

# Patterns of Abuse among Older Adults in General Outpatients Clinic of UATH Abuja, Nigeria.

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## ABSTRACT

**Background:** Elder abuse refers to any intentional act or neglect that causes harm or distress to an older adult. It affects a significant number of older adults globally and can occur in homes, nursing homes, or assisted living facilities. Abuse can be financial, physical, emotional, or even take the form of neglect. The consequences of elder abuse are usually devastating and may affect the individual's quality of life. This study sets out to assess the abuse among older adults attending the General Outpatient Clinic and its relationship to social support.

**Methods:** It was a cross-sectional study of 259 participants. The Elder Abuse Suspicion Index (EASI) was used to assess for abuse among the participants. It is a validated tool developed specifically to help primary care physicians detect victims of elder abuse. The Oslo Social Support Scale-3 (OSSS-3) was used to assess social support among the participants. It provides a brief measure of social functioning and covers different levels of social support.

**Results:** At the end of the study, 7.7% of the participants relied on caregivers for their basic activities of daily living, and less than half (37.7%) of the participants had emotional abuse, though it accounted for the highest form of abuse. Physical abuse was reported in 19% of our study participants, while 10.1% experienced financial abuse. Only 2.7% complained of neglect. There was a significant association between social support and emotional abuse (chi-square 13.79,  $p=0.001$ ) and financial abuse (Chi-square = 11.39,  $p = 0.003$ ), suggesting that the level of social support is correlated with these forms of abuse.

**Conclusion:** The consequence of elder abuse is severe and can result in psychological trauma. A multidisciplinary approach is needed in the management of abuse in older persons. It is important to raise awareness, provide social support, and implement preventive measures to combat this menace and ensure the well-being and dignity of older adults.

**Keywords:** Abuse, Older persons, Elder Abuse Suspicion Index (EASI), Social Support.

## INTRODUCTION

Elder abuse is increasingly becoming a matter of global concern in both developed and developing countries. The World Health Organization (WHO) defines elder abuse as "a single or repeated act or lack of appropriate action within any relationship where there is an expectation of trust, which causes harm or distress or is likely to cause harm or distress to an older person" (WHO 2008). The United Nations Population Division (2002) defined the elderly as people aged 60 years or older and estimated that by 2025, their global population will reach 1.2 billion, up from 542 million in 1995. The World Health Organization estimated that the world's older adults will almost double from 12% to 22% between 2015 and 2050. This is an expected increase from nine hundred million to 2 billion people over the age of 60. The population of the elderly has

consistently increased in sub-Saharan Africa in the recent past, which represents a major shift in population structure in this region.<sup>1</sup>

Modernization and rural-urban migration have eroded the traditional social welfare system of Africa, the extended family. The abuse and violence against older persons and their vulnerability to financial exploitation are key challenges faced by many countries in the sub-Saharan region.<sup>1</sup> The increasing prevalence of elder abuse reflects the changing social and economic environment. The family traditionally was valued as the cradle of love where family needs including those of the aged were met.<sup>2</sup> It has been shown that there is a high prevalence of physical and psychological abuse and neglect of the elderly in Nigeria.<sup>2</sup> A large number of older adults face abuse, neglect, and exploitation yearly.<sup>2</sup> Because the elderly

are usually frail, and vulnerable, they depend on caregivers for their basic needs. These caregivers could be men or women, family members, or friends they trust. A cross-sectional survey conducted by Cadmus et al in 2012 on the prevalence, patterns, and factors associated with elder abuse among elderly women in Ibadan showed abuse of elderly women was prevalent in the communities studied, especially physical abuse.<sup>3</sup> They also found urban dwelling, financial dependency, and a high level of educational attainment were positive predictors of elder abuse.<sup>3</sup> Elderly men and women who were victims of abuse have poorer psychological health than those without such experiences.<sup>4</sup>

Screening for elder abuse is a process of eliciting information about abusive experiences in a caring or family relationship from older or vulnerable adults who do not have obvious signs of abuse. Elder abuse entails a singular or recurring action or failure to take appropriate measures, occurring in any relationship founded on trust. Such actions lead to the infliction of harm or emotional suffering upon an older person. This can be Physical Abuse, Sexual Abuse, Neglect, Exploitation, Emotional Abuse, and Abandonment.<sup>5</sup> The unfortunate thing is that elder abuse often goes unnoticed or unreported.<sup>5</sup> As the population of the aged increases, there may be no safety net in place for older persons if this challenge is not addressed.

This study aims to determine the proportion of older people attending the general outpatient clinic who experience any form of abuse and to assess the level of social support and its relationship to the various forms of abuse among this group.

Elder abuse violates the fundamental human rights of the individual and therefore should be treated with urgent attention. It is also a major public health problem that can lead to health consequences for the victims, such as the increased risk of morbidity, mortality, institutionalisation, and hospital admission. It may also harm families and society at large.<sup>6,7</sup> Despite the severity of its consequences, there are still major gaps in the prevalence of elder abuse especially in our environment.<sup>8</sup> Understanding the magnitude of elder abuse is important in preventing its occurrence. Studies have recommended social support for the elderly to reduce the incidence of abuse.<sup>9,10</sup> A systemic review done showed prevalence studies are sparse in low-income and middle-income countries however it was estimated that elder abuse seems to affect one in six older adults worldwide, which is roughly 141 million people.<sup>9</sup> Nonetheless, elder abuse is a neglected global public health priority, especially compared with other types of violence.<sup>9</sup>

## METHODOLOGY

### Study site

The General Outpatient Clinic (Care of the Elderly unit) of the Department of Family Medicine at the UATH, Gwagwalada area council in Abuja, the Federal Capital Territory, North Central Nigeria.

### Study Population

Older persons > 60 years attending the Outpatient Clinic.

### Study design

A descriptive cross-sectional study among older persons > 60 years attending the care of the elderly clinic at the University of Abuja Teaching Hospital Gwagwalada.

**Inclusion criteria:** All elderly patients aged >60 years attending the clinic who consent to the study.

**Exclusion criteria:** Acutely ill patients or patients with documented mental illness/dementia

Sample size calculation.

Using the formula;

$$n = \frac{z^2 pq}{d^2}$$

where:

n = the desired sample size

z = the standard normal deviate usually set at 1.96

p = the proportion in the target population estimated to have a particular characteristic. 0.205

q = 1.0 - 0.205 = 0.795

d = degree of accuracy desired usually set as 0.05.

$$n = \frac{(1.96)^2 (0.205) (0.795)}{(0.05)^2}$$

n = 250 is the minimum sample size

### Sampling Technique

Simple random sampling was used to recruit consenting patients who met the inclusion criteria. The study was done over 8 weeks, and it is estimated that 60 participants attend the clinic weekly. It is expected that about 480 patients will attend the clinic over this time frame. Each participant was assigned a unique number and using a table of random numbers, 259 participants were selected from the sampling frame.

### Tools for data collection

Semi-structured socio-demographic questionnaire. Which was used to obtain sociodemographic characteristics of the participants.

Elder Abuse Suspicion Index (EASI). The EASI is a validated tool developed specifically to help primary care physicians suspect/detect victims of elder abuse.

The EASI respects doctors' decision-making and diagnostic strategies that commonly involve "indices of suspicion".<sup>10</sup> The EASI, therefore, aims to raise a doctor's level of suspicion about elder abuse to a level at which the physician himself or herself makes an in-depth exploration of possible mistreatment. The EASI is comprised of only six questions and is rapid to administer. The first five are asked by the doctor and answered by the patient in a YES / NO format. The doctor answers the sixth question based on his or her observations of the patient. EASI completion commonly takes two to five minutes. All six questions should be queried in the order in which they appear in the EASI. A response of YES on one or more of questions 2-6 should raise a concern about mistreatment.<sup>10</sup> This was administered to the participants to assess the various types of abuse among the study participants.

The Oslo Social Support Scale -3(OSSS-3) was used to assess different levels of social support among the participants. It provides a brief measure of social functioning and covers different fields of social support. The OSSS-3 consists of 3 items that assess the level of social support by measuring the number of people the respondent feels close to, the interest and concern shown by others, and the ease of obtaining practical help from others. The scores range from 3 to 14 with high values representing strong support and low values representing low support. The scores are categorized; thus, 3-8 poor social support, 9-11 moderate/intermediate social support, and 12- 14 strong social support.<sup>11</sup>

### Data Analysis

The data was entered in a Microsoft Excel sheet. The variables were defined and assigned value labels. Statistical Package for the Social Sciences (SPSS) version 22 software was used for the analysis of data. Continuous and Categorical variables were represented using frequency tables while Chi-square was used to test for association between patterns of abuse and different levels of social support.

Ethical approval was obtained from the Human Ethics and Research Committee of the UATH Gwagwalada. Written informed consent was obtained with a subject information sheet containing the details of the research and their participation.

### Results

General characteristics of the study participants Table 1 shows that the majority of participants were in the 60-69 age group (77.2%), but has a roughly equal distribution of male (51%) and female (49%) participants. Participants were predominantly from urban areas (72.6%) compared to rural areas (27.4%).

Most participants were married (62.9%), and had varying levels of education, with 34.4% having tertiary education (32.4%) and 29.7% having no formal education. The main sources of income for participants were pensions (37.7%), and children/relatives (33.6%) and 42.9% of participants were unemployed. The participants were mainly from extended families (51.7%) with a small proportion from single-parent families (1.2%). Most participants were in monogamous marriages (72.2%), and a significant portion of participants had comorbidities (81.5%), while a smaller percentage did not (18.5%). Most participants lived with their spouses (62.9%).

**Table 1: General characteristics of the study participants**

Variable	Frequency	Percent
<b>Age in years</b>		
60 -69	200	77.2
70 -79	45	17.4
>80	14	5.4
Total	259	100
<b>Place of residence</b>		
Rural	71	27.4
Urban	188	72.6
Total	259	100
<b>Gender</b>		
Male	132	51
Female	127	49
Total	259	100
<b>Marital Status</b>		
Married	163	62.9
Divorced	3	1.2
Widowed	88	34
Separated	5	1.9
Total	259	100
<b>Highest educational Qualification obtained</b>		
No Formal Education	77	29.7
Primary	45	17.4
Secondary	53	20.5
Tertiary	84	32.4
Total	259	100
<b>Main source of income</b>		
Business	64	24.7
Children/Relatives	87	33.6
Others	10	3.9
Pension	106	37.7
Total	259	100
<b>Occupation</b>		
Skilled	57	22
Unskilled	91	35.1
Unemployed	111	42.9
Total	259	100

<b>Family Type</b>		
Nuclear	122	47.1
Extended	134	51.7
Single parent	3	1.2
Total	259	100
<b>Marriage Type</b>		
Monogamous	187	72.2
Polygamous	72	27.8
Total	259	100
<b>Comorbidities</b>		
YES	211	81.5
NO	48	18.5
Total	259	100
<b>Living status</b>		
With spouse	163	62.9
Not with spouse	96	37.1
Total	259	100

**Social support among the study participants**

A majority (51.4%) of the participants perceived themselves as having strong support.

**Table 2. Social support of study participants**

Social support	Frequency	Percent
poor support	27	10.8
intermediate support	97	37.8
strong support	131	51.4
Total	255	100

**Prevalence of the patterns of Elder Abuse using the EASI**

Among the study participants, 7.7% relied on others for assistance while only 2.7% were prevented from accessing necessities such as food, clothing, or medications. Emotional abuse due to communication accounted for the highest form of abuse 37.7% while physical abuse was reported among 19% of the participants. These findings shed light on the prevalence of various forms of elder abuse, as well as the level of dependence among the participants population.

**Table 3. Prevalence and Patterns of Elder Abuse using the EASI**

EASI	Frequency	Percent
Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals		
YES	20	7.7
No	239	92.3
Total	259	100

Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with		
YES	7	2.7
No	252	97.3
Total	259	100

Have you been upset because someone talked to you in a way that made you feel shamed or threatened?		
YES	97	37.7
No	162	62.3
Total	259	100

Has anyone tried to force you to sign papers or to use your money against your will?		
YES	26	10.1
No	233	89.9
Total	259	100

**Relationship between Social Support and the EASI**

The table summarizes the relationship between social support and the EASI. The chi-square tests indicate a significant association between social support and emotional abuse (p=0.001) and financial abuse (p=0.003) suggesting that the level of social support is correlated with these forms of abuse.

**Table 4. Relationship between Social Support and the EASI**

Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?					
social support	Yes	No	total	Chi-square	p-value
poor support	1(3.8)	26(96.2)	27	0.62	0.736
intermediate support	2(2.1)	95(97.9)	97		
Strong support	2(1.5)	129(98.5)	131		
	5(2)	250(98)	255		
Have you been upset because someone talked to you in a way that made you feel shamed or threatened?					
poor support	15(55.6)	12(44.4)	27	13.79	0.001
intermediate support	44(45.4)	53(54.6)	97		
strong support	34(26.2)	97(73.8)	131		
total	93(36.5)	162(63.5)	255		

Has anyone tried to force you to sign papers or to use your money against your will?					
poor support	7(25.9)	20(74.1)	27		
intermediate support	8(8.2)	89(92.7)	97	11.39	0.003
strong support	8(6.1)	123(93.9)	131		
total	23(9.0)	232(90.9)	255		
Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?					
poor support	7(25.9)	20(74.1)	27		
intermediate support	20(20.6)	77(79.4)	97	2.74	0.254
strong support	19(14.5)	112(85.5)	131		
total	46(18.0)	209(81.9)	255		
Doctor: Elder abuse may be associated with findings such as: poor eye contact, a withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?					
poor support	7(25.9)	20(74.1)	27		
intermediate support	7(7.2)	90(92.8)	97	11.39	0.003
strong support	8(6.1)	123(93.9)	131		
total	22(8.6)	233(91.4)	255		

## Discussion

Elder abuse is a growing problem affecting many older adults but is usually underreported and hence many suffer in silence. It can be in the form of physical, sexual, financial abuse, or even neglect. This study was designed to determine the pattern of elder abuse in an outpatient clinic using the EASI. The study participants were 259 elderly clients aged 60 years and above and presented to the outpatient clinic for clinical care.

In this study, 7.7% of the participants relied on caregivers for their basic activities of daily living which are basic self-care tasks that individuals need to perform to take care of themselves and maintain their independence. For older adults, these tasks can become increasingly difficult as they age and may require assistance from caregivers or family members to maintain their well-being. A small percentage (2.7%) of the participants suffered neglect which means they were deprived of essential needs such as food, water, and shelter and from being with people they wanted to interact with. This could have been intentional, unintentional, or may have been due to a lack of knowledge, resources, or capacity to provide adequate care. Even though less than half (37.7%) of the participants had emotional abuse, it accounted for the highest form of abuse found among the study participants. This was similar to the finding in a study in Eastern India in which emotional abuse was the most reported form of abuse at 11.1%<sup>12</sup>. Likewise in

Nigeria, Ibrahim et al<sup>13</sup> in their study in Nassarawa state as well as Okojie et al<sup>14</sup> in Edo state, reported psychological or emotional abuse (75.8% and 86.2% respectively) as the highest type of abuse among the elderly. Physical abuse accounted for 19% of abuse in our study participants. Physical abuse involves physical harm such as hitting, pushing, or beating an older person. While 10.1% experienced financial abuse. Financial abuse is also a serious problem as older adults are vulnerable to scams, fraud theft of money or assets. Ibrahim et al<sup>13</sup> in their study reported that more than half of the participants experienced physical abuse and financial exploitation (56.2% and 55.5% respectively).

More than half of the study participants had social support. Maybe this explains why there is a lower percentage of the different forms of abuse as compared with other studies earlier mentioned. Social support among older adults is an important determinant of their quality of life. As individuals age, their support systems and networks play a crucial role in their well-being. Across the different levels of social support, there are varying incidences of prevention of access to fundamental requirements such as food, clothing medication, and care but there seems to be no significant association ( $p = 0.736$ ). Additionally, the results highlight the occurrences of emotional and physical abuse among the participants. The individuals with poor social support were more likely to experience emotional and financial abuse as the chi-square test shows a significant relationship between these indicators. ( $p=0.001$  and  $p = 0.003$  respectively). Social support plays a crucial role in protecting the elderly from various forms of abuse as it has been postulated to be protective.<sup>15</sup> There is therefore a need for targeted interventions and support systems to address the vulnerabilities faced by the elderly population, particularly those with limited social support.

## Conclusion

Many factors contribute to the problem of elder abuse, including lack of social support and financial insecurity. Emotional abuse was the highest form of abuse suffered by the study population. Abuse in any form is a silent epidemic in older adults which is distressing and often overlooked. Combating it requires collective efforts to raise awareness, promote supportive environments, and empower older adults to break free from the cycle of abuse. Social support was significantly associated with emotional and financial abuse. Strengthening social support networks may create a protective environment that safeguards the well-being and

dignity of older individuals, reducing the risk of elder abuse and promoting healthy aging.

### Recommendations

1. Launch educational campaigns and workshops aimed at raising awareness about elder abuse, its different forms, and the role of social support in prevention.
2. Implement programs that foster stronger social support networks for the elderly ensuring they have access to emotional, financial and practical assistance from family, friends and the community.

### Limitations of the study

1. The EASI tool relies on self-reporting which may be influenced by several factors. Therefore, it should be complemented with a comprehensive assessment.
2. The study may be susceptible to recall bias.

**Conflict of Interest** "We declare that we have no financial or personal relationship(s) which may have inappropriately influenced us in writing this paper."

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