




# Factors associated with elder abuse: Systematic review

Factores asociados al maltrato al adulto mayor: Revisión Sistemática

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## Abstract

Elder abuse is defined as the intentional harm inflicted on an older adult or the failure to protect an older adult from harm or deprivation of the satisfaction of his or her basic needs. The main objective was to examine in the scientific literature the factors associated with elder mistreatment and, in the face of these findings, to seek help through preventive programs to reduce elder mistreatment. A systematic review of the literature was carried out using the recommendations of the PRISMA statement, in the Scopus, PubMed, and Web of Science databases. The risk factors associated with elder abuse were young age (60 to 74 years), female sex, married marital status, African American ethnicity, and low economic status. In addition, the protective factors were good physical and mental health. In conclusion, it would be of vital importance to generalize public policies to reduce elder abuse.

**Keywords:** Elderly, elder abuse, domestic violence, aging.

## Resumen

El maltrato a los adultos mayores es definido como el daño intencionado infligido a una persona adulta mayor o la falta de protección de una persona adulta mayor contra el daño o la privación de la satisfacción de sus necesidades básicas. El objetivo principal fue examinar en la literatura científica los factores asociados al maltrato al adulto mayor y, frente a estos, resultados buscar ayuda mediante programas preventivos para disminuir el maltrato a los adultos mayores. Se llevó a cabo una revisión sistemática de la literatura mediante las recomendaciones de la declaración *PRISMA*, en las bases de datos de *Scopus*, *PubMed* y *Web of Science*. Los factores de riesgo asociados al maltrato al adulto mayor fueron la edades tempranas (60 a 74 años), el sexo femenino, el estado civil casado, la etnia afroamericana, la situación económica baja. Además, los factores protectores fueron el tener buena salud física y mental. En conclusión, sería de vital importancia generar políticas públicas para disminuir el maltrato en los adultos mayores.

**Palabras claves:** Ancianos, abuso de ancianos, violencia doméstica, envejecimiento.

## Introduction

Elder abuse is defined as the intentional harm inflicted on an older adult or the failure to protect an older adult from harm or deprivation of the satisfaction of his or her basic needs<sup>1</sup>, is a serious violation of human rights to which the World Health Organization (WHO)<sup>2</sup> has drawn attention. It is considered a public health problem to be intervened, according to the Pan American Health Organization (PAHO)<sup>3</sup>. According to the literature, it has a negative impact on the psychological and physical integrity of the victimized individual and increases the risk of mortality, morbidity, hospitalization, and institutionalization<sup>4-6</sup>.

The main forms of elder abuse are psychological, physical, sexual, financial exploitation, and neglect<sup>6-8</sup>. Old age is a period of life marked by a degree of frailty. Information on its prevalence and risk factors can help to develop prevention and intervention strategies that minimize its impact on this population.

Recent research on elder abuse in countries around the world estimated a combined prevalence rate of 15.7%<sup>9</sup>. The most common forms of abuse were psychological (11.6%), followed by financial exploitation (6.8%), neglect (4.2%), physi-

cal (2.6%), and sexual (0.9%). These types seem to coincide with those of a previous review of the literature<sup>10</sup>. The results of studies conducted in different countries show a degree of heterogeneity<sup>6,9,10</sup>. The latter can be attributed partly to cultural factors related to exposure and partly to methodological aspects, such as data collection methods, sample sizes, and income classifications, as well as definitions and instruments used to record the different types of elder abuse<sup>6,9,10</sup>.

On the other hand, empirical research on elder abuse as a risk factor or suicidal behavior in older adults is limited. In a report, Kim and Im<sup>11</sup> in 2010, searched for a relationship between maltreatment and suicide risk in a large sample of Koreans over 65 years of age exposed to maltreatment within their families. They found that individuals who had been abused had a higher risk of suicide than those who had never been abused. In another report, also with an Asian population, Wu et al.<sup>12</sup> in 2013, examined the association between physical and psychological maltreatment and suicidal ideation in a population of rural Chinese aged 60 years or older. Their main finding was that elder mistreatment correlated strongly and positively with the presence of suicidal ideation. Even allowing for the influence of possible sociocultural factors, both studies make significant contributions to the understanding of the connection between elder abuse and suicide. Therefore, in this research, we investigate the relationship of elder abuse with suicidal ideation and its consummation in the abused elderly.

In terms of social relevance, the consequences of elder abuse can be classified as suicidal ideation<sup>12-14</sup>, depression<sup>12,15-20</sup>, hospitalization, morbidity, and mortality<sup>13,21</sup>. Several studies have found a wide variety of short- and long-term consequences<sup>13,21</sup>. In response to the social concern to protect those who are most vulnerable and in view of the evidence that elder abuse is not an isolated or localized event, in which the damage it generates should be considered, assessment instruments have been developed to detect geriatric mistreatment.

In general, these have the objective of identifying in the scientific literature the factors associated with elder mistreatment and, in the face of these results, to seek help through preventive programs to reduce elder mistreatment.

## Methodology

### Type of Research

A systematic review of the literature was carried out, according to the guidelines contained in Main Items for Reporting Systematic Reviews and Meta-analyses (PRISMA)<sup>22</sup>. The search was done in the selected databases such as PubMed, SCOPUS, and Web of Science. For the search we used keywords related to the desired objectives, according to the terms Mesh and DeCs: "abuse" AND "maltreatment" OR "older adult" OR "violence" OR "factors" OR "prevalence". The intersection between these descriptors, using Boolean AND and OR connections. In addition, observational reports

(cross-sectional, retrospective, and prospective studies on elder abuse) were also considered.

### Inclusion and Exclusion Criteria

The selection of scientific evidence included the following: empirical scientific articles in both Spanish and English published in the last ten years. Thesis-type studies (undergraduate and graduate), monographs and argumentative essays, the impossibility to retrieve the full text of the article, and article/s repeated from a previous search were excluded.

### Procedure

In the first stage, the topic and the formulation of the research question were identified: ¿What are the factors associated with elder abuse?

In the second stage, it applied the inclusion and exclusion criteria mentioned above. Then, in the third stage, the primary selection of the publications was carried out by reading the title and abstract.

In the fourth and fifth stages, the evaluation of the studies was carried out with more criteria (according to the stated objectives), and the interpretation of the results was obtained, to reach the sixth stage where the discussion and synthesis of knowledge were formed. A systematic review was provided with rigorous and exhaustive scientific information with studies with more and better pertinent information, without introducing information or publication bias, thus contributing to the scientific community.

## Discussion

The main objective was to examine the factors associated with elder abuse in the scientific literature. This discussion section then detailed the factors associated at the international and regional levels.

In the United States, younger age has been consistently associated with a higher risk of elder mistreatment, including emotional, physical, and financial abuse and neglect<sup>5,10,23</sup>. Similar results were found in Colombia, where 15% of young older adults (60-74 years) reported physical (0.6%), psychological (4.9%), neglect (0.9%), and no cases of financial or sexual abuse<sup>24</sup>. However, studies from Mexico<sup>7,15</sup>, Europe<sup>16</sup>, and Asia<sup>21,25</sup> report that the elderly are at greater risk. While in older Colombian elderly<sup>75-89</sup> the prevalence of physical abuse was 1.5%, psychological 4.4%, neglect 2.2%, and economic 2.2%<sup>24</sup>, in Ecuador they suggest a decrease in the occurrence of abuse with respect to age<sup>26</sup>.

Regarding sex, studies including reports from Portugal<sup>27</sup>, Iran<sup>28</sup>, India<sup>29</sup>, Korea<sup>21</sup>, Italy<sup>30</sup>, Korea<sup>21,25</sup>, Ireland<sup>16</sup>, Israel<sup>31</sup>, Mexico<sup>7,15</sup>, Colombia<sup>17,18,24,32</sup>, and Ecuador<sup>26</sup>, indicate that women are more likely than men to suffer elder abuse, specifically psychological<sup>33</sup> and financial abuse<sup>31</sup>. However, a recent study in Seoul, Korea<sup>25</sup> found that men were more likely to suffer emotional and financial abuse.

Some studies from the United States, Canada, and Europe indicate that being married is associated with elder abuse<sup>34</sup> and with psychological and physical abuse<sup>19,35</sup>. However, other studies from the United States, Europe, Mexico, and China have found that being single, separated/divorced, or widowed are associated with higher odds of aggregate elder abuse<sup>15,16,20</sup> and each of the individual types of maltreatment<sup>12,19,20,23,33</sup>. On the other hand, in the study by Cano, Garzón, Segura, and Cardona<sup>18</sup> conducted in Colombia, they found greater mistreatment in married (33.9%) and widowed (28.1%) older adults. Another Colombian study<sup>24</sup> found a higher prevalence of mistreatment in young older adults without a partner (54.3%) than in young older adults in union or married (45.7%). In contrast, the SABE study in Ecuador in 2009 does not report analysis in relation to marital status, so updated information is needed.

Findings related to race/ethnicity come from the United States and Canada and suggest that specific racial/ethnic groups have divergent risk trends in relation to different types of elder abuse<sup>33</sup>. Compared with Caucasians, African American older adults may be at higher risk for financial abuse and psychological abuse<sup>33,36</sup> and Aboriginal older adults have demonstrated a higher risk for physical and sexual abuse<sup>37</sup>, whereas Hispanic older adults have shown a lower risk for emotional abuse, financial abuse, and neglect<sup>23,33</sup>. While Afro-Colombian older adults (21.2%) present greater maltreatment. No information was found in Ecuador.

Low income has predicted general mistreatment of adults in Mexico<sup>15</sup>, Ireland<sup>16</sup>, India<sup>29</sup>, and Colombia<sup>24</sup>; financial and economic mistreatment<sup>38</sup>, psychological and physical abuse<sup>23</sup> and neglect<sup>4</sup> in the United States; physical and sexual mistreatment in Canada<sup>37</sup>.

In relation to cognitive functioning, in the United States and Europe, older adults with cognitive impairment present greater economic maltreatment<sup>36,39-41</sup>. While in Korea, longevity increases the possibility of exposure to elder abuse, and cognitive impairment<sup>21</sup>. In Colombia, mild cognitive impairment has 4.72 times more prevalence of psychological mistreatment than those without this type of impairment, and this prevalence ranged between 1.37 and 23.95 respectively. A systematic review study also showed that older adults with cognitive impairment are more likely to suffer mistreatment<sup>42</sup>.

Good health status was found to be a protective factor against elder abuse<sup>28</sup>. Studies in the United States<sup>19</sup>, Ireland<sup>16</sup>, Israel<sup>31</sup>, Italy<sup>41</sup>, Portugal<sup>27</sup>, and Korea<sup>21</sup> found that older adults with poor health status had a high risk of mistreatment, while Pillemer<sup>42</sup> found that there was no association between health status and mistreatment in the United States. In Mexico, regular health status had a prevalence of 52% in mistreatment<sup>8</sup> and in Colombia mild satisfaction with health was associated with physical mistreatment.

Regarding family relationships, in Colombia, a high percentage of older adults who lived with dysfunctional families (57.9%) were found to be mistreated. In Ecuador, however, there was no evidence of prevalence in this regard.

On the other hand, mistreatment of Chinese older adults residing in the United States is significantly associated with suicidal ideation<sup>13</sup>. This finding is consistent with that of a study conducted in Hubei, China, which suggested that elder abuse was a risk factor for suicidal ideation among 2,039 Chinese older adults<sup>12</sup>. The degree of association between elder abuse, suicidal ideation, and depression<sup>13,14</sup>. Meanwhile, in Colombia, suicidal ideation (10.5%) is a risk factor for physical abuse<sup>24</sup>.

Studies in different countries have found a relationship between poor emotional health and elder abuse, including general abuse in Mexico<sup>15</sup> and Ireland<sup>16</sup>. Depression or depressive symptoms have been specifically associated with psychological and physical mistreatment in the United Kingdom<sup>20</sup>, China<sup>12</sup>, Canada<sup>19</sup>, and Colombia<sup>17,18</sup>.

Finally, the health status on the risk of elder mistreatment is the higher rate of hospitalization, morbidity-mortality, and mortality<sup>13,21</sup>. On the other hand, worldwide publications show the creation of several instruments, protocols, and guidelines aimed at detecting and assessing elder abuse<sup>43</sup>.

#### Conflict of Interest

The authors declare no conflict of interest

#### References

1. National Research Council. Elder Abuse: Abuse, Neglect, and Exploitation in an Aging America. Washington, DC, USA: National Academies Press; 2003. 34–59 p.
2. World Health Organization. World Report on Violence and Health [Internet]. 2002. Available from: [http://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/en/summary\\_en.pdf](http://www.who.int/violence_injury_prevention/violence/world_report/en/summary_en.pdf)
3. Organización Panamericana de la Salud OPS. Consideraciones psicosociales y de salud mental durante el brote de COVID-19. 2020;2019:1–7.
4. 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(2):292–7.
5. Acierno R, Hernandez-Tejada MA, Anetzberger GJ, Loew D, Muzzy W. The National Elder Mistreatment Study: An 8-year longitudinal study of outcomes. *J Elder Abuse Negl* [Internet]. 2017;29(4):254–69. Available from: <https://doi.org/10.1080/08946566.2017.1365031>
6. Dong XQ. Associations between the differential definitions of elder mistreatment and suicidal ideation outcomes in U.S. Chinese older adults: Do the definitions matter? *Journals Gerontol - Ser A Biol Sci Med Sci*. 2017;72(9): S82–9.
7. Giraldo-Rodríguez L, Rosas-Carrasco O, Mino-León D. Abuse in Mexican Older Adults with Long-Term Disability: National Prevalence and Associated Factors. *J Am Geriatr Soc*. 2015;63(8):1594–600.
8. Giraldo Rodríguez L. Maltrato en la vejez: caracterización y prevalencia en la población mexicana. *Notas Poblacion*. 2020;46(109):119–45.
9. Yon Y, Mikton C, Gassoumis Z, Wilber K. Elder abuse prevalence

in community settings: a systematic review and meta-analysis. *Lancet Glob Heal* [Internet]. 2017;5(2):e147–56. Available from: [http://dx.doi.org/10.1016/S2214-109X\(17\)30006-2](http://dx.doi.org/10.1016/S2214-109X(17)30006-2)

10. Pillemer K, Burnes D, Riffin C, Lachs MS. Elder Abuse: Global Situation, Risk Factors, and Prevention Strategies. *Gerontologist*. 2016;56:S194–205.
11. Kim Y, Im M. A Study on Relationship between Elder Abuse and Suicide Risk. *Korean J Community Living Sci*. 2010;21(3):351–64.
12. Wu L, Shen M, Chen H, Zhang T, Cao Z, Xiang H, et al. The relationship between elder mistreatment and suicidal ideation in rural older adults in China. *Am J Geriatr Psychiatry*. 2013;21(10):1020–8.
13. Dong X, Chen R, Wu B, Zhang NJ, Mui ACYS, Chi I. Association between Elder Mistreatment and Suicidal Ideation among Community-Dwelling Chinese Older Adults in the USA. *Gerontology*. 2015;62(1):71–80.
14. Yan E, Tang C. Prevalence and Psychological Impact of Chinese Elder Abuse. *J Interpers Violence* [Internet]. 2001;16(11):1158–74. Available from: <https://journals.sagepub.com/doi/abs/10.1177/140349489302100404#articleCitationDownloadContainer>
15. Giraldo-Rodríguez L, Rosas-Carrasco O. Development and psychometric properties of the Geriatric Mistreatment Scale. Vol. 13, *Geriatrics and Gerontology International*. 2013. 466–474 p.
16. Naughton C, Drennan J, Treacy MP, Lafferty A, Lyons I, Phelan A, et al. Abuse and Neglect of Older People in Ireland [Internet]. Vol. 20, ... of Older People, Dublin. 2010. Available from: [http://www.ncpop.ie/userfiles/file/ncpop\\_reports/Study\\_3\\_Prevalence.pdf](http://www.ncpop.ie/userfiles/file/ncpop_reports/Study_3_Prevalence.pdf)
17. Agudelo-Cifuentes PMC, Cardona D, Segura A, Restrepo-Ochoa D, Muñoz D, Segura A, et al. Vulneración a la integridad física de personas mayores : prevalencia del maltrato y factores asociados Violation of the Physical Integrity of the Elderly : Prevalence of Abuse and Related Factors. 2020;20(2):129–39.
18. Cano S, Garzón M, Segura Á, Cardona D. Factores asociados al maltrato del adulto mayor de Antioquia, 2012. *Rev Fac Nac Salud Pública*. 2015;33(1):67–74.
19. Podnieks E. National survey on abuse of the elderly in Canada. *J Elder Abus Negl*. 1992;4(1–2):5–58.
20. O’Keeffe M, Hills A, Doyle M, McCreddie C, Scholes S, Constantine R, et al. UK study of abuse and neglect of older people: Prevalence survey report [Internet]. London: National Center for Social Research and Kings College.; 2007. Available from: <https://www.cornwall.gov.uk/media/3633937/UK-study-prevalence-of-elder-abuse-Comic-Relief-2007.pdf>
21. Jeon GS, Cho S II, Choi K, Jang KS. 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(1).
22. Urrútia G, Bonfill X. PRISMA declaration: A proposal to improve the publication of systematic reviews and meta-analyses. *Med Clin (Barc)*. 2010;135(11):507–11.
23. Burnes D, Pillemer K, Caccamise PL, Mason A, Henderson CR, Berman J, et al. Prevalence of and risk factors for elder abuse and neglect in the community: A population-based study. *J Am Geriatr Soc*. 2015;63(9):1906–12.
24. Agudelo-Cifuentes MC, Arango DC, Cardona AS, Cardona AS, Rodríguez DM, Restrepo-Ochoa DA. Social and family characteristics associated with elder abuse in Pasto, Colombia 2016. *Rev CES Psicol*. 2019;12(1):32–42.
25. Oh J, Kim HS, Martins D, Kim H. A study of elder abuse in Korea. *Int J Nurs Stud*. 2006;43(2):203–14.
26. Vinuesa-Veloz MF, Nuñez-Rivero Y, Leyva-Montero M de los Á, Montero-López IL, Mera-Segovia CM. Socio-demographic determinants of violence in older people in Ecuador. *Rev Esp Geriatr Gerontol*. 2021;56(1):41–6.
27. Gil APM, Kislaya I, Santos AJ, Nunes B, Nicolau R, Fernandes AA. Elder Abuse in Portugal: Findings From the First National Prevalence Study. *J Elder Abus Negl*. 2015;27(3):174–95.
28. Mohseni M, Rashedi V, Iranpour A, Naghibzadeh Tahami A, Borhaninejad V. Prevalence of elder abuse and associated factors among community-dwelling older adults in Iran. *J Elder Abus Negl* [Internet]. 2019;31(4–5):363–72. Available from: <https://doi.org/10.1080/08946566.2019.1682739>
29. Chokkanathan S, Lee AEY. Elder mistreatment in urban India: A community based study. *J Elder Abus Negl*. 2005;17(2):45–61.
30. Badenes-Ribera L, Fabris M, Longobardi C. Elder Mistreatment in an Italian Population: Prevalence and Correlates. *Int J Aging Hum Dev*. 2021;92(1):83–99.
31. Lowenstein A, Eisikovits Z, Band-Winterstein T, Enosh G. Is elder abuse and neglect a social phenomenon? Data from the first national prevalence survey in Israel. *J Elder Abus Negl*. 2009;21(3):253–77.
32. Cano S, Garzón M, Segura Á, Cardona D. Maltrato psicológico en los adultos mayores del departamento de Antioquia, 2012 Psychological abuse in older adults in the department of Antioquia, 2012. *RevFacNacSalud Pública*. 2014;31(1):99–106.
33. Laumann EO, Leitsch SA, Waite LJ. Elder mistreatment in the United States: Prevalence estimates from a nationally representative study. *Journals Gerontol - Ser B Psychol Sci Soc Sci*. 2008;63(4):248–54.
34. Pillemer K, Finkelhor D. The prevalence of elder abuse: A random sample survey. *Gerontologist*. 1988;28(1):51–7.
35. Soares JFF, Barros H, Torres-gonzales F, Ioannidi-kapolou E, Lamura G, Lindert J, et al. Abuel [Internet]. Kaunas, LT: Lithuanian University of Health Sciences Press; 2010. 25 p. Available from: <http://www.diva-portal.org/smash/get/diva2:377016/FULLTEXT01.pdf>
36. Beach SR, Schulz R, Castle NG, Rosen J. Financial exploitation and psychological mistreatment among older adults: Differences between African Americans and non-African Americans in a population-based survey. *Gerontologist*. 2010;50(6):744–57.
37. Brozowski K, Hall DR. Growing old in a risk society: Elder abuse in Canada. *J Elder Abus Negl*. 2004;16(3):65–81.
38. Peterson JC, Burnes DPR, Caccamise PL, Mason A, Henderson CR, Wells MT, et al. Financial Exploitation of Older Adults: A Population-Based Prevalence Study. *J Gen Intern Med*. 2014;29(12):1615–23.
39. Delieima M. Elder Fraud and Financial Exploitation: Application of Routine Activity Theory. *Gerontologist*. 2018;58(4):706–18.
40. Sethi D, Wood S, Mitis F, Lowenstein A, Manthorpe G, Ulvestad Karki F, et al. European report on preventing elder maltreatment [Internet]. 2011. 100p. Available from: [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0010/144676/e95110.pdf](http://www.euro.who.int/__data/assets/pdf_file/0010/144676/e95110.pdf)
41. Sooryanarayana R, Choo WY, Hairi NN, Chinna K, Hairi F, Ali ZM, et al. The prevalence and correlates of elder abuse and neglect in a rural community of Negeri Sembilan state: Baseline findings from the Malaysian Elder Mistreatment Project (MAESTRO), a population-based survey. *BMJ Open*. 2017;7(8):1–10.
42. Lachs M, Pillemer K. Abuse and neglect of elderly persons. *J Med*. 1995;332(7):437–43.
43. Anthony EK, Lehning AJ, Austin MJ, Peck MD. Assessing elder mistreatment: Instrument development and implications for adult protective services. *J Gerontol Soc Work*. 2009;52(8):815–36.