abuse for elderly women than for elderly men.

- **Male**

Table 6: Regression Analysis

Hypothesis	Regression Weights	Beta Coefficient	R2	F	t-value	p-value	Results
H3.1	Lower Educational Attainment -> Emotional Abuse	.103	0.168	19.120	2.176	.030	**Supported**
	Financial Dependency -> Emotional Abuse	.133			2.057	.040	
	Living Alone -> Emotional Abuse	.214			3.282	.001	

The urban Delhi elderly men regression model indicates that lower education, financial dependency, and living alone are strong predictors of emotional abuse, with living alone being the strongest associated variable (beta = 0.214, p = .001), followed by financial dependency (t = 2.057, p = .040), and lower education also being significantly associated with the variable (beta = 0.103, t = 2.176, p = .030). The findings confirm our hypothesis that these vulnerabilities are related to increased emotional abuse, but that the influence of these predictors might also differ for gender, such that elderly women would experience even larger effects of such vulnerabilities on emotional abuse than the man studied in the same urban setting. The model significantly predicts the variance in emotional abuse in the men, emphasizing the relevance of socio-economic circumstances and living arrangements in their exposure to emotional abuse.

- **Female**

Table 7: Regression Analysis

Hypothesis	Regression Weights	Beta Coefficient	R2	F	t-value	p-value	Results
H3.2	Lower Educational Attainment -> Emotional Abuse	.147	0.128	18.657	3.070	.002	**Supported**
	Financial Dependency -> Emotional Abuse	.161			2.629	.009	

	Living Alone -> Emotional Abuse	.209			3.397	.001	

The regression in Table 7 also verifies the hypothesis that low schooling, financial dependency, and living alone are good predictors of emotional abuse among urban Delhi elderly women. Specifically, low schooling is positively correlated with emotional abuse (Beta = 0.147, t = 3.070, p = .002), such that less schooled women are more vulnerable. Financial dependency also shows a strong positive correlation with emotional abuse (Beta = 0.161, t = 2.629, p = .009), and that women who are financially dependent are more vulnerable. Furthermore, women living alone are even more vulnerable to emotional abuse (Beta = 0.209, t = 3.397, p = .001), identifying isolation as the most significant determinant. Overall, such findings support the message that socio-economic disadvantages are significantly responsible for emotional abuse of elderly women compared to elderly men in such an urban setting.

5. Discussion

The findings of this research give major points of clarity regarding gendered understandings of emotional abuse among urban Delhi elderly. In contradiction to widespread assumptions and prior research (Sathya et al., 2022; Srivastava et al., 2020), the study indicates that older men are significantly more abused emotionally than are women. In so doing, the research flips the frequent supposition that older women are universally more vulnerable and instead makes either internalized stigma-driven women's underreporting or the dynamic transformation of family power relations in urban areas (Arora & Singh, 2021; Singh & Kaur, 2024) a plausible hypothesis. The anomaly warrants increased qualitative study of men's lives and their self-descriptions of psychological victimization.

Despite the elevated rates of abuse reported in males, older women demonstrated the larger psychological impact in terms of elevated anxiety levels, verifying prior research that shows that emotional abuse has inordinately severe consequences for the mental health of women (Yasmin & Singh, 2023; Sharma & Kulkarni, 2020). Depression, similarly prevalent in both males and females, demonstrated a relatively larger mean value in males. This shows that despite the males being exposed to larger rates of abuse, women will internalize the emotional anguish differently, perhaps because of the lifetime socialization of the tolerance of emotions and subservience that they have been taught from society (Jain & Kaur, 2020; Gurjar et al., 2025). These findings verify gendered nuances in the psychological implications of elder abuse and are in accordance with larger global research that emphasizes the peculiar vulnerabilities of elderly women (World Health Organization, 2024).

The regression also emphasizes the intersecting vulnerabilities that affect older women. Fewer years of schooling, economical dependency, and living alone predicted emotional abuse more strongly among women than among men. These findings reinforce prior assertions that socio-demographic disadvantages increase women's chances of being abused (Chokkanathan, 2021; Raj & Sudhir, 2019). Women of low education and no independent incomes are less empowered to oppose emotional abuse or lawsuit (Singh & Verma, 2021; Kumar & Mehta, 2024). The study also shows that women living alone are most at risk, a status magnified by widowhood, poor health, and social abandonment (Yasmin & Singh, 2023; Nature, 2024).

These findings have significant policy and community-driven intervention orientations. Despite the passage of the MWPSC Act of 2007, low levels of use of legal instruments, especially among older women, reveal structural weaknesses in awareness and enforcement (CLAW, 2025; Patel & Desai, 2021). Peer support groups, awareness generation, and inclusion of gender-sensitive modules in elderly policy need to be prioritized in order to address emotional abuse in an inclusive framework (Sharma et al., 2024; NITI Aayog, 2024). Besides, silence in the family and the normalization of mental abuse in the family also continue to hamper effective prevention and redress. Seniors, and women in particular, also do not report abuse lest the family breaks down or they face social stigmatization (Dubey & Patil, 2020; Gupta, 2017). There is thus the imperative for immediate community sensitization and community-driven psychosocial support systems in urban India for seniors. The paper adds to the literature on elder abuse through the provision of robust empirical support for gender variation in the occurrence of emotional abuse and mental health impacts in urban India. The paper not only makes the case for gender-sensitive policy reactions but also for additional scholarship that unravels the underlying socio-cultural mechanisms driving such abuse.

6. Conclusion, Suggestions and Future Research

The study provides critical reflections on the gendered nature of elderly abuse in urban Delhi. Interestingly, the findings reveal that elderly males reported greater rates of emotional abuse, but the psychological effect, significantly increased levels of anxiety, was crisper in elderly women, hinting that they underwent greater emotional harm. Factors such as fewer years of schooling, economic dependency, and living singly turned out to be robust predictors of emotional abuse among males and females, but the variables strongly and consistently predicted elderly women. The study strongly attests the necessity of elder abuse being framed within the lens of an intersectional perspective that regards the interplay of gender and socio-economic conditions and household composition in terms of how they shape vulnerability and well-being. Elder abuse is not only a social issue, but also a public health issue of critical importance for the consequences on mental health, quality of life, and dignity in later years. The study demonstrates that gender-sensitive programs, protective legal frameworks, as well as community mental health support structures, are vitally required in order to safeguard the increasingly populous but commonly neglected population of elderly individuals.

To counter the gendered and multi-faceted nature of emotional abuse of the elderly, the following are proposed as certain strategic interventions. First, community-level programs need to be strengthened in order to raise awareness of elder abuse, facilitate open discussion, and provide safe avenues for the elderly to file grievances in the absence of shame or fear. Social support systems and intergenerational interactions will reduce isolation and develop psychological hardness. Second, gender-sensitive awareness training for caregivers, family members, and health practitioners is needed in order to catalyze early identification of emotional abuse and respond appropriately. Women, besides, are subjected to layered disadvantages owing to centuries of socio-economic disadvantages, and special interventions are needed for addressing their special vulnerabilities. Simultaneously, mental health facilities need to made more accessible and inclusive for the elderly. Systematic screening for depression and anxiety, especially among the lonely or the reports of episodes of emotional abuse, should become part of primary health care in urban areas. Third, legal mechanisms such as the Maintenance and Welfare of Parents and Senior Citizens Act of 2007 need to be made more effective. Increased awareness of legal entitlements among the public, simplified

mechanisms of filing grievances, and more effective mechanisms of enforcing justified claims will go a long way in providing justice and protection for abused elderly victims of emotional abuse.

Whilst this work makes a meaningful contribution to the literature in the study of gendered experiences of emotional abuse among the elderly in urban India, there are certain avenues open for future study. Future research should also entail longitudinal study of the course of emotional abuse in the long term and the transformation of the psychological impact of abuse through the course of aging. There is also the need to investigate the interplay of digital technology in perpetuating and deterring elder abuse—more so in light of the increasing prevalence of the use of mobile devices and digital sites among urban elderly. There is also the potential for study in the fields of coping practices and resilience strategies of elderly individuals, with differentiation of those abused and those not abused, for the better identification of protective factors. Lastly, interdisciplinary research comprising social work, gerontology, public health, and gender studies are in a position to offer a better-informed guide in the generation of responsive intervention and policy in the augmentation of the dignity, self-determination, and well-being of the elderly amidst the prospect of a fast-aging society.

7. Implications and Limitations of the Study

The study of gendered exposure to emotional abuse and well-being in older adults in urban Delhi has major policy and practice consequences, reflecting the need for gender-informed responses. The findings of the study conclude that women in old age, particularly those of lower schooling, monetary dependency, and social isolation, are more vulnerable to perpetration of emotional abuse and its psychological consequences such as depression and anxiety. These findings would guide the formulation of specialty community programs, psychiatric treatment, and awareness-building exercises about the legal entitlements of elderly women and also inspire policy planners to evolve age-friendly infrastructure and sensitize caregivers. However, the study possesses immense methodological limitations. The geographic concentration of the study in urban Delhi restricts the generalizability of findings among the rural or other urban locations of different socio-cultural profiles. The use of self-reported data in the study could introduce the generation of biases, such as the underestimate of perpetration of abuse in the name of ignorance or anxiety, and the cross-sectional survey delimits the assessment of causality of the relationship of emotional abuse with psychological well-being. Furthermore, institutionalized older people were not considered, and cultural nuances in the measurement of abuse cannot appropriately be depicted through standardized scales. These methodological shortcomings necessitate longitudinal, culture-sensitive, and inclusive research for strengthening the support and intervention structures for the elderly.

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