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# Types and Factors Associated of Elder Abuse and Neglect: A Scoping Review of the Evidence

**Izeji RI[1]*, Archibong F[2], Nzomiwu CL[3], Omokhua OO[4] Atokolo G[5], Igbudu TJ[6].**

[1]*Consultant Family Physician, Department of Family Medicine, Benue State University Teaching Hospital, Makurdi, Benue State, Nigeria.*
[2]*Consultant Family Physician, Department of Family Medicine, University of Calabar Teaching Hospital, Calabar, Cross-River State, Nigeria.*
[3]*Consultant Paediatric Dentist, Department of Child Dental Health, University of Calabar Teaching Hospital, Calabar, Cross-River State, Nigeria.*
[4]*Consultant Family Physician, Department of Family Medicine, Benue State University Teaching Hospital, Makurdi, Benue State, Nigeria.*
[5]*Consultant Family Physician, Department of Family Medicine, Benue State University Teaching Hospital, Makurdi, Benue State, Nigeria.*
[6]*Consultant Family Physician, Department of Family Medicine, Benue State University Teaching Hospital, Makurdi, Benue State, Nigeria.*

***Correspondence**: Izeji Rufus Ifechukwu.* ***Email:*** *rufusizeji@gmail.com.*
*Department of Family Medicine, Benue State University Teaching Hospital, Makurdi, Benue State, Nigeria.*
*Phone: +234(0)8036124412*

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## ABSTRACT

Elder abuse is a significant but under-recognised public health problem worldwide, with profound consequences for the health, well-being, and human rights of older adults. Understanding the types and associated factors of elder abuse is essential for developing effective prevention and intervention strategies. This scoping review aimed to map the available evidence on the types of elder abuse and the factors associated with its occurrence, with particular attention to global patterns and regional variations. This scoping review was conducted following Arksey and O'Malley's framework. Ten key studies published between 2015-2024 were synthesised, including primary research from India, Nigeria, Switzerland, Turkey, Ghana, Korea, and systematic reviews from Iran and Brazil. Elder abuse manifests in multiple forms including psychological, physical, financial abuse, neglect, and sexual abuse. Psychological abuse consistently emerged as the most common type globally, followed by neglect or financial abuse depending on the setting. Prevalence estimates ranged widely from 9.9% to 81.8%. Associated factors operated at multiple levels: individual (age, gender, functional dependency, depression), relationship (caregiver stress, family dynamics, cohabitation), community (social isolation, rural residence), and societal (poverty, cultural norms, policy gaps). Notable gaps exist in research from Africa and in understanding gender-specific correlates. Elder abuse is a multifactorial phenomenon requiring comprehensive ecological approaches for prevention and intervention. Priorities include developing culturally appropriate screening tools, strengthening healthcare provider training, enacting protective legislation, and addressing structural determinants such as poverty and social isolation.

**Keywords:** elder abuse; elder neglect; risk factors; types of abuse; scoping review.

## INTRODUCTION

Ageing is an inevitable biological process that is universal and transcends all human boundaries. Every person regardless of race, caste, religion, and socio-economic status will eventually grow old and become elderly. The United Nations (UN) defines an elderly person as an individual aged 60 years and above, while the World Health Organization (WHO) uses the threshold of 65 years.[1] Nigeria, just like most developing countries, makes use of the definition by the UN.

The WHO defines elder abuse as any single or repeated act, or lack of appropriate action, occurring within any relationship which embodies an expectation of trust,

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which causes harm or distress to an elderly individual.[2] Elder neglect, a subtype of abuse, is defined as "intentional act or omission of care occurring in a relationship of trust, which causes harm or serious risk of harm to an older adult or deprives an older adult of basic needs" or "failure to meet the elder's needs by a responsible caregiver".[3] This type of violence constitutes a violation of human rights and includes physical, sexual, psychological and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.

Elder abuse is a significant public health issue that is hidden from the public despite its detrimental effect on the physical and mental well-being of victims. Worldwide, increased attention has been directed toward abuse of children and women, but abuse and neglect of elderly people remain matters of least concern. The World Health Organization estimates that about 1 in 6 people aged 60 years and above (15.7%) experienced some form of abuse in community settings during the past year.[4] Globally, prevalence has been reported to range from 2.2% to 36.2%, with a mean of 14.3%.[5]

Information about elder abuse has not only been sparse due to factors such as underreporting or lack of standardised research, but also in defining elder abuse.[6] In Nigeria, in spite of the steady increase in elder neglect and abuse, elder abuse is still an understudied problem with limited literature on the elderly and aging issues such as abuse, especially in Northern Nigeria, compared to Western countries.[7,8]

Elder abuse can present in many forms including physical abuse, psychological/emotional abuse, sexual abuse, financial abuse, and neglect. Among the elder abuse types, psychological or emotional abuse occurs more than the others (44.5%), followed by neglect (41.0%), financial abuse (27.4%), physical abuse (15.4%), and 0.7% for sexual abuse.[9-11]

Identifying risk factors for elder abuse has been shown to help practitioners in identifying, managing, and preventing abuse in the family setting, and where factors are dynamic, can be targets for risk management.[12] Advancement in age and being female have been identified as the main risk factors for abuse in both developing and developed countries.[13] In addition, studies have also found that caregiver stress, social isolation, low educational level, living in rural area, unemployment, presence of mental health problems, and substance abuse serve as factors influencing elder abuse.[7,14,15] The consequences of elder abuse are severe and include disabilities, financial ruin, medical bills, job loss, psychological distress, and even death.[16]

**Theoretical Framework**

This scoping review is guided by three complementary theoretical perspectives that help explain the occurrence of elder abuse:

**Caregiver Stress Theory:** This theory suggests that elder abuse can occur when caregivers experience stress and frustration in providing care. The demands of caregiving - particularly for elders with high needs, challenging behaviors, or complex medical conditions - can overwhelm caregiver coping resources, potentially triggering abusive responses.[17] The theory helps explain why caregiver burden, lack of respite, and inadequate support are consistently associated with abuse.

**Social Exchange Theory:** This theory postulates that imbalances in the costs and benefits in a relationship can potentiate abuse and neglect.[19] When one party (the elder) becomes increasingly dependent on another (the caregiver), the balance of power shifts, and the caregiver may perceive the relationship as costly or burdensome. If the perceived costs outweigh the benefits, and alternatives are limited, the caregiver may be more likely to engage in abusive behavior. This theory helps explain why functional dependency and financial dependence are significant risk factors.

**Ecological Model:** Adapted from Bronfenbrenner's work, this framework considers individual, relationship, community, and societal factors that can lead to elder abuse.[18] It emphasizes that abuse rarely results from a single factor but rather from the convergence of risks across multiple levels: individual victim characteristics (age, gender, functional dependency), individual perpetrator characteristics (mental health, substance

abuse), relationship factors (family dynamics, cohabitation), community factors (social isolation, available services), and societal factors (cultural norms, policies, economic conditions). This model provides a comprehensive lens for understanding the multifactorial nature of elder abuse.

### Objectives of This Review

This scoping review aimed to map the available evidence on the types of elder abuse and the factors associated with its occurrence, with particular attention to global patterns and regional variations. The review synthesised findings from ten key studies conducted across multiple countries and settings.

## METHODOLOGY

This scoping review was conducted following the framework proposed by Arksey and O'Malley, which includes five stages: (1) identifying the research question; (2) identifying relevant studies; (3) study selection; (4) charting the data; and (5) collating, summarising, and reporting the results.[20]

### Research Questions

The review was guided by the following research questions:

1. What are the reported types of elder abuse across different populations and settings?

2. What factors are associated with elder abuse at the individual, relationship, community, and societal levels?

3. What are the gaps in the current evidence on elder abuse types and associated factors?

### Search Strategy and Study Selection

A comprehensive search of peer-reviewed literature published in English language between 2015 and 2024 was conducted. Ten key studies were selected for detailed analysis based on their relevance to the research questions, geographic diversity, and methodological quality. The selected studies include primary research from India, Nigeria, Switzerland, Turkey, Ghana, Korea, and systematic reviews from Iran and Brazil. The selection process followed the PRISMA flow diagramed. The initial database search yielded 1, 847 records. After removing duplicates (n =423), 1,424 articles were screened for title and abstract. Of these, 1,312 articles were excluded because they did not meet the inclusion criteria (wrong population, unrelated topic, wrong publication type). The remaining 112 full-text articles were then assessed for eligibility. Of the 112 full-text articles reviewed, 102 were further excluded for reasons such as no multivariate analysis (n=38), sample size less than 100 (n=24), focus on specific disease population only (n=16), duplicate data from same study population (n=12), published before 2015 (n=8) and full-text not available in English language (n=4). The remaining ten (10) studies met all the inclusion criteria and were thus included in the final scoping review.

**PRISMA Flow Diagram for Study Selection**

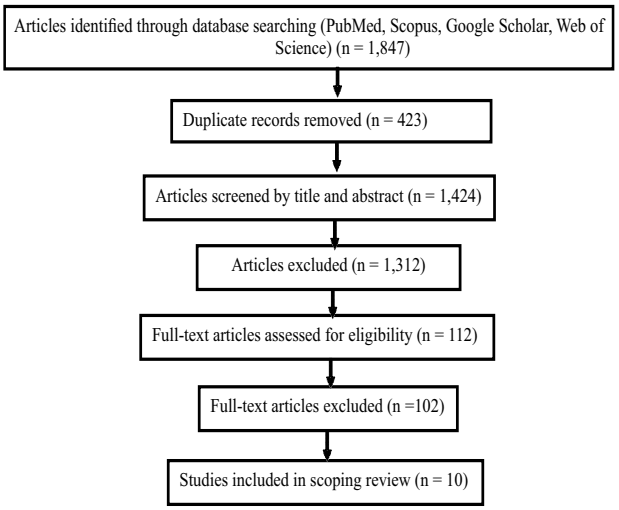


**Table 1: Reasons for Exclusion of Full-Text Articiles (n=102)**

| Reason for Exclusion | Number Excluded |
|---|---|
| No multivariate analysis | 38 |
| Sample size less than 100 | 24 |
| Focus on specific disease population | 16 |
| Duplicate data from same study population | 12 |
| Published before 2015 | 8 |
| Full-text not available in English language | 4 |
| **Total** | **102** |

### Data Extraction and Synthesis

Data were extracted from each study using a standardised template that included: author(s), year, title, aim, objectives, methodology (study design, setting, population, sample size, tools), key findings, limitations, and recommendations. Findings were synthesised narratively and organised thematically around types of abuse and associated factors.

## RESULTS

### Summary of Included Studies

Ten studies met the inclusion criteria and were included in this scoping review. Table 1 provides a summary of the key characteristics of these studies.

**Table 1: Summary Characteristics of Included Studies**

| Study | Country | Design | Sample Size | Key Focus |
|---|---|---|---|---|
| Sembiah et al., 2020.[5] | India | Cross-sectional | 246 | Prevalence and predictors |
| Olasupo et al., 2020.[21] | Nigeria | Descriptive survey | 400 | Social support and sociodemographic factors |
| Amos, 2019.[7] | Nigeria | Descriptive survey | 600 | Forms and determinants |
| Arab-zozani et al., 2018.[9] | Iran | Systematic review | 16 studies | Prevalence of abuse and neglect |
| Simone et al., 2016.[22] | Switzerland | Retrospective analysis | 150 | Types and risk factors |
| Cevik et al., 2021.[14] | Turkey | Cross-sectional | 520 | Prevalence and risk factors |
| Dos Santos et al., 2020.[15] | Brazil | Systematic review | 27 articles | Factors associated with abuse |
| Danyoh et al., 2018.[23] | Ghana | Cross-sectional | 184 | Forms and coping approaches |
| Gyeong-Suk et al., 2019.[24] | Korea | Cross-sectional | 10,184 | Gender differences |
| Oluoha et al., 2017.[25] | Nigeria | Comparative cross sectional | 685 | Rural-urban comparison |

### Types of Elder Abuse

The included studies consistently reported multiple forms of elder abuse, with psychological/emotional abuse emerging as the most common type across most settings.

**Psychological/Emotional Abuse:** Sembiah et al. found psychological abuse to be the most common type among rural Indian elders.[5] Amos et al reported emotional abuse as the most prevalent form in Kaduna State, Nigeria, affecting a substantial proportion of respondents.[7] Simone et al. documented psychological abuse as the most frequently reported form (47%) among Swiss elders contacting a complaints authority.[22] Gyeong-Suk et al. found emotional elder abuse to be the most frequent type among Korean community-dwelling older adults, with an overall abuse rate of 9.9%.[24] Danyoh et al. similarly reported psychological abuse topping the list of self-reported forms in Ghana.[23]

**Financial Abuse:** Oluoha et al. found financial abuse to be the most common type in both rural (30.2%) and urban (29.6%) communities in Imo State, Nigeria.[25] Simone et al. reported financial abuse as the second most common form (35%) in their Swiss sample.[22] Amos et al identified financial abuse as a significant problem in Kaduna State.[7]

**Physical Abuse:** Simone et al. reported physical abuse in 30% of their Swiss sample.[22] Oluoha et al. found physical abuse in 16.7% of rural and 5.7% of urban Nigerian elders.[25] Amos et al documented physical abuse as one of the forms experienced by elders in Kaduna State.[7]

**Neglect:** The Iranian systematic review by Arab-zozani et al. found neglect to be a significant problem, with pooled prevalence data indicating its importance.[9] Simone et al. distinguished between active neglect (26%) and passive neglect (4.7%) in their Swiss sample.[22] Amos et al identified neglect and abandonment as forms of abuse in Nigeria.[7] Oluoha et al. reported neglect rates of 11.9% in rural and 13.0% in urban Nigerian communities.[25]

**Sexual Abuse:** Sexual abuse was the least frequently reported form across all studies. Amos et al documented sexual abuse in Kaduna State.[7] Oluoha et al. found low rates of sexual abuse in both rural (1.6%) and urban (1.3%) Nigerian communities.[25] The Iranian systematic review noted that sexual abuse could not be adequately addressed due to only one study reporting it.[9]

**Poly-victimization**: Several studies noted that elders may experience multiple forms of abuse simultaneously, though specific prevalence data on co-occurrence were limited.[5,9,15,24]

**Factors Associated with Elder Abuse**

The included studies identified a wide range of factors associated with elder abuse, which can be organised using the ecological model framework.

**Individual-Level Factors**

**Age:** Sembiah et al. found that age 70 years and older was a predictor of abuse in rural India.[5] Anand et al identified advancing age as a main risk factor.[13] However, Gyeong-Suk et al. noted that in Korea, age over 80 years appeared protective, suggesting cultural variations in age-related risk.[24]

**Gender:** Female gender was consistently associated with higher abuse risk. Sembiah et al. found increased odds of abuse among women.[5] Anand et al identified female gender as a main risk factor.[13] Gyeong-Suk et al. found that 10.6% of women experienced abuse compared to 8.8% of men in Korea, with significant gender differences in correlates of abuse.[24] Olasupo et al. found gender differences in elder abuse in their Nigerian sample.[21]

**Functional Dependency**: Dependency in activities of daily living (ADL) and instrumental activities of daily living (IADL) emerged as a strong risk factor. Sembiah et al. found that functional dependency increased odds of abuse, and dependency for IADL was a predictor.[5] Dos Santos et al. identified dependence on others for ADL and IADL as risk factors in their systematic review.[15] Simone et al. reported that need of support (73%) and need of care (59%) were common among victims.[22]

**Health Status:** Sembiah et al. found that suffering from depression and multimorbidity increased odds of abuse.[5] Dos Santos et al. identified mental disorder and depression as risk factors.[15] Cevik et al. included presence of chronic disease and sleep problems as health-related characteristics examined.[14]

**Marital Status:** Sembiah et al. found that being unmarried/widowed was associated with increased abuse risk in some populations.[5] Dos Santos et al. identified marital status as a risk factor.[15]

**Educational Level and Income:** Low educational level and low income were identified as risk factors by multiple studies.[14,15,21] However, Olasupo et al. found no significant relationship between socioeconomic status and elder abuse in their Nigerian sample, suggesting complexity in this association.[21]

**Relationship-Level Factors**

**Caregiver Stress**: Amos et al identified caregiver stress as a determinant of abuse.[7] Simone et al. found that being overburdened with the situation was a common risk factor among perpetrators (33%).[22] The caregiver stress theory provides the explanatory framework for this association.

**Family Dynamics and Living Arrangements:** Sembiah et al. found that living in a nuclear family increased odds of abuse and was a predictor.[5] Simone et al. reported that cohabitation with the victim was a common risk factor among perpetrators (33%) and was significantly associated with a higher risk of abuse than of neglect.[22] Dos Santos et al. identified family arrangement and family relationship as risk factors.[15]

**Number of Children:** Sembiah et al. found that having more than three children was associated with increased odds of abuse, possibly reflecting resource dilution or increased family conflict.[5]

**History of Violence:** Simone et al. identified positive history of violence as a victim-related risk factor, consistent with intergenerational transmission theories.[22]

**Community-Level Factors**

**Social Isolation and Support:** Amos et al identified

social isolation as a determinant of abuse.[7] Olasupo et al. found that social support differentiated elder abuse, with those receiving low social support experiencing more abuse.[21] Dos Santos et al. identified social support and solitude as risk factors.[15] Cevik et al. measured loneliness levels using the UCLA Loneliness Scale and found significant associations with abuse.[14]

**Rural vs. Urban Residence:** Oluoha et al. found higher prevalence of elder abuse in rural (14.7%) compared to urban (9.8%) communities in Nigeria, with physical and emotional abuse three times commoner in rural areas.[25] Amos et al noted that living in rural area served as a factor influencing elder abuse.[7]

**Community Resources**: Limited community resources and lack of social networks were identified as exacerbating factors.[15]

**Societal-Level Factors**

**Cultural Norms**: Cultural factors influencing perceptions of abuse and reporting were noted across studies. The variability in prevalence estimates across countries reflects, in part, cultural differences in what is recognized as abuse.[9,15]

**Economic Conditions**: Cevik et al. found that economic problems were the most important factor increasing the risk of exposure to abuse in Turkey.[14] Poverty and unemployment were identified as determinants.[7,15]

**Policy and Legal Frameworks**: The absence of protective legislation and weak enforcement were noted as contributing factors, particularly in the Nigerian context.[7,8,21,25]

**Perpetrator Characteristics**: Simone et al. provided detailed data on perpetrators: 46% were family members (spouse/partner 17%, son 14%, daughter 8%, other family 7%), 37% professional caregivers, 11% business associates, and 6% friends or others.[22] Perpetrator risk factors included being overburdened, cohabitation, substance abuse, mental health problems, and unemployment.[7,14,22]

## DISCUSSION

**Summary of Main Findings**

This scoping review synthesised evidence from ten studies across eight countries on the types and factors associated with elder abuse. The findings confirm that elder abuse is a multifaceted phenomenon with consistent patterns across diverse settings, yet important variations exist.

**Types of Abuse:** Psychological abuse emerged as the most common form of elder abuse globally, consistent with previous meta-analyses.[11] This finding held across high-income countries (Switzerland, Korea) and low/middle-income countries (India, Nigeria, Ghana). Financial abuse and neglect followed as the next most common types, though their relative prevalence varied by setting. In some Nigerian communities, financial abuse predominated, while in others, neglect featured prominently.[7,25] Sexual abuse was consistently the least reported form, likely reflecting significant underreporting due to shame, cultural taboos, and victim vulnerability.[9]

**Prevalence Variations:** The wide range of prevalence estimates from 9.9% in Korea to 81.8% in Kaduna State, Nigeria, reflected genuine differences as well as methodological variations, differences in definitions, and cultural factors affecting disclosure.[7,24] The higher rates in African studies compared to Asian and Western studies warrant further investigation but may reflect the combined impact of poverty, weak social protection systems, and erosion of traditional family support without adequate replacement structures.[5,7,22-25]

**Risk Factor Patterns:** The ecological model provides a useful framework for understanding the multifactorial nature of elder abuse. At the individual level, functional dependency, poor health, depression, and female gender consistently increased vulnerability. The finding that age over 80 years might be protective in some Asian societies, highlighted important cultural variations requiring further study.[24]

At the relationship level, caregiver stress, cohabitation, and strained family dynamics emerged as critical factors. The high proportion of family member perpetrators (46% in the Swiss study) underscored the centrality of family relationships in both care provision

and abuse perpetration.[22]

At the community level, social isolation and lack of support consistently increased risk. The rural-urban differences documented in Nigeria suggest that rural elders face particular vulnerabilities, possibly due to greater isolation, fewer services, and stronger cultural norms against reporting.[25]

At the societal level, poverty, economic problems, and weak policy frameworks created enabling conditions for abuse. The poor national ageing policies in Nigeria exemplified how structural factors contribute to elder vulnerability.[8]

**Integration with Theoretical Frameworks**

The findings supported all three theoretical frameworks guiding this review:

Caregiver stress theory was supported by the consistent association between caregiver burden, being overburdened, and abuse.[7,22] The high rates of abuse among co-residing caregivers (33% in the Swiss study) and the association between cohabitation and abuse risk provided further support. Ecological model was validated by the identification of risk factors at multiple levels and their interactions. No single factor explained elder abuse; rather, it is the convergence of individual vulnerabilities, relationship strains, community deficits, and societal failures that produces risk. Social exchange theory was supported by the strong associations between functional dependency, financial dependence, and abuse risk. When elders become dependent and the balance of costs and benefits in relationships shifts, vulnerability increases.

**Gaps in the Evidence**

This review identified several important gaps:

**Geographic Gaps:** The Brazilian systematic review noted the absence of studies from Africa and Oceania.[15] While this review included several African studies, they were concentrated in Nigeria and Ghana, leaving vast regions of Africa unexplored.

**Gender-Specific Analyses:** Few studies examined gender differences in correlates of abuse. The Korean study was a notable exception, finding significant gender differences that should warrant further investigation.[24]

**Perpetrator Characteristics**: Many studies focused on victim characteristics, with limited attention to perpetrator factors. The Swiss study provided valuable perpetrator data, but such studies are rare.[22]

**Intervention Research**: This review focused on types and associated factors; evidence on effective interventions remains limited, as noted in previous reviews.[10]

**Longitudinal Studies:** Most included studies were cross-sectional, limiting ability to establish causal relationships and temporal sequences.

**Culturally Specific Factors**: Factors such as witchcraft accusations in Nigeria and caste in India highlighted the need for culturally specific research.[5,7]

Other identified gaps included the absence of qualitative and mixed-method studies as well as studies on family factors such as family circle, family cycle, family function that may mitigate elder abuse and neglect in the family.

**Implications for Practice and Policy**

**Screening and Identification**: The high prevalence of abuse in the community and the difficulty of detection underscore the need for routine screening in healthcare settings. Tools such as the Hwalek-Sengstock Elder Abuse Screening Test, the Actual Abuse Tool, and the Elder Abuse Suspicion Index can facilitate identification.[5,21,26] Screening should be particularly targeted at vulnerable groups: older women, those with functional dependency, depression, and social isolation.

**Healthcare Provider Training**: Studies consistently report that healthcare providers feel ill-equipped to identify elder abuse.[26] Training programs should be integrated into medical, nursing, and social work curricula, with particular attention to culturally appropriate approaches.

**Multidisciplinary Response**: Given the multifactorial nature of elder abuse, multidisciplinary teams involving healthcare, social services, and legal professionals are essential.[27]

**Policy Development**: The poor functional ageing policies in countries like Nigeria must be addressed.[8] Comprehensive legislation should establish reporting mechanisms, adult protective services, and regulatory frameworks for residential care.

**Family and Community-Based Interventions**: The importance of family and social supports in protecting against abuse suggests that family-based interventions like family conferencing, and community-based programmes strengthening social networks - through faith-based organizations, women's groups, and community associations - may be effective.[21]

**Economic Security**: The association between poverty and abuse highlights the need for social protection measures including universal social pensions and reliable pension systems.[14]

### Limitations

This scoping review has some limitations. First, the review included only ten studies, which may not capture the full breadth of evidence on elder abuse types and factors. Second, the included studies used diverse methodologies, definitions, and measurement tools, limiting direct comparability. Third, most studies were cross-sectional, precluding causal inferences. Fourth, the review focused on English-language publications, potentially excluding relevant studies in other languages. Finally, the predominance of studies from Nigeria reflects the review's focus but may limit generalisability to other African contexts.

## CONCLUSION

This scoping review confirms that elder abuse is a pervasive global problem manifesting in multiple forms, with psychological abuse being the most common type. Associated factors operate at multiple levels individual, family, community, and societal - requiring comprehensive ecological approaches to prevention and intervention.

The findings highlight the urgent need for action in several areas. First, routine screening for elder abuse should be integrated into healthcare settings, particularly for vulnerable groups. Second, healthcare providers require systematic training in identification and response. Third, governments must enact and implement protective legislation and establish adult protective services. Fourth, family and community-based programmes strengthening family and social support networks can reduce isolation and vulnerability. Fifth, addressing structural determinants such as poverty and strengthening social protection systems are essential.

In Nigeria and other countries where elder abuse remains understudied, priorities include establishing national prevalence data through rigorous family-based research, developing culturally appropriate screening tools, and building workforce capacity. In the absence of deliberate investment in protecting older adults, the rapid ageing of populations worldwide will be accompanied by escalating abuse and its devastating consequences.

Understanding the types and factors associated with elder abuse is essential for developing effective prevention strategies. This review provides a foundation for such efforts while highlighting the need for further research, particularly in understudied regions and on gender-specific correlates, perpetrator characteristics, and intervention effectiveness.

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## REFERENCES

1. Scott RB, Christopher R, Carpenter M, Tony R, Phyllis S, Richard G. Screening and detection of elder abuse: research opportunities and lessons learned from emergency geriatric care, intimate partner violence, and child abuse. J Elder Abuse Negl. 2016;28(4-5):234-55.
2. World Health Organization. World report on ageing and health. Geneva: WHO; 2015.
3. Stodolska A, Parnicka A, Tobiasz-Adamczyk B, Grodzicki T. Exploring elder neglect: new theoretical perspectives and diagnostic challenges. Gerontologist. 2019; 20:1-11.

4. World Health Organization. Abuse of older people [Internet]. Geneva: WHO; 2022 [cited 2025 Mar 30]. Available from: https://www.who.int/news-room/fact-sheets/detail/elder-abuse
5. Sembiah S, Dasgupta A, Taklikar CS, Paul B, Bandyopadhyay L, Burman J. Elder abuse and its predictors: a cross-sectional study in a rural area of West Bengal, eastern part of India. Psychogeriatrics. 2020;20(5):636-44.
6. Ryan J, Roman NV. Family-centred interventions for elder abuse: a narrative review. J Cross Cult Gerontol. 2019;34(3):325-40.
7. Amos AJ. Analysis of forms and determinants of abuse of elder in six selected communities in Kaduna State, Nigeria. KIU J Soc Sci. 2019;5(1):239-50.
8. Mbam KC, Halvorsen CJ, Okoye UO. Aging in Nigeria: a growing population of older adults requires the implementation of national aging policies. Gerontologist. 2022;62(9):1243-50.
9. Arab-zozani M, Mostafazadeh N, Arab-zozani Z, Ghoddoosi-Nejad D, Hassanipour S, Soares JJ. The prevalence of elder abuse and neglect in Iran: a systematic review and meta-analysis. J Elder Abuse Negl. 2018;30(5):361-78.
10. Baker PR, Francis DP, Hairi NN, Othman S, Choo WY. Interventions for preventing abuse in the elderly. Cochrane Database Syst Rev. 2016;(8):CD010321.
11. 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: e147-56.
12. Storey JE. Risk factors for elder abuse and neglect: a review of the literature. Aggress Violent Behav. 2020; 50:101339.
13. Anand A. Exploring the role of socioeconomic factors in abuse and neglect of elderly population in Maharashtra, India. J Geriatr Ment Health. 2016; 3:150-7.
14. Cevik C, Ozdemir R, Koran N, Agın A. Prevalence and risk factors for elder abuse: a community-based cross-sectional study from North West Turkey. Curr Psychol. 2021; 41:4567-76.
15. Dos Santos MA, Moreira RS, Faccio PF, Gomes GC, Silva VL. Factors associated with elder abuse: a systematic review of the literature. Cien Saude Colet. 2020;25(6):2153-75.
16. Van Den Bruele AB, Dimachk M, Crandall M. Elder abuse. Clin Geriatr Med. 2019; 35:103-13.
17. Roberto KA, McCann BR, Blieszner R. Trajectories of care: providing care to a relative with dementia. J Fam Issues. 2013;34(9):1198-220.
18. Bronfenbrenner U. The ecology of human development: experiments by nature and design. Cambridge: Harvard University Press; 1979.
19. Homans GC. Social behavior as exchange. Am J Sociol. 1958;63(6):597-606.
20. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. Int J Soc Res Methodol. 2005;8(1):19-32.
21. Olasupo MG, Olasupo MO, Fagbenro DA. Social support, socio demographic factors and elder abuse: a quantitative study in Osun, Nigeria. Psychocentrum Rev. 2020;2(1):1-12.
22. Simone L, Albert W, Oliver S, Thomas R, Hasler S. Types of abuse and risk factors associated with elder abuse. Swiss Med Wkly. 2016;146: w14273.
23. Danyoh JD, Dampson DG, Dzakadzie Y. Abuse or disabuse: coping with elderly abuse in the Asaiman municipality, Ghana. Eur J Res Reflect Educ Sci. 2018;6(4):1-12.
24. Gyeong-Suk J, Cho S, Choi K, Kwang-Sim J. Gender differences in the prevalence and correlates of elder abuse in a community-dwelling older population in Korea. Int J Environ Res Public Health. 2019;16(100):1-13.
25. Oluoha RU, Obionu CN, Uwakwe KA, Diwe KC, Duru CB, Merenu IA, et al. Assessing the prevalence and patterns of elder's abuse in Imo State, Nigeria: a rural–urban comparative study. J

Adv Med Pharm Sci. 2017;13(2):1-11.

26. Wang XM, Brisbin S, Loo T, Straus S. Elder abuse: an approach to identification, assessment and intervention. CMAJ. 2015; 187:575-81.
27. Tony R, Hargarten S, Flomenbaum NE, Platts-Mills TF. Identifying elder abuse in the emergency department: toward a multidisciplinary team-based approach. Ann Emerg Med. 2016;68(3):378-82.