

Review

# **Elder Abuse Around the World: An International Perspective**

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# Abstract

Elder abuse is a hidden epidemic, with millions of older adults experiencing physical, psychological, or financial harm each year. However, the true extent of the problem is unknown due to under-reporting and lack of reliable data. This paper aims to provide an international perspective on the hidden epidemic of elder abuse, exploring the prevalence, risk factors, and consequences of this global issue. A systematic review of the literature was conducted using multiple databases. Studies from various countries were included to overview the problem comprehensively. The prevalence of elder abuse varies widely across countries, but it is estimated that at least 1 in 6 older adults experience some form of abuse. Risk factors include female gender, advanced age, cognitive impairment, and social isolation. Consequences of elder abuse include physical and psychological harm, premature death, and reduced quality of life. Elder abuse is a severe and pervasive global problem. The lack of reliable data and under-reporting makes it difficult to assess its prevalence and impact accurately. The review underscores the urgent need for a worldwide response to elder abuse tailored to consider cultural contexts and local resources. Collaborative efforts



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between governmental and non-governmental organizations are essential to raise awareness, provide education on elder rights, and implement effective prevention strategies. Establishing robust reporting mechanisms and support frameworks for victims of elder abuse is crucial for safeguarding the wellbeing of older adults worldwide.

#### Keywords

Elder abuse; global prevalence; risk factors; abuse types; consequences; prevention and interventions

# 1. Introduction

Elder abuse is a widespread global issue that affects millions of older adults every year. It is a serious public health issue that can have devastating physical, emotional, and financial consequences for victims [1]. Elder abuse can take many forms, including physical, emotional, sexual, financial, and neglect [1]. It can occur in any setting, including the home, the community, and long-term care facilities. It is estimated that 1 in 6 seniors aged 60 and older experience some form of abuse in community settings, with even higher rates in institutional settings [2]. This problem is often underreported and overlooked, making it a major public health and social justice concern. Therefore, it is important to have an international perspective when addressing elder abuse to ensure that all older adults, regardless of their geographic location, receive the necessary protection and support they deserve.

The definition of elder abuse varies from country to country. However, Teaster et al. define elder abuse as 'a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person [3].' Interestingly, the animation has pointed out several definitions (Figure 1). This definition encompasses a wide range of behaviors, from physical violence to financial exploitation [3]. Notably, the scope of elder abuse is difficult to determine, as it is often underreported [4]. However, studies have shown that elder abuse is a significant problem in all countries [5]. For example, a study by the Yon et al. found that 15% of older adults worldwide have experienced some form of elder abuse [2, 6]. Elder abuse is a severe problem that has a profound impact on the lives of victims [7].



Figure 1 Acts of Elder Abuse.

The international perspective on elder abuse emphasizes the interconnectedness of social, economic, and cultural factors that contribute to this issue [8]. It recognizes that elder abuse is not just a problem within a specific country or culture but a universal issue that requires a collaborative and comprehensive approach to prevention and intervention [9]. By understanding the diversity and complexity of elder abuse, we can develop effective strategies to prevent and address it. More interestingly, it is important for understanding elder abuse because it allows us to learn from the experiences of other countries. For example, some countries have developed innovative programs to prevent and respond to elder abuse [10]. These programs can be adapted to other countries, helping improve the lives of older adults worldwide. In addition, an international perspective helps us to identify the common factors that contribute to elder abuse. For example, poverty, social isolation, and ageism are all risk factors for elder abuse [11]. Understanding these risk factors, we can develop more effective strategies to prevent elder abuse. Finally, an international perspective helps us advocate for older adults' rights [12]. Working together creates a world where all older adults can live with dignity and respect. Hence, this paper aims to provide an overview of elder abuse around the world, highlighting the commonalities and differences in its prevalence, forms, and prevention strategies across various countries and cultures.

# 2. Search Strategy

In order to comprehensively investigate the phenomenon of elder abuse on a global scale, we developed a structured search strategy that incorporates a variety of databases, keywords, and filters tailored to identify relevant literature. This strategy is designed to capture a wide range of perspectives and findings on elder abuse as it manifests in different cultural, social, and legal contexts.

# 2.1 Search Strategy Framework

# 2.1.1 Databases Utilized

- Academic and peer-reviewed databases such as PubMed, PsycINFO, Scopus, and Web of Science to gather high-quality research articles.
- Social science repositories, such as JSTOR and Sociology Direct, for sociocultural analyses.
- International databases, such as the WHO Global Health Library and UN Research Database, to access global reports and guidelines regarding elder abuse.

# 2.1.2 Keywords and Index Terms

- A combination of keywords and phrases was used, including but not limited to: "elder abuse," "elder mistreatment," "geriatric violence," "ageism," "neglect," "financial exploitation of elderly," "psychological abuse of older adults," "global perspectives on elder abuse," and "cross-cultural studies on elder mistreatment."
- Boolean operators (AND, OR, NOT) were employed to refine searches and expand or narrow the results.

# 2.1.3 Search Filters

 Filters applied include publication date range (to ensure contemporary relevance), language (preferably English, but inclusive of other languages provided there is an accessible translation), and document types (prioritizing peer-reviewed articles, reports, and grey literature).

# 2.2 Inclusion Criteria

- Studies and articles that focus specifically on elder abuse in various international contexts.
- Research that examines the prevalence, causes, and consequences of elder abuse from multiple disciplines (e.g., sociology, psychology, medicine, social work).
- Literature that discusses policy implications, intervention strategies, and preventative measures against elder abuse.
- Cross-cultural studies that facilitate comparisons between different regions or countries related to elder abuse phenomena.

# 2.3 Exclusion Criteria

- Articles that do not focus specifically on older adults or that address elder abuse only vaguely or anecdotally without empirical evidence.
- Literature that is purely theoretical without practical applications or implications for understanding elder abuse.
- Studies are limited to a single region or culture without a broader comparative analysis.
- Non-peer-reviewed articles, opinion pieces, or blogs that lack rigorous research methodology.

# 3. Understanding Elder Abuse

Elder abuse is defined as any act or omission that causes harm or distress to an older adult (typically 65 years or older) [13]. It can be perpetrated by family members, caregivers, or strangers and can take various forms, including physical, emotional/psychological, sexual, financial, and neglect. There are several types of Elder Abuse [14]. The animation (Figure 2) below shows people suspected of Elder Abuse.



Figure 2 Perpetrators of Elder Abuse.

# 3.1 Physical Abuse

Physical elder abuse is a serious issue that affects many seniors around the world. It involves the intentional infliction of physical pain or injury, such as hitting, kicking, pushing, pinching, or the use of weapons [15]. It can result in bruises, fractures, and other serious injuries [15]. According to Acierno et al. [16], physical abuse is one of the most common types of elder abuse, accounting for nearly 16% of all reported cases [16]. It is a form of violence that can have severe physical and psychological consequences for the victim. Several factors can contribute to physical elder abuse, including caregiver stress, mental health issues, and substance abuse by the aggressor [17, 18]. Additionally, seniors who are physically frail or have disabilities may be more vulnerable to abuse.

# 3.2 Emotional/Psychological Abuse

Emotional or psychological abuse is characterized by verbal or non-verbal actions that cause mental or emotional distress. It can include threats, insults, humiliation, isolation, or intimidation. This type of abuse can lead to depression, anxiety, and a decline in cognitive function. Estimating the prevalence of emotional/psychological elder abuse is challenging due to the underreporting of such incidents and the lack of standardized definitions and measurement tools. However, research suggests that emotional/psychological abuse is the most common form of elder abuse, with estimates ranging from 4% to 14% of older adults experiencing this type of abuse [6, 11]. The

prevalence of emotional/psychological elder abuse may be even higher in specific populations, such as those with cognitive impairments or those living in institutional settings [19].

#### 3.3 Sexual Elder Abuse

Sexual elder abuse is defined as any non-consensual sexual contact or behavior with an older adult, including but not limited to unwanted touching, sexual harassment, and exposure to pornographic material [20]. This form of abuse can be perpetrated by family members, caregivers, or strangers and can occur in various settings, such as nursing homes, assisted living facilities, and private homes. It is a particularly traumatic form of abuse that can have severe psychological and physical consequences [20]. Estimating the prevalence of sexual elder abuse is challenging due to under-reporting and the lack of comprehensive data. However, studies suggest that sexual elder abuse is a significant problem, with one study finding that 8% of older adults reported experiencing some form of sexual abuse [21]. Another study found that 1 in 10 nursing home residents reported experiencing sexual abuse [22, 23].

# 3.4 Financial Abuse

Financial abuse refers to the illegal or unauthorized use of an older adult's money or property. It can include theft, fraud, or exploitation, such as forging checks or selling assets without consent [24]. This type of abuse can lead to financial ruin and severe financial distress. Financial abuse can have severe and long-lasting effects on the victim's financial stability, mental health, and overall wellbeing. Financial abuse is a widespread problem that affects individuals across all socioeconomic backgrounds. According to the National Network to End Domestic Violence (NNEDV), financial abuse occurs in 99% of domestic violence cases [25]. This statistic highlights the pervasiveness of financial abuse and its role in perpetuating cycles of violence and control.

# 3.5 Neglect

Neglect occurs when an older adult's basic needs are not met, such as food, water, shelter, medical care, or hygiene. It can be intentional or unintentional, resulting in malnutrition, dehydration, infections, and other health issues [26]. Neglect elder abuse is a widespread problem that affects millions of elderly individuals worldwide. According to the World Health Organization (WHO), approximately 1 in 6 people aged 60 years and older experienced some form of abuse in community settings during the past year [27]. While the exact prevalence of neglected elder abuse is difficult to determine due to underreporting and the hidden nature of this form of abuse, studies have shown that it is one of the most common types of elder abuse [28]. A study conducted by Lawrence on Elder Abuse found that neglect was the most frequently reported form of elder abuse, accounting for 58.5% of all reported cases [29]. Similarly, a study in the United Kingdom found that neglect was the most common form of abuse reported to the National Safeguarding Team, accounting for 43% of all reported cases [30].

#### 4. Consequences of Elder Abuse

Elder abuse has a devastating impact on older adults, leading to numerous physical, psychological, and financial consequences (Figure 3). These include:

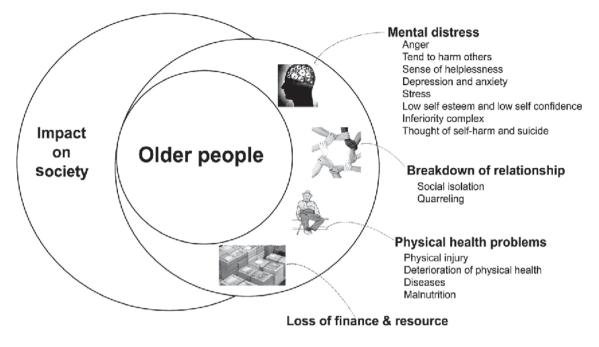


Figure 3 Impact of elder abuse and neglect.

# 4.1 Physical Consequences

Elder abuse is a grave issue that poses a significant risk to the physical wellbeing of older adults, often resulting in severe injuries and long-term health complications that can devastate their quality of life. The manifestations of physical abuse are frequently visible, including bruises, cuts, fractures, and, in some unfortunate circumstances, even death [31]. The trauma inflicted can have lasting repercussions; victims may experience debilitating long-term disabilities or chronic pain that not only impacts their mobility but also limits their ability to engage in daily activities and enjoy life. Beyond the immediate physical injuries, elder abuse can also exacerbate pre-existing health conditions, such as diabetes, heart disease, and arthritis, which may worsen under the stress and trauma of abuse. This deterioration can lead to a vicious cycle where the combination of existing health issues and new injuries results in a significant decline in overall health and wellbeing. Furthermore, the psychological toll of elder abuse cannot be overlooked, as the trauma experienced by victims often leads to depression, anxiety, and feelings of isolation [31]. These mental health challenges can further complicate their physical health, creating a multi-faceted predicament that frustrates recovery and rehabilitation efforts. Consequently, it is crucial to recognize the far-reaching implications of elder abuse, understanding that its impact extends well beyond the immediate injuries, as it contributes to a broader decline in health that demands comprehensive interventions to safeguard the wellbeing of vulnerable older populations.

# 4.2 Emotional Consequences

The emotional consequences of elder abuse can be devastating, leaving lasting scars that significantly affect the victim's overall quality of life. Victims of such abuse often find themselves engulfed in a pervasive cloud of fear, anxiety, and depression that can drastically alter their day-to-day existence. The betrayal they experience, especially when the abuser is a family member or caregiver, can lead to profound feelings of helplessness and isolation, stripping away their sense of

security and trust. Many elderly individuals may develop post-traumatic stress disorder (PTSD) as a direct consequence of their experiences, leading to persistent psychological distress that manifests in flashbacks, nightmares, and severe emotional outbursts [32]. This emotional trauma not only affects their mental wellbeing but also permeates their everyday interactions, making it exceedingly difficult for them to forge and maintain relationships with family and friends. As their emotional state deteriorates, they may withdraw from social activities, retreating further into loneliness and despair. This cyclical pattern of isolation further exacerbates their mental health struggles, creating barriers to seeking help and reinforcing the belief that they are trapped in their circumstances. Consequently, the emotional repercussions of elder abuse can render their twilight years not a time of peace and joy but rather a harrowing struggle against psychological turmoil that profoundly affects their ability to enjoy life and connect with the world around them [32].

# 4.3 Financial Consequences

Financial abuse stands as one of the most pervasive and insidious forms of elder abuse, often perpetrated by trusted individuals such as family members, caregivers, or friends who exploit the vulnerability of older adults for their gain. This form of exploitation can lead to devastating financial repercussions for the victim, manifesting in the loss of hard-earned savings, cherished properties, and valuable assets that the elder has amassed over a lifetime [33]. The ramifications of financial abuse extend far beyond mere monetary loss; they can severely limit an elder's ability to maintain their quality of life, rendering them unable to afford essential services such as healthcare, housing, and adequate nutrition [33]. As a direct consequence, victims may find themselves in precarious situations, struggling to meet basic needs, which can exacerbate existing health issues and elevate stress levels, further aggravating their overall wellbeing. Additionally, the fallout from financial abuse often ripples outward, impacting not only the victims but their families and communities as well. Family members may be compelled to step in to provide financial support or caregiving, which can lead to strained relationships and resource depletion within the family unit [33]. Communities may also feel the pressure, as financially abused elders might turn to social services or local charities for assistance, thereby redirecting funds and resources that could have supported other residents in need. The need for greater awareness, proactive prevention strategies, and robust support systems is critical to curbing financial abuse and safeguarding the dignity and autonomy of our elders, ensuring that their later years are marked by security and respect rather than exploitation and loss.

#### 4.4 Social Consequences

Elder abuse is a deeply concerning issue that carries profound implications for the social wellbeing of older adults, significantly contributing to their social isolation and loneliness. When individuals experience forms of mistreatment, be it physical, emotional, or financial, they often find themselves withdrawing from social engagements and severing ties with their loved ones. This withdrawal is generally driven by an understandable fear that reaching out may only exacerbate their situation, leaving them vulnerable to further abuse or neglect [34]. As a result, their already limited social support network deteriorates, isolating them in a silent struggle that can have devastating consequences on their mental and emotional health. The absence of supportive relationships makes it increasingly challenging for victims to access essential services or

necessary resources, which might have otherwise provided them with assistance or respite [34]. Additionally, the pervasive social stigma that surrounds elder abuse acts as a formidable barrier, deterring victims from seeking help, sharing their experiences, or even reporting the abuse they endure. They may grapple with feelings of shame or embarrassment, believing that they might be blamed for their victimization, which can further entrench their isolation. Consequently, this toxic cycle of abuse and withdrawal not only exacerbates feelings of loneliness and despair but also neglects the essential need for connection and community that is crucial for the wellbeing of older adults [34]. It highlights a pressing societal need to create supportive environments where victims feel safe and empowered to speak out. It emphasizes the importance of education and awareness to challenge the stigma and provide potential routes to recovery and reintegration into supportive social networks.

# 4.5 Impact on the Family

Elder abuse is a grave issue that not only devastates the victim but also wreaks havoc on the family dynamics surrounding the abused individual, often resulting in profound and far-reaching consequences. When family members discover that their loved one has fallen victim to such heinous acts, a wave of complex emotions washes over them, typically culminating in feelings of guilt, shame, and anger [35]. They may grapple with immense sorrow for not recognizing the signs sooner, questioning their adequacy as caregivers and family members, which can lead to an overwhelming sense of helplessness. Alongside this emotional turmoil, caregivers often face the daunting burden of taking on the victim's care, which is made even more challenging by their existing personal and professional responsibilities. Balancing these demands while navigating the fallout of abuse can push family members to their limits, potentially leading them to experience burnout and declining mental health. Furthermore, the financial ramifications of elder abuse whether arising from increased medical expenses, legal costs, or the need for additional caregiving—can exert significant stress on family finances, ultimately straining relationships as siblings or relatives may disagree on the best course of action or how to allocate resources [35]. In many cases, this transpires alongside a backdrop of interpersonal disputes, resulting in blame games and fractures in familial relationships that can be difficult, if not impossible, to mend. As members confront their feelings of betrayal and desire for justice, the emotional scars left by elder abuse can linger long after the abuse ceases, reshaping the very fabric of family life and leaving lasting effects on all involved. Thus, the impact of elder abuse extends far beyond the individual, highlighting the need for awareness, prevention strategies, and supportive resources aimed at both victims and their families alike.

# 4.6 Impact on Society

The profound impact of such abuse manifests primarily through significant mental distress, as elderly individuals often experience feelings of fear, confusion, and isolation, leading to deterioration in mental health and overall quality of life [36]. This emotional toll extends to their family members and caregivers, who may experience guilt, shame, and frustration, thereby straining familial relationships that are foundational to social cohesion. Moreover, elder abuse can result in considerable financial losses; abusers may exploit their victims for monetary gain or assets, eroding the economic security that elders have spent their entire lives building. This theft

impacts the victim's ability to access essential services and healthcare. It places an additional burden on social systems that may have to compensate for these losses through public assistance programs [36]. Finally, the physical ramifications of elder abuse are undeniable; victims often suffer from untreated injuries or chronic conditions exacerbated by neglect, leading to increased healthcare costs and demands on medical resources that could be better utilized elsewhere. Collectively, these effects underline the urgency of addressing elder abuse as a pressing societal concern, calling for comprehensive strategies to prevent such maltreatment, provide support for victims, and foster a more inclusive environment where the dignity and rights of older adults are fiercely protected [36]. Society must recognize that the repercussions of elder abuse extend well beyond individual cases, impacting not only the victims but also the broader community and its values of respect, compassion, and care for all generations. Consequently, addressing elder abuse should be viewed not just as a matter of healthcare or social services but as a vital component of fostering community integrity, ensuring that older adults are treated with the dignity and respect they deserve, thereby reinforcing the collective responsibility to protect all members of society, particularly those who are most vulnerable. In recognizing these intertwined implications, it becomes clear that tackling elder abuse requires a holistic approach that encompasses healthcare, legal, and community initiatives aimed at prevention, education, and support to ensure a safer, more compassionate society for everyone.

# 5. Risk Factors for Elder Abuse

Understanding these risk factors is essential in developing effective prevention and intervention strategies to protect older adults from abuse and promote their wellbeing.

#### 5.1 Personal Factors

#### 5.1.1 Age

Age is a significant risk factor for elder abuse, as older adults are more likely to experience physical and cognitive decline, which can make them more vulnerable to abuse. As people age, they may become more dependent on others for care and support, which can create opportunities for abuse [37]. Additionally, older adults who are isolated or have limited social networks may be more susceptible to abuse due to a lack of support and protection. Notably, Women generally enjoy a longer life expectancy than men. This phenomenon can be attributed to various biological, social, and lifestyle factors, including healthier choices and a more robust immune response. However, this extended lifespan presents a significant concern: as women age, they often become more vulnerable to elder abuse [37]. This heightened exposure to potential mistreatment arises from several factors, including more excellent social isolation, dependency on caregivers, and age-related physical or cognitive decline, which can make it more challenging for them to seek help or defend themselves. The gendered nature of caregiving also exacerbates this risk, as women are more likely to be in relationships where they may rely on family members or spouses for support—relationships that can turn abusive. This issue is further complicated by societal attitudes that may dismiss or normalize the abuse of older women, making it less likely for victims to be believed or supported when they do come forward. As a result, the prolonged life expectancy of women not only leads to an increased likelihood of experiencing elder abuse but also places a spotlight on the urgent need for societal intervention and robust support systems designed to protect our aging population.

#### 5.1.2 Gender

Gender is another personal factor that can influence the risk of elder abuse. Women are more likely to experience abuse than men, particularly in the form of emotional and financial abuse [38]. This may be due to gender-based power dynamics and the historical subordination of women in many societies. Furthermore, older women may be more likely to experience abuse from their spouses or partners, as they are more likely to be widowed or divorced and living alone.

# 5.1.3 Health Status

An individual's health status can also contribute to the risk of elder abuse. Older adults with chronic health conditions, such as dementia, Alzheimer's disease, or physical disabilities, may be more vulnerable to abuse due to their increased dependence on caregivers [39]. Additionally, older adults with mental health issues, such as depression or anxiety, may be more susceptible to abuse due to their reduced ability to advocate for themselves or recognize and report abuse [39].

# 5.1.4 Economic Factors

Economic factors, such as poverty and financial insecurity, can also contribute to the risk of elder abuse. Older adults who are struggling financially may be more likely to experience abuse, as they may be dependent on others for financial support or assistance [39]. Additionally, financial abuse, such as the misuse of an older adult's assets or the theft of their property, can be a significant form of elder abuse.

# 5.2 Relationship Factors

# 5.2.1 Family Dynamics

This plays a significant role in the risk of elder abuse. Dysfunctional family relationships, such as those characterized by conflict, neglect, or abuse, can increase the likelihood of elder abuse [40]. In some cases, caregivers may have unresolved issues with their parents or other family members, which can lead to resentment and abuse. Additionally, family members may have unrealistic expectations of the older adult's abilities or needs, which can result in neglect or mistreatment.

# 5.2.2 Caregiver Stress

This is another relationship factor that can contribute to the risk of elder abuse. Caregivers who are overwhelmed, exhausted, or experiencing burnout may be more likely to lash out at the older adult in their care [41]. This can be particularly true when providing care for a loved one with complex medical needs or challenging behaviors. Inadequate support, such as a lack of respite care or financial assistance, can exacerbate caregiver stress and increase the risk of abuse.

# 5.2.3 Intergenerational Conflict

This can also contribute to the risk of elder abuse. As societal norms and values change over time, older adults may be at odds with younger generations, leading to tension and conflict within the family [42]. This can create an environment in which abuse is more likely to occur, as older adults may be less likely to report abuse or seek help due to fear of further conflict or rejection.

# 5.3 Societal Factors

# 5.3.1 Cultural Attitudes

Cultural attitudes towards aging and older adults can influence the risk of elder abuse. In some cultures, older adults are revered and respected, while in others, they may be viewed as a burden or a source of shame [43]. These cultural attitudes can shape the way older adults are treated within families and communities, with negative attitudes towards aging potentially increasing the risk of abuse.

# 5.3.2 Social Isolation

Social isolation is a significant societal factor that can contribute to the risk of elder abuse. Older adults who are socially isolated may be more vulnerable to abuse due to a lack of support and protection from others [44]. Additionally, social isolation can exacerbate the effects of abuse, as victims may have limited opportunities to seek help or escape from abusive situations.

#### 6. International Prevalence of Elder Abuse

# 6.1 Global Statistics on Elder Abuse

According to the WHO, around 1 in 6 people aged 60 years and older experienced some form of abuse in community settings during the past year, 2017 [7]. However, this figure is likely an underestimation due to the underreporting of elder abuse cases [7]. The prevalence of elder abuse varies across countries and regions, with higher rates reported in low- and middle-income countries [45]. For instance, countries with a higher average age and a more significant percentage of elderly residents often face a complex set of challenges related to their aging populations, including increased vulnerability to elder abuse, which can manifest in various forms such as physical, emotional, financial, and neglect [16]. In low- and middle-income countries, where resources for elder care may be limited and social support systems less robust, the prevalence of elder abuse tends to be more pronounced [46, 47]. These regions often grapple with intergenerational living arrangements, economic stressors, and cultural attitudes towards aging that can contribute to an environment where elder abuse remains a hidden yet pervasive problem. Conversely, in high-income countries, while elder abuse is also a concern, there may be more established frameworks for protecting the rights of older adults, including stringent laws and social services designed to address the issue proactively. However, even in these settings, the increasing demographic trend of an aging population leads to new and evolving forms of elder abuse, as caregivers may experience higher levels of stress and burnout, and societal neglect may emerge due to the overwhelming demand for adequate elder care. In a systematic review of 52

studies from 28 countries, Yon et al. [7] found that the pooled prevalence of elder abuse was 15.7% (95% CI: 12.6-19.5). The highest prevalence rates were observed in Asia (22.1%), followed by Europe (14.9%), North America (11.6%), and Oceania (10.0%). The lowest prevalence rates were reported in South America (6.8%).

#### 6.2 Regional Variations in Elder Abuse Prevalence

# 6.2.1 North America

In North America, elder abuse is a significant issue, with an estimated 1 in 10 older adults experiencing some form of abuse each year [2, 7]. The prevalence of elder abuse in the United States is higher than in Canada, with approximately 10% of older adults in the US experiencing abuse, compared to 7% in Canada [7, 16]. The higher prevalence in the US can be attributed to a larger population, greater income inequality, and a higher proportion of older adults living in poverty [46]. In the United States, elder abuse is more prevalent in certain states, such as Alaska, California, and New York, which have higher rates of poverty, homelessness, and substance abuse among older adults [47]. In Canada, elder abuse is more prevalent in provinces with larger populations of older adults, such as Ontario and Quebec [48, 49].

# 6.2.2 Europe

In Europe, the prevalence of elder abuse varies across different countries, with rates ranging from 1% to 10% [7]. The highest prevalence rates are found in Eastern European countries, such as Russia and Ukraine, where elder abuse is often underreported due to cultural stigma and a lack of awareness about the issue [50]. In Western European countries, such as the United Kingdom, Germany, and France, the prevalence of elder abuse is generally lower, with rates ranging from 1% to 5% [2, 51]. The prevalence of elder abuse in Europe is influenced by factors such as the availability of social support services, the quality of long-term care facilities, and the level of social cohesion within communities [50].

#### 6.2.3 Asia

In Asia, the prevalence of elder abuse varies widely across different countries, with rates ranging from 1% to 30% [28]. The highest prevalence rates are found in countries such as China, India, and Japan, where traditional cultural values and practices can contribute to the mistreatment of older adults [28]. In these countries, older adults are often expected to be subservient to their children and grandchildren, which can lead to neglect and abuse. The prevalence of elder abuse in Asia is also influenced by factors such as rapid urbanization, economic inequality, and the lack of social support services for older adults [52]. In countries such as China and India, where there is a large rural-to-urban migration, older adults who are left behind in rural areas may be more vulnerable to abuse and neglect.

# 6.2.4 Africa

In Africa, the prevalence of elder abuse is difficult to estimate due to a lack of data and research on the issue. However, it is believed that elder abuse is a significant problem in many

African countries, particularly those with high levels of poverty, conflict, and social instability [28]. In countries such as South Africa, Nigeria, and Kenya, older adults may be vulnerable to abuse and exploitation due to a lack of social support services and a weak rule of law [53-55]. The prevalence of elder abuse in Africa is influenced by factors such as the HIV/AIDS epidemic, which has left many older adults responsible for caring for their grandchildren, and the lack of access to healthcare and social services for older adults [56].

# 6.2.5 South America

In South America, the prevalence of elder abuse is relatively low compared to other regions of the world, with rates ranging from 1% to 5% [2, 7]. However, there is a lack of data and research on the issue, which makes it difficult to estimate the prevalence of elder abuse in the region accurately. The prevalence of elder abuse in South America is influenced by factors such as the availability of social support services, the quality of long-term care facilities, and the level of social cohesion within communities [57, 58].

# 6.2.6 Oceania

In Oceania, the prevalence of elder abuse is relatively low compared to other regions of the world, with rates ranging from 1% to 5% [59]. However, there is a lack of data and research on the issue, which makes it difficult to accurately estimate the prevalence of elder abuse in the region. The prevalence of elder abuse in Oceania is influenced by factors such as the availability of social support services, the quality of long-term care facilities, and the level of social cohesion within communities [60].

#### 7. Cultural Differences in the Types of Elder Abuse

The types of elder abuse that are most common in a particular culture can vary depending on many factors, including the cultural norms and values, the age and gender of the older adult, and the relationship between the older adult and the abuser. In some cultures, for example, physical abuse of older adults is more common than in other cultures [61]. This may be because physical abuse is seen as a way to discipline or control older adults. In other cultures, emotional abuse of older adults is more common than in other cultures [62]. This may be because emotional abuse is seen as a way to express disapproval or anger towards older adults.

The availability of social support systems can help to protect older adults from abuse. In cultures where older adults have strong social networks and family support, elder abuse is less likely to occur [63]. In cultures where older adults are isolated and alone, elder abuse is more likely to occur [64]. Also, economic factors can play a role in the prevalence of elder abuse. In cultures where older adults are financially secure, elder abuse is less likely to occur. In cultures where older adults are poor and vulnerable, elder abuse is more likely to occur [19].

The age and gender of the older adult can also affect the types of elder abuse that are most common. For example, older adults who are frail or disabled are more likely to be victims of physical abuse [65]. Older women are more likely to be victims of emotional abuse and sexual abuse than older men. The relationship between the older adult and the abuser can also affect the types of elder abuse that are most common [66]. For example, older adults who family members

abuse are more likely to be victims of emotional abuse and neglect [66]. Older adults who caregivers abuse are more likely to be victims of physical abuse and financial abuse. It is essential to be aware of the different forms of elder abuse and the cultural factors that can influence the types of abuse that are most common in a particular culture. This awareness can help to identify better and prevent elder abuse.

# 8. Specific Forms of Elder Abuse in Different Countries

# 8.1 Japan: Karoshi (Death from Overwork)

In Japan, a unique form of elder abuse has emerged in recent years, known as 'Karoshi,' which translates to 'death from overwork [67].' This phenomenon is particularly prevalent among older workers who are expected to continue working long hours, often well into their senior years. The pressure to maintain productivity and contribute to the economy can lead to excessive work hours, resulting in physical and mental health issues, including heart attacks, strokes, and suicide. The Japanese government has taken steps to address this issue by implementing policies to reduce work hours and promote a healthier work-life balance. However, cultural norms and expectations surrounding work ethic and productivity continue to perpetuate the problem, making it challenging to eradicate Karoshi [67].

# 8.2 India: Financial Exploitation of Older Widows

In India, older widows are often subjected to financial exploitation due to their vulnerable social and economic status [68]. Widows are frequently denied their rightful inheritance and are forced to rely on their children or other family members for financial support. This can lead to financial abuse, as relatives may take advantage of the widow's dependence and exploit her for their gain. The Indian government has enacted laws to protect the rights of widows, including the Hindu Succession Act, which grants widows equal inheritance rights [69]. However, cultural attitudes and patriarchal norms continue to hinder the effective implementation of these laws, leaving many elderly widows vulnerable to financial abuse.

# 8.3 Brazil: Older Adult Neglect in Long-Term Care Facilities

In Brazil, older adult neglect is a significant issue in long-term care facilities, where many older adults are placed due to a lack of family support or financial resources [70]. Neglect can manifest in various forms, including inadequate medical care, poor nutrition, and a lack of social interaction. This can lead to physical and emotional suffering for the elderly residents, as well as a decline in their overall quality of life. The Brazilian government has implemented policies aimed at improving the quality of care in long-term care facilities, including increased oversight and regulation [71]. However, the high demand for long-term care and limited resources make it challenging to ensure that all facilities provide adequate care for their residents.

#### 8.4 Nigeria: Witchcraft-Related Abuse

In Nigeria, elder abuse can take the form of witchcraft-related abuse, where older adults are accused of practicing witchcraft and are subjected to various forms of mistreatment, including

physical violence, social isolation, and financial exploitation [72, 73]. This form of abuse is rooted in traditional beliefs and cultural practices that view witchcraft as a natural and dangerous phenomenon. The Nigerian government has taken steps to address this issue by enacting laws that criminalize witchcraft-related abuse [74]. However, the deeply ingrained cultural beliefs surrounding witchcraft make it difficult to eradicate this form of elder abuse.

# 9. International Efforts to Combat Elder Abuse

# 9.1 United Nations Principles for Older Persons

The United Nations Principles for Older Persons are 10 principles the United Nations General Assembly adopted in 1991 [75]. The principles are designed to promote older persons' rights and wellbeing and protect them from abuse and neglect. The principles include the right to Live in security and dignity, be free from exploitation and violence, participate fully in society, have access to essential services, and receive appropriate care and support. Over 100 countries have endorsed the United Nations Principles for Older Persons, which have been used to develop several laws and policies to combat elder abuse [76]. For example, the United States Elder Justice Act of 2010 was passed to implement the principles and to strengthen the federal government's response to elder abuse [28].

# 9.2 World Health Organization Initiatives

The WHO is a specialized agency of the United Nations responsible for promoting health and wellbeing worldwide. The WHO has several initiatives to combat elder abuse, including:

# 9.2.1 The Global Action on Elder Abuse (AGE) Initiative

The AGE initiative was launched in 2011 to raise awareness of elder abuse and to promote the development of effective prevention and intervention strategies [77]. The initiative has developed several resources, including a toolkit for healthcare providers and a caregiver guide.

# 9.2.2 The WHO Study on the Prevalence of Elder Abuse

The WHO Study on the Prevalence of Elder Abuse was conducted in 2017, and it found that elder abuse is a severe problem in all regions of the world [7]. The study found that 1 in 6 older adults experience some form of abuse and that the most common types of abuse are psychological and financial.

#### 9.2.3 The WHO Guidelines for the Prevention of Elder Abuse

The WHO Guidelines for the Prevention of Elder Abuse were developed in 2018, and they provide guidance on how to prevent elder abuse in a variety of settings, including the home, the community, and the workplace [78]. The guidelines recommend many strategies, such as Providing older adults with information about their rights and how to protect themselves from abuse, Training health care providers and other professionals to recognize and respond to elder abuse, Developing policies and laws to protect older adults from abuse and supporting community-based programs that provide services to older adults.

# 10. Violence Against Elderly: An Analytical Overview

Violence against the elderly is a significant concern, often compounded by the vulnerability of older adults and the severe health consequences that such abusive behaviors entail. Unfortunately, this issue is frequently underestimated, leading to prevention, diagnosis, and treatment challenges.

A recent retrospective analysis conducted by Franceschetti et al. [79] at the SVSeD Center in Milan provides essential insights into this troubling phenomenon. Accordingly, over five years, medical reports of 166 older adult victims (aged over 65) were examined. Their findings reveal that:

#### 10.1 Demographic Insights

The majority of victims were women, with abuse against men representing less than 6% of consultations, highlighting a gender disparity in victimization.

# 10.2 Health Factors

Approximately one-third of the victims were suffering from disabling diseases, indicating that many individuals facing violence may also have significant health challenges. Additionally, a number of these older adults exhibited physical signs of violence.

# 10.3 Perpetrator Analysis

In nearly 90% of cases, the perpetrators were male and known to the victims, often being partners or family members. This statistic underscores the troubling reality that family dynamics usually contribute to acts of violence.

The outcomes of the Franceschetti et al. [79] study suggest several critical implications for addressing violence against older adults. First and foremost, it emphasizes the need to identify risk factors associated with domestic violence in this age group. Healthcare providers and policymakers can develop targeted preventive measures by understanding these factors.

Furthermore, a recent study by Mazzotti et al. [80] aimed to explore the attitudes of Italian healthcare professionals regarding elder abuse while identifying barriers to reporting and outlining the current situation. In their study, 42 healthcare professionals completed a questionnaire of 13 open-ended questions, which were analyzed using qualitative content analysis. The findings highlighted four main themes: definitions of elder abuse, methods of detection and perceptions, barriers to reporting, and the professionals' orientations and approaches toward the issue. The study revealed that respondents predominantly identified three primary forms of elder abuse: physical abuse (reported by 64% of participants), psychological abuse (50%), and neglect (50%). Additionally, 59% of healthcare professionals reported having detected or suspected elder abuse at least once in their careers. However, there were significant barriers to reporting such cases. A striking 76% of participants believed that a report should only be made to judicial authorities when there is compelling evidence of abuse. Furthermore, while 73% recognized healthcare professionals as key figures in addressing elder abuse, many did not consider the assessment of potential abuse to be an exclusive responsibility of their role. The study also highlighted a concerning lack of knowledge regarding elder abuse among healthcare professionals, who

predominantly focused on physical and psychological aspects, with little understanding of the legal obligations to report such cases.

These two findings underscore the urgent need for specialized education and training courses on elder abuse for healthcare staff. Moreover, promoting a multidisciplinary and compassionate approach is essential to equip professionals better to recognize and address elder abuse effectively. The study emphasizes the complexity and urgency of creating an informed, proactive environment to combat elder abuse.

# 11. Country-Specific Prevention and Intervention Strategies

# 11.1 Australia: Elder Abuse Prevention Unit

The Elder Abuse Prevention Unit (EAPU) is a national program in Australia that aims to prevent and respond to elder abuse [80]. Established in 1997, the EAPU is funded by the Australian Government and managed by the Council on the Ageing (COTA) Australia. The EAPU's primary functions include raising awareness of elder abuse, providing information and resources to older adults, families, and service providers, and advocating for policy and legislative reforms to protect older Australians better [81]. The EAPU operates through a network of state-based elder abuse prevention services that provide direct support to older adults experiencing abuse [81]. These services offer a range of interventions, including crisis intervention, counseling, and referrals to other support services. The EAPU collaborates with different stakeholders, such as law enforcement agencies, health care providers, and financial institutions, to ensure a coordinated and effective response to elder abuse.

# 11.2 Canada: National Initiative for the Care of the Older Adult

The National Initiative for the Care of the Elderly (NICE) is a Canadian research network that focuses on improving the quality of life of older adults through research, education, and knowledge translation [82]. Established in 2001, NICE is funded by the Canadian Institutes of Health Research and operates through a network of academic institutions, community organizations, and government agencies across Canada. NICE's elder abuse research program aims to generate new knowledge about the causes, consequences, and prevention of elder abuse [83]. The program includes a range of research projects, such as developing assessment tools for elder abuse, evaluating intervention programs, and analyzing policy and legislative frameworks. NICE also provides training and education for service providers, including health care professionals, social workers, and law enforcement officers, to improve their capacity to identify and respond to elder abuse [83].

# 11.3 United Kingdom: Action on Elder Abuse

Action on Elder Abuse (AEA) is a UK-based charity that works to protect older adults from abuse and neglect [84]. Established in 1993, AEA operates through a network of regional offices and provides services, including a helpline, advocacy, and training for service providers [85]. AEA's helpline is key to its prevention and intervention strategy [85]. The helpline provides confidential advice and support to older adults experiencing abuse, as well as their families and friends. AEA also offers training and education for service providers, including health care professionals, social workers, and law enforcement officers, to improve their capacity to identify and respond to elder abuse [28].

# 11.4 South Africa: Elder Abuse Helpline

The Elder Abuse Helpline is a national service in South Africa that provides support and assistance to older adults experiencing abuse [86]. Established in 2004, the helpline is funded by the South African Government and operated by the South African Federation for Mental Health. The Elder Abuse Helpline provides various services, including crisis intervention, counseling, and referrals to other support services [81]. The helpline also offers training and education for service providers, including health care professionals, social workers, and law enforcement officers, to improve their capacity to identify and respond to elder abuse.

# 11.5 Comparative Analysis

The four country-specific prevention and intervention strategies for elder abuse share several standard features. First, all four strategies involve a combination of awareness-raising, information provision, and direct support to older adults experiencing abuse. Second, all four strategies emphasize the importance of collaboration and coordination among various stakeholders, including governments, non-governmental organizations, and community groups. Third, all four strategies recognize the need for ongoing research and evaluation to inform policy and practice. However, there are also some differences among the four strategies. For example, the EAPU in Australia and the Elder Abuse Helpline in South Africa focus primarily on providing direct support to older adults experiencing abuse [87], while NICE in Canada and AEA in the United Kingdom place greater emphasis on research and knowledge translation [88]. The EAPU and the Elder Abuse Helpline also operate through a network of state-based or regional services [87]. In contrast, NICE and AEA operate through a network of academic institutions and community organizations [88].

# 12. Best Practices for Elder Abuse Prevention and Intervention

# 12.1 Education and Awareness Campaigns

Education and awareness campaigns are crucial in preventing elder abuse [89]. These campaigns should target the general public and professionals who work with older adults, such as healthcare providers, social workers, and law enforcement officers. The primary goal of these campaigns is to increase knowledge about elder abuse, its signs, and how to report it. Some effective strategies for education and awareness campaigns [90] include: 1. Public service announcements (PSAs) on television, radio, and social media platforms; 2. Workshops and seminars for professionals who work with older adults; 3. Community outreach programs that engage older adults and their families; 4. Collaboration with schools and universities to educate future professionals about elder abuse.

# **12.2** Support for Caregivers

Caregivers play a vital role in the lives of older adults, but they can also be a source of abuse [91]. To prevent elder abuse, it is essential to support caregivers by providing them with resources, training, and respite care [91]. Some strategies for supporting caregivers include: 1. Providing caregiver training programs that focus on communication, stress management, and self-care; 2. Offering respite care services to give caregivers a break from their caregiving responsibilities; 3. Establishing caregiver support groups to provide emotional support and a sense of community; and 4. Encouraging caregivers to seek help from professionals when they feel overwhelmed or stressed.

# 12.3 Strengthening Legal Protections for the Older Adult

Legal protections for older adults are essential in preventing and intervening in elder abuse cases [23]. Governments should work to strengthen existing laws and create new ones that protect older adults from abuse, neglect, and exploitation [92]. Some strategies for improving legal protections for older adults include: 1. Enacting laws that criminalize elder abuse and provide penalties for perpetrators; 2. Establishing mandatory reporting laws that require professionals who work with older adults to report suspected abuse; 3. Creating specialized elder abuse courts that focus on the unique needs of older adults; and 4. Providing legal assistance to older adults who are victims of abuse or exploitation.

# 12.4 Collaboration between Government, Non-Governmental Organizations, and Community Groups

This is essential in addressing the complex issue of elder abuse [83]. These partnerships can help pool resources, share knowledge, and develop innovative solutions to prevent and intervene in elder abuse cases [83]. Some strategies for collaboration between these groups include: 1. Establishing multi-sectoral task forces that bring together representatives from government, non-governmental organizations, and community groups; 2. Developing joint projects and initiatives that address specific aspects of elder abuse prevention and intervention; 3. Sharing data and research findings to inform policy and practice; and 4. Providing training and capacity-building opportunities for professionals who work with older adults.

# 13. Conclusion

Elder abuse is a hidden epidemic that affects millions of older adults worldwide. It is a complex issue that requires an international response. Future research and policy development should focus on developing effective interventions, identifying and addressing risk factors, improving reporting and detection, strengthening the legal framework, providing resources and support, and promoting public awareness and education. To address this issue, there is a need for increased international cooperation, including sharing best practices, developing international standards and guidelines, and providing financial and technical support to low- and middle-income countries. Working together can create a world where older adults are safe, respected, and valued.

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Mega Obukohwo Oyovwi participated in sorting and conceptualizing the manuscript and wrote the manuscript. Mega Obukohwo Oyovwi organized the literature and presented ideas. Mega Obukohwo Oyovwi read and approved the submitted version. Edarho Oghenevwede Oyovwi is responsible for the contribution. The author contributed to the revision of the manuscript, read and approved the submitted version.

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#### References

- 1. Nepal N, Aryal B, Poudel B. Situation, risks and prevention strategies of elder abuse: A lesson for Nepal. Mangal Res J. 2023; 4: 15-28.
- 2. Yon Y, Mikton C, Gassoumis ZD, Wilber KH. The prevalence of self-reported elder abuse among older women in community settings: A systematic review and meta-analysis. Trauma Violence Abuse. 2019; 20: 245-259.
- 3. Teaster PB, Anetzberger GJ, Podnieks E, Comire B, Shealy EC. Introduction to the worldwide face of elder abuse. In: The worldwide face of elder abuse. Cham: Springer; 2023. pp. 1-24.
- 4. Atkinson E, Roberto KA. Global approaches to primary, secondary, and tertiary elder abuse prevention: A scoping review. Trauma Violence Abuse. 2024; 25: 150-165.
- 5. Rigon S, Dascal-Weichhendler H, Rothschild-Meir S, Gomez Bravo R. Elder abuse and neglect. In: The role of family physicians in older people care. Cham: Springer; 2022. pp. 289-321.
- 6. Yon Y, Mikton CR, Gassoumis ZD, Wilber KH. Elder abuse prevalence in community settings: A systematic review and meta-analysis. Lancet Glob Health. 2017; 5: e147-e156.
- 7. Podnieks E, Thomas C. The consequences of elder abuse. In: Elder abuse: Research, practice and policy. Cham: Springer; 2017. pp. 109-123.
- 8. Roberto KA, Teaster PB. Theorizing elder abuse. In: Elder abuse: Research, practice and policy. Cham: Springer; 2017. pp. 21-41.
- 9. Merry SE. Gender violence: A cultural perspective. Chichester, UK: John Wiley & Sons; 2011.
- 10. Baker PR, Francis DP, Hairi NN, Othman S, Choo WY. Interventions for preventing abuse in the elderly. Cochrane Database Syst Rev. 2016. doi: 10.1002/14651858.CD010321.pub2.

- 11. Storey JE. Risk factors for elder abuse and neglect: A review of the literature. Aggress Violent Behav. 2020; 50: 101339.
- 12. Lewis B, Purser K, Mackie K. The human rights of older persons. A Human Rights-Base Approach to Elder Law. Singapore: Springer; 2020.
- 13. Goergen T, Beaulieu M. Critical concepts in elder abuse research. Int Psychogeriatr. 2013; 25: 1217-1228.
- 14. Fraga Dominguez S, Ozguler B, Storey JE, Rogers M. Elder abuse vulnerability and risk factors: Is financial abuse different from other subtypes? J Appl Gerontol. 2022; 41: 928-939.
- Lee YS, Kaplan CP, Perez-Stable EJ. Elder mistreatment among Chinese and Korean immigrants: The roles of sociocultural contexts on perceptions and help-seeking behaviors. J Aggress Maltreatment Trauma. 2014; 23: 20-44.
- 16. Acierno R, Hernandez MA, Amstadter AB, Resnick HS, Steve K, Muzzy W, et al. Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. Am J Public Health. 2010; 100: 292-297.
- 17. Makaroun LK, Bachrach RL, Rosland AM. Elder abuse in the time of COVID-19—Increased risks for older adults and their caregivers. Am J Geriatr Psychiatry. 2020; 28: 876-880.
- 18. Lino VT, Rodrigues NC, Lima IS, Athie S, Souza ER. Prevalence and factors associated with caregiver abuse of elderly dependents: The hidden face of family violence. Cienc Saude Coletiva. 2019; 24: 87-96.
- 19. Pillemer K, Burnes D, Riffin C, Lachs MS. Elder abuse: Global situation, risk factors, and prevention strategies. Gerontologist. 2016; 56: S194-S205.
- Malmedal W. 'If you do not believe that it happens you won't see it either!'-Sexual abuse in later life. In: Advances in elder abuse research: Practice, legislation and policy. Cham: Springer; 2020. pp. 73-83.
- 21. Bows H. Sexual violence against older people: A review of the empirical literature. Trauma Violence Abuse. 2018; 19: 567-583.
- Lachs MS, Teresi JA, Ramirez M, Van Haitsma K, Silver S, Eimicke JP, et al. The prevalence of resident-to-resident elder mistreatment in nursing homes. Ann Intern Med. 2016; 165: 229-236.
- 23. Pillemer K, Teresi JA, Ramirez M, Eimicke J, Silver S, Boratgis G, et al. Estimated prevalence of resident-to-resident aggression in assisted living. JAMA Netw Open. 2024; 7: e249668.
- 24. DeLiema M, Conrad KJ. Financial exploitation of older adults. Elder abuse: Research, practice and policy. Cham: Springer; 2017. pp. 141-157.
- 25. Yusoff SS, Kassim S, Jauhari FF, Adnan IH. Financial abuse in domestic violence: How can Islamic financial institutions play their role? IIUM Law J. 2022; 30: 445-470.
- 26. Choi NG, Kim J, Asseff J. Self-neglect and neglect of vulnerable older adults: Reexamination of etiology. J Gerontol Soc Work. 2009; 52: 171-187.
- 27. World Health Organization. World report on ageing and health. Geneva: World Health Organization; 2015.
- Dong XQ. Elder abuse: Systematic review and implications for practice. J Am Geriatr Soc. 2015;
   63: 1214-1238.
- 29. Lawrence'id SA. Elder abuse and neglect. Aging Health. 2007; 3: 115-128.
- 30. May-Chahal C, Cawson P. Measuring child maltreatment in the United Kingdom: A study of the prevalence of child abuse and neglect. Child Abuse Negl. 2005; 29: 969-984.

- 31. Carrasco MM, Wolford JE, Eichman AL. Child abuse and neglect. In: Atlas of pediatric physical diagnosis. Philadelphia, PA: Elsevier; 2021. pp. 176-236.
- 32. Pickering CEZ, Ridenour K, Salaysay Z, Reyes-Gastelum D, Pierce SJ. Identifying elder abuse & neglect among family caregiving dyads: A cross sectional study of psychometric properties of the QualCare scale. Int J Nurs Stud. 2017; 69: 41-46.
- Douglas-Rowald K. Death and deeproot: Elder financial abuse in the twenty-first century. Houst J Health Law Policy. 2024. Available from: https://houstonhealthlaw.scholasticahg.com/article/93898.pdf.
- 34. Salminen-Tuomaala M, Tiainen J, Paavilainen E. Older adults affected by abuse–What about their mental health and social participation? A mixed methods study. Behav Sci. 2024; 14: 188.
- 35. Dow B, Gahan L, Gaffy E, Joosten M, Vrantsidis F, Jarred M. Barriers to disclosing elder abuse and taking action in Australia. J Fam Violence. 2020; 35: 853-861.
- 36. World Health Organization. Risk reduction of cognitive decline and dementia: WHO guidelines. Geneva: World Health Organization; 2019.
- 37. Gordon RM, Brill D. The abuse and neglect of the elderly. IntJ Law Psychiatry. 2001; 24: 183-197.
- 38. Carney MM, Barner JR. Prevalence of partner abuse: Rates of emotional abuse and control. Partn Abuse. 2012; 3: 286-335.
- 39. Ernst JS. Older adults neglected by their caregivers: Vulnerabilities and risks identified in an adult protective services sample. J Adult Protect. 2019; 21: 5-15.
- 40. Bornstein RF. Synergistic dependencies in partner and elder abuse. Am Psychol. 2019; 74: 713.
- 41. Subramaniam A, Mehta KK. Exploring the lived experiences of caregiving for older family members by young caregivers in Singapore: Transition, trials, and tribulations. Int J Environ Res Public Health. 2024; 21: 182.
- 42. Carr D, Utz RL. Families in later life: A decade in review. J Marriage Fam. 2020; 82: 346-363.
- 43. Adamek ME, Kotecho MG, Teshome AZ. Promoting the well-being of older people in Ethiopia: Lost opportunities due to the poverty of policy. Innov Aging. 2024; 8: igad120.
- 44. National Academies of Sciences, Division of Behavioral, Medicine Division, Board on Behavioral, Sensory Sciences, Board on Health Sciences Policy, Committee on the Health, Medical Dimensions of Social Isolation, Loneliness in Older Adults. Social isolation and loneliness in older adults: Opportunities for the health care system. Washington, DC: National Academies Press; 2020.
- 45. Yon Y, Mikton CR, Gassoumis ZD, Wilber KH. Elder abuse prevalence in community settings: A systematic review and meta-analysis. Lancet Glob Health. 2017; 5: e147-e156.
- 46. Wilkinson RG, Pickett KE. Income inequality and population health: A review and explanation of the evidence. Soc Sci Med. 2006; 62: 1768-1784.
- 47. Jirik S, Sanders S. Analysis of elder abuse statutes across the United States, 2011–2012. J Gerontol Soc Work. 2014; 57: 478-497.
- 48. McDonald L. The mistreatment of older Canadians: Findings from the 2015 national prevalence study. J Elder Abuse Negl. 2018; 30: 176-208.
- 49. Channer NS, Hartt M, Biglieri S. Aging-in-place and the spatial distribution of older adult vulnerability in Canada. Appl Geogr. 2020; 125: 102357.

- 50. Sethi D, Wood S, Mitis F, Bellis M, Penhale B, Iborra Marmolejo I, et al. European report on preventing elder maltreatment. Copenhagen, Denmark: World Health Organization/Regional Office for Europe; 2011.
- 51. Chao SF, Hsiang CW, Chen KM, Chen YM, Hsieh JL, Chou YH, et al. Preventing elder maltreatment: Identification of high risk factors from LTC administrative data. Innov Aging. 2021; 5: 979.
- 52. Yan E, Fang B. Elder abuse in Asia. In: Handbook of interpersonal violence and abuse across the lifespan: A project of the National Partnership to End Interpersonal Violence Across the Lifespan (NPEIV). Cham: Springer International Publishing; 2021. pp. 4603-4632.
- 53. Mbaku JM. The rule of law and the exploitation of children in Africa. Hastings Intl Comp L Rev. 2019; 42: 287.
- Cadmus EO. Elder Abuse and Mistreatment in the Community in Nigeria: A Myth or Reality? In: International handbook of elder abuse and mistreatment. Singapore: Springer; 2020. pp. 603-617.
- 55. Ilham I, Nasution AA, Meliza R, Rosaleha D, Rahmalia RN. Revitalizing Family Functions in Efforts to Prevent Children Violence in North Aceh. Proc Malikussaleh Int Conf Multidiscip Studies (MICoMS). 2022; 3: 00012. doi: 10.29103/micoms.v3i.171.
- 56. Nyirenda M, Sukazi S, Buthelezi C, Hanass-Hancock J. "A frightening experience, especially at our age": Examining the neglect and abuse of older persons in HIV prevention and care programs. Front Public Health. 2023; 11: 1061339.
- 57. Pratono AH, Maharani A. Long-term care in Indonesia: The role of integrated service post for elderly. J Aging Health. 2018; 30: 1556-1573.
- 58. Chang ES, Levy BR. High prevalence of elder abuse during the COVID-19 pandemic: Risk and resilience factors. Am J Geriatr Psychiatry. 2021; 29: 1152-1159.
- 59. Santos MA, Moreira RD, Faccio PF, Gomes GC, Silva VD. Factors associated with elder abuse: A systematic review of the literature. Ciênc Saúde Coletiva. 2020; 25: 2153-2175.
- 60. Kaniasty K, De Terte I, Guilaran J, Bennett S. A scoping review of post-disaster social support investigations conducted after disasters that struck the Australia and Oceania continent. Disasters. 2020; 44: 336-366.
- 61. Kiszko KB. Cultural considerations for comprehensively assessing foreign born older adults in the United States. Curr Geriatr Rep. 2024; 13: 18-25.
- 62. Moon A. Perceptions of elder abuse among various cultural groups: Similarities and differences. Gen J Am Soc Aging. 2000; 24: 75-80.
- 63. Beach SR, Schulz R, Sneed R. Associations between social support, social networks, and financial exploitation in older adults. J Appl Gerontol. 2018; 37: 990-1011.
- 64. Tam S, Neysmith S. Disrespect and isolation: Elder abuse in Chinese communities. Can J Aging. 2006; 25: 141-151.
- 65. Frazão SL, Silva MS, Norton P, Magalhães T. Domestic violence against elderly with disability. J Forensic Leg Med. 2014; 28: 19-24.
- 66. Fisher BS, Regan SL. The extent and frequency of abuse in the lives of older women and their relationship with health outcomes. Gerontologist. 2006; 46: 200-209.
- 67. Kanai A. "Karoshi (work to death)" in Japan. J Bus Ethics. 2009; 84: 209-216.
- 68. Dey D, Tripathi P. Compromised well-being: Implications on female geriatric abuse during the COVID-19 crisis in India. Int J Hum Rights Healthc. 2024; 17: 98-111.

- 69. Deininger K, Goyal A, Nagarajan H. Inheritance law reform and women's access to capital: Evidence from India's Hindu succession act. Washington, DC: World Bank Policy Research Working Paper; 2010; No. 5338.
- 70. World Health Organization. A global response to elder abuse and neglect: Building primary health care capacity to deal with the problem worldwide: Main report. Geneva: World Health Organization; 2008.
- 71. Gragnolati M, Lindelöw M, Lindelow M, Couttolenc B. Twenty years of health system reform in Brazil: An assessment of the Sistema Único de Saúde. Washington, DC: World Bank Publications; 2013.
- 72. Bello OS. The accusation of elderly women as witches in Nigeria [Internet]. The Hague, The Netherlands: International Institute of Social Studies; 2020. Available from: https://thesis.eur.nl/pub/55496/RP\_S. Bello .pdf.
- 73. Eboiyehi FA. Convicted without evidence: Elderly women and witchcraft accusations in contemporary Nigeria. J Int Womens Stud. 2017; 18: 247-265.
- 74. Nigeria SS. Witchcraft stigmatisation and children's Rights in Nigeria [Internet]. In: 54th Session of the UN Committee on the Rights of the Child. Geneva: UN Committee on the Rights of the Child; 2010. Available from: <a href="https://static1.squarespace.com/static/53996fa5e4b0719132a72270/t/54db5e8ee4b00d560">https://static1.squarespace.com/static/53996fa5e4b0719132a72270/t/54db5e8ee4b00d560</a>
- <u>34686df/1423662734228/UNCRC+Shadow+Report+SSN+2009.pdf</u>.
  75. Chaudhry AG, Ahmed A, Bhatti AG. Older persons: Medical care, social protection and united nations principles: An anthropo-gerontological approach on geriatric health. Prof Med J. 2015; 22: 64-71.
- 76. Simcock P, Wittich W. Are older deafblind people being left behind? A narrative review of literature on deafblindness through the lens of the United Nations Principles for Older People. J Soc Welf Fam Law. 2019; 41: 339-357.
- 77. Bows H, Penhale B. Elder abuse and social work: Research, theory and practice. Br J Soc Work. 2018; 48: 873-886.
- 78. Curry SJ, Krist AH, Owens DK, Barry MJ, Caughey AB, Davidson KW, et al. Screening for intimate partner violence, elder abuse, and abuse of vulnerable adults: US Preventive Services Task Force final recommendation statement. JAMA. 2018; 320: 1678-1687.
- 79. Franceschetti L, Merelli VG, Margherita M, Maggioni L, Barbara G, Kustermann A, et al. Older adult abuse in a service for sexual and domestic violence: Medico-legal implications from the experience of an Italian center. Forensic Sci Int. 2022; 338: 111383.
- 80. Mazzotti MC, Scarcella E, D'Antone E, Fersini F, Salsi G, Ingravallo F, et al. Italian healthcare professionals' attitude and barriers to mandatory reporting of elder abuse: An exploratory study. J Forensic Leg Med. 2019; 63: 26-30.
- 81. Kaspiew R, Carson R, Rhoades H. Elder abuse: Understanding issues, frameworks and responses. Melbourne: Australian Institute of Family Studies; 2016; No. 35.
- 82. Spike C, Unit EA. The EAPU Helpline: Results of an investigation of five years of call data. Elder Abuse Prevention Unit, UnitingCare Community; 2015.
- 83. Barbeau VI, Madani L, Al Ameer A, Ghogomu ET, Beecher D, Conde M, et al. Research priority setting related to older adults: A scoping review to inform the Cochrane-Campbell Global Ageing Partnership work programme. BMJ Open. 2022; 12: e063485.

- Podnieks E. The power of elder abuse networks in Canada: A model for social change. International handbook of elder abuse and mistreatment. Singapore: Springer; 2020. pp. 111-136.
- 85. Filinson R. "No secrets" and beyond: Recent elder abuse policy in England. J Elder Abuse Negl. 2006; 18: 1-18.
- 86. Brandl B, Dyer CB, Heisler CJ, Otto JM, Stiegel LA, Thomas RW. Elder abuse detection and intervention: A collaborative approach. New York: Springer Publishing Company; 2006.
- 87. Ferreira M, Lindgren P. Elder abuse and neglect in South Africa: A case of marginalization, disrespect, exploitation and violence. J Elder Abuse Negl. 2008; 20: 91-107.
- 88. Warren A, Blundell B. Elder abuse in rural & remote communities: Social policy, prevention and responses. Bentley, WA: Curtin University and OPAN; 2018.
- 89. Grimshaw JM, Eccles MP, Lavis JN, Hill SJ, Squires JE. Knowledge translation of research findings. Implement Sci. 2012; 7: 50.
- 90. Taylor RM. Elder abuse and its prevention: Workshop summary. Washington, DC: National Academies Press; 2014.
- 91. Schulz R, Beach SR, Czaja SJ, Martire LM, Monin JK. Family caregiving for older adults. Annu Rev Psychol. 2020; 71: 635-659.
- 92. Lewis B, Purser K, Mackie K, Lewis B, Purser K, Mackie K. A human rights-based approach to elder law. In: The Human Rights of Older Persons: A Human Rights-Based Approach to Elder Law. Singapore: Springer; 2020. pp. 67-81.