Problems of Older People and Patterns of Elder Abuse in Obio/Akpor Local Government Area, Rivers State, Nigeria

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Abstract
Elder abuse is a public-health, human-rights and social-protection concern that can undermine the safety, dignity, autonomy and well-being of older people. This study examined reported experiences and patterns of elder abuse among adults aged 65 years and above in Obio/Akpor Local Government Area, Rivers State, Nigeria. A descriptive cross-sectional design was used. A multistage sampling procedure was reported, and 411 eligible older adults were selected. Data were collected with a semi-structured questionnaire and analysed in SPSS version 21 using descriptive statistics, chi-square tests and logistic regression, with statistical significance set at p < .05. Of the 411 respondents, 296 (72.0%) reported having been treated disrespectfully. Among those respondents, 226 (76.4%) considered the treatment abusive; 226 respondents (54.9% of the full sample) were recorded as having experienced abuse. Emotional abuse was the most frequently reported category (102 cases; 45.1% of reported abuse cases), followed by financial abuse (63; 27.9%), physical abuse (41; 18.1%) and sexual abuse (20; 8.9% when recalculated from the count). Among reported physical-abuse forms, kicking and pushing were most frequently recorded. Ridiculing and shunning featured prominently in the emotional-abuse table, while failure to provide financial support was the most frequently recorded financial-abuse form. Children and other family members appeared repeatedly among reported perpetrators. The findings point to the importance of family-centred prevention, accessible reporting pathways, community awareness, financial safeguards and stronger local protection mechanisms. However, inconsistencies in some source-table denominators and category totals limit the precision of selected subgroup estimates. The findings should therefore be interpreted as descriptive evidence from the surveyed sample, and the underlying dataset should be audited before inferential claims are finalized.

Keywords: *older adults; elder abuse; emotional abuse; financial exploitation; family care; Obio/Akpor; Nigeria*

1. Introduction

Population ageing is reshaping health and social-care priorities across countries. Longer lives are an important social achievement, but they also require families, communities and public institutions to ensure that older people can live safely, participate in social life and retain dignity and autonomy. Abuse of older people is one of the threats to these aims. The World Health

Organization (WHO, 2024) defines elder abuse as a single or repeated act, or the failure to take appropriate action, within a relationship where trust is expected, that causes harm or distress to an older person. It may include physical, sexual, psychological or emotional abuse, financial exploitation, neglect, abandonment and violations of dignity or rights.

The issue is not confined to physical assault. Persistent humiliation, threats, exclusion from family decisions, misuse of pensions or savings, denial of basic support, neglect of health needs and coercive sexual conduct can also cause substantial harm. Such experiences may be difficult to disclose when the alleged perpetrator is a relative, caregiver or person on whom the older adult depends. Shame, fear of retaliation, economic dependence, social isolation and a wish to protect family relationships can all inhibit disclosure. Consequently, the absence of a formal complaint should not be treated as proof that abuse has not occurred.

Globally, the WHO reports that approximately one in six people aged 60 years and above experiences some form of abuse in community settings in a given year, although estimates vary with definitions, study populations and measurement methods (WHO, 2024). This global estimate is not directly comparable with the lifetime or ever-experienced measure used in the present study. The distinction matters: prevalence measured over the previous 12 months differs from whether a respondent has ever experienced abuse.

In Nigeria, elder abuse intersects with household economic pressure, changing intergenerational relationships, unequal access to health and social services, and gaps between policy commitments and implementation. Nigeria's National Policy on Ageing, approved in 2021, identifies security, independence, participation, comprehensive care, self-fulfilment and dignity as central goals for older persons (Federal Ministry of Information and Culture, 2021). Policy aspirations, however, require local evidence and practical reporting, referral and support systems to influence everyday experiences. Obio/Akpor Local Government Area is part of the Port Harcourt metropolitan area in Rivers State. Its urban and peri-urban setting, population mobility and diverse household circumstances make it important to examine how older residents experience disrespect, abuse and dependence within family and community settings. The supplied study provides survey data on several abuse categories and the reported frequency and sources of those experiences.

1.1 Aim and objectives

The study aimed to examine the problems of older people and patterns of elder abuse in Obio/Akpor Local Government Area, Rivers State. Specifically, it sought to describe the reported occurrence of abuse; identify forms and frequency of physical, emotional, financial and sexual abuse; document other reported forms, including neglect, abandonment, rights abuse and institutional abuse; and describe the relationships in which abuse was reported to occur.

1.2 Contribution of the study

The study contributes locally grounded descriptive evidence from an urban local-government area in the Niger Delta. Its practical value lies in documenting the relative prominence of emotional and financial abuse alongside physical and sexual abuse, and in showing that abuse may occur within relationships expected to provide support. The results can inform community health education, elder-friendly screening, family support and local safeguarding initiatives. The study does not, however, establish causal determinants unless those relationships are supported by fully reported inferential analyses.

2. Conceptual and empirical background

2.1 Understanding elder abuse

Elder abuse is best understood as a pattern of harmful action or omission rather than a narrow category of visible injury. The trust relationship is central to the concept: the person causing harm may be a spouse, adult child, other relative, caregiver, neighbour or service provider. The abuse may be deliberate, but neglect can also arise from inadequate knowledge, severe resource constraints or an inability to provide appropriate care. These circumstances do not make the older person's unmet needs unimportant; they indicate that prevention may require both accountability and support for caregivers.

2.2 Forms of abuse

Physical abuse includes actions such as hitting, kicking, pushing, slapping or inappropriate restraint. Emotional or psychological abuse includes ridiculing, shunning, threats, humiliation, persistent criticism and other conduct that causes fear or distress. Financial abuse includes stealing money, misappropriating assets, manipulating transactions or withholding resources that are due or necessary. Sexual abuse includes sexual activity without consent, inappropriate touching, coercive sexual exposure and other unwanted sexual conduct. Neglect and abandonment involve failures to provide essential care or leaving a dependent older person without adequate support. Rights abuse may include denying autonomy, participation, privacy or access to entitlements. These categories can overlap, and a respondent may experience more than one form.

2.3 Risk, dependency and family relationships

Research and public-health guidance identify several interacting risk conditions, including functional dependence, poor physical or mental health, cognitive impairment, low income, caregiver stress, social isolation and unequal power within relationships (WHO, 2024). These are not deterministic explanations: most people experiencing these conditions do not necessarily perpetrate or experience abuse. They are useful for identifying where prevention, social support and safeguarding may be needed. Family relationships are particularly important because relatives can provide essential care while also being potential sources of neglect, coercion or exploitation. A Nigerian qualitative study of caregivers in south-western Nigeria similarly highlights the role of family dynamics, communication, economic pressures and the wider support environment in shaping the care of older people (Insights into caregivers' perspectives on abuse of older persons, 2023). Such evidence supports an approach that avoids placing all responsibility on individual households: accessible health services, respite support, social protection and confidential reporting options may reduce risks and help families meet care needs.

2.4 Policy and safeguarding context in Nigeria

Nigeria's National Policy on Ageing provides a policy foundation for promoting older persons' security and dignity (Federal Ministry of Information and Culture, 2021). In June 2026, Nigeria's National Human Rights Commission publicly reiterated concerns about abuse, neglect, exploitation, harmful practices and social exclusion affecting older persons, and called for stronger protection mechanisms (National Human Rights Commission, 2026). These statements indicate that elder abuse should be treated as a public concern rather than solely a private family matter. Effective implementation requires clear responsibilities among health workers, social-

welfare agencies, local councils, community leaders, civil-society organisations and law-enforcement bodies.

3. Materials and methods

3.1 Study area

The study was conducted in Obio/Akpor Local Government Area, Rivers State, within the Port Harcourt metropolitan area. The source manuscript describes the area as one of Rivers State's 23 local government areas, with its headquarters at Rumuodomaya and 17 electoral wards. It identifies the Ikwerre people as indigenous occupants alongside residents from other ethnic and regional backgrounds. The source estimates the population aged 65 years and above at 165,738, based on a 2019 projection. Because the manuscript does not provide the projection's primary demographic source, this figure should be verified before publication and should not be presented as a current census count.

3.2 Study design and population

A descriptive cross-sectional design was used among residents aged 65 years and above. Eligibility required residence in Obio/Akpor during the preceding year. Critically ill persons were excluded. The cross-sectional design allows the study to describe reported experiences at one period of data collection, but it cannot establish temporal sequence or causality between demographic characteristics and abuse.

3.3 Sample size and sampling

The manuscript reports a target sample of 411 respondents, calculated using a single-population proportion formula with a 95% confidence level, a 5% margin of error and an assumed prevalence of 58%, with an allowance for non-response. A multistage sampling approach was reported for selecting participants across the 17 wards, with balloting used in the selection process. The original manuscript does not fully detail the number of communities selected at each stage, allocation by ward, sampling frames or response rate. These details should be added from the study records to strengthen reproducibility.

3.4 Instrument and data collection

Data were collected using a semi-structured questionnaire. A pretest involving 30 older adults in Aluu community, Ikwerre Local Government Area, was conducted among people who were not included in the final sample. The source describes the pilot group as comparable to the study population. For journal submission, the authors should clarify the questionnaire's development, language(s) of administration, translation procedures, interviewer training, privacy arrangements and whether validated screening items were used.

3.5 Data analysis

The source reports analysis with SPSS version 21. Means and standard deviations were used for descriptive statistics, while chi-square tests and logistic regression were reportedly used for inferential analysis. Statistical significance was set at $p < .05$ with 95% confidence intervals. However, the supplied manuscript does not provide the regression coefficients, odds ratios, confidence intervals, model specification or complete chi-square outputs. Accordingly, the present recast does not invent inferential statistics and confines interpretation to the frequencies and percentages displayed in the source tables.

3.6 Ethical considerations

The source manuscript states that ethical approval was obtained from the Ethics Committee of the University of Port Harcourt and permission was obtained from the Obio/Akpor Local Government Council. It also states that informed consent was obtained after explaining the study and assuring confidentiality. The approval reference number, date of approval and procedures for responding to distress or disclosure of ongoing abuse were not supplied and should be added if available.

3.7 Data integrity and reporting note

Several source tables contain inconsistencies that affect interpretation. For example, the emotional-abuse forms listed sum to 70 although the subgroup is labelled n = 102; the financial-abuse perpetrator counts sum to 112 despite the subgroup label n = 63; and some percentages do not correspond to the listed frequencies or denominators. In Table 1, the sexual-abuse count of 20 among 226 cases is 8.8% when recalculated, although the source table records 8%. These issues are preserved transparently in the tables rather than silently resolved. The authors should reconcile every frequency, denominator and percentage against the original dataset before submission. Charts in this manuscript visualise the frequencies reported in the source tables and should be read with these caveats.

4. Results

A total of 411 older adults were included in the reported sample. The results below follow the order of the source tables. The charts are visual aids generated from the frequencies shown in those tables; they do not constitute additional observations.

Table 1. Reported occurrence, patterns and frequency of elder abuse

Variable	Frequency (n=411)	Percentage(%)
Ever been treated disrespectfully		
Yes	296	72.0
No	115	28.0
Considered this to be abuse (n=296)		
Yes	226	76.4
No	70	23.6
Ever been abused		
Yes	226	54.9
No	185	45.1
Pattern of abuse (n=226)		
Physical	41	18.1
Emotional	102	45.1
Financial	63	27.9
Sexual	20	8
Currently experiencing abuse		
Yes	56	24.8
No	170	75.2
Frequency of current abuse (n=56)		
Daily	1	1.8
Weekly	3	5.4
Once in 2 weeks	5	8.9
Monthly	47	83.9

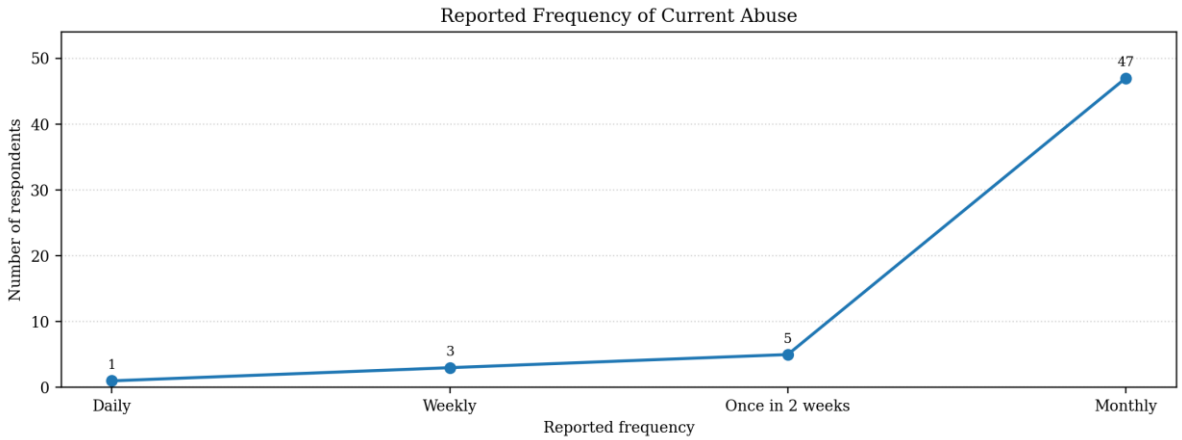

Figure 1. Line graph of reported frequency of current abuse. Counts are reproduced from Table 1.

As shown in Table 1, 296 respondents (72.0%) reported having been treated disrespectfully. Of those 296 respondents, 226 (76.4%) considered the treatment abusive. The table also records 226 respondents as having experienced abuse, equivalent to 54.9% of the full sample. Emotional abuse was the most frequently recorded category (102; 45.1%), followed by financial abuse (63; 27.9%), physical abuse (41; 18.1%) and sexual abuse (20; 8.9% when calculated from the count of 20 out of 226).

The results suggest that abuse in this sample was not limited to physical assault. Emotional and financial forms accounted for the largest recorded shares. Among the 226 respondents recorded as having experienced abuse, 56 (24.8%) were reported as currently experiencing abuse, while 170 (75.2%) were not. Of the 56 current cases, 47 (83.9%) were reported as occurring monthly. This frequency pattern should be interpreted cautiously because the table's frequency categories and the definition of 'current' abuse are not fully explained in the source.

Table 2. Forms, frequency and reported sources of physical abuse

Variable	Frequency (n=411)	Percentage (%)
Forms of physical abuse (n=41)		
Slapping	4	9.8
Hitting	3	7.3
Punching	2	4.9
Pushing	10	24.4
Kicking	22	53.6
Frequency of physical abuse (n=41)		
Daily	2	4.8
Weekly	5	12.3
Once in 2 weeks	15	36.5
Monthly	8	19.6
Once in six months	11	26.8
Subject to physical abuse		
Spouse	7	17.1
Children	13	31.7
Other family members	10	24.4
Careers	11	26.8

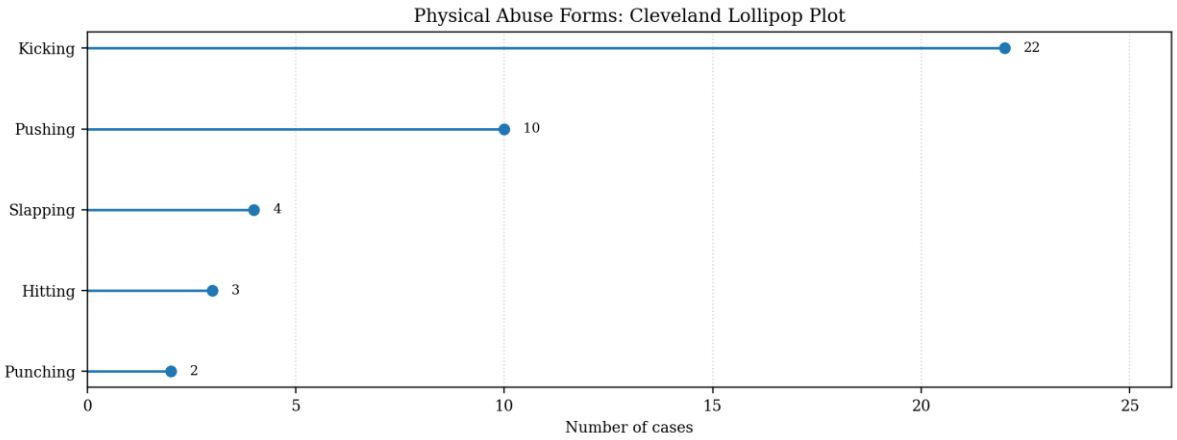

Figure 2. Cleveland lollipop plot of reported physical-abuse forms.

Kicking was the most frequently recorded physical-abuse form (22; 53.6%), followed by pushing (10; 24.4%). Slapping, hitting and punching were reported less frequently. Physical abuse was recorded as occurring once every two weeks for 15 respondents (36.5%) and once in six months for 11 (26.8%). Children were listed as the reported source in 13 cases (31.7%), followed by caregivers (11; 26.8%), other family members (10; 24.4%) and spouses (7; 17.1%). The counts across forms, frequency and sources each sum to 41, which is consistent with the subgroup size, although the prose in the source contains typographical errors.

Table 3. Forms, frequency and reported sources of emotional abuse

Variable	Frequency (n=411)	Percentage (%)
Forms of emotional abuse (n=102)		
Name calling	4	4.0
Threatening	6	6.0
Shunning	26	25.4
Ridiculing	28	27.4
Criticizing	6	6.0
Frequency of emotional abuse (n=102)		
Daily	4	3.9
Weekly	49	48.0
Once in 2 weeks	23	22.5
Monthly	8	7.8
Once in a year	10	10.0
Others	8	7.8
Subject to emotional abuse (n=102)		
Spouse	20	19.6
Children	51	50.0
Other family members	28	27.4
Careers	3	3.0

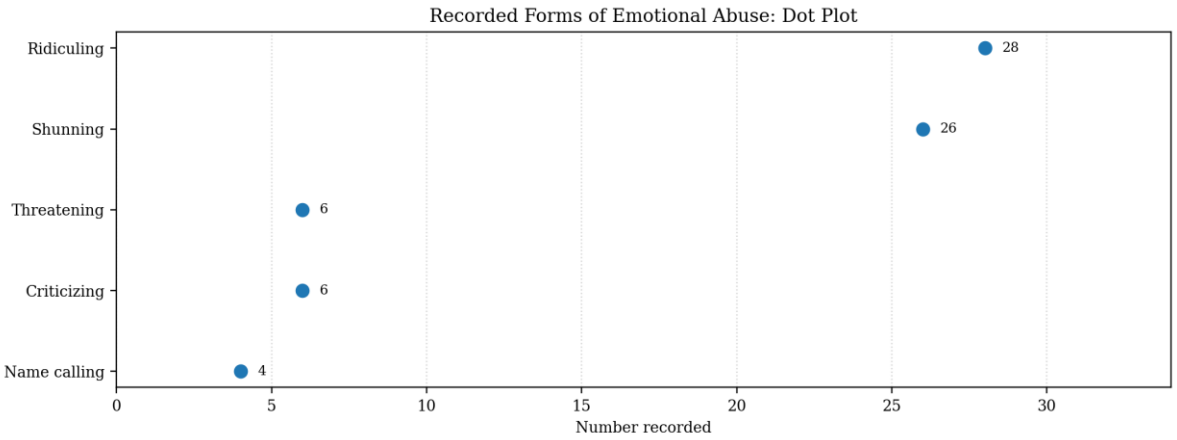

Figure 3. Dot plot of recorded emotional-abuse forms. Listed counts total 70, although the stated subgroup is 102.

The source table records ridiculing (28; 27.4%) and shunning (26; 25.4%) as the most frequently listed forms of emotional abuse. Threatening and criticism were each listed six times, while name-calling was listed four times. These counts total 70, not 102, and therefore do not account for all cases in the stated emotional-abuse subgroup. The table separately reports weekly emotional abuse for 49 respondents (48.0%) and identifies children as the source in 51 cases (50.0%). These latter figures are reproduced as reported, but the discrepancy in form counts and the absence of a fully reconcilable denominator mean the proportions should not be treated as definitive until the dataset is audited.

Table 4. Forms, frequency and reported sources of financial abuse

Variable	Frequency (n=411)	Percentage (%)
Forms of financial abuse (n=63)		
Failure to pay financial support	38	60.2
Stealing of money	17	26.9
Wrong calculation of money	2	3.1
Embezzlement	6	9.8
Frequency of financial abuse (n=63)		
Daily	3	4.8
Weekly	5	8.0
Once in 2 weeks	11	17.4
Monthly	10	15.9
Once in six months	20	31.7
Once in a year	14	22.2
Subjects to financial abuse (n=63)		
Spouse	4	3.6
Children	32	28.6
Other family members	61	54.5
Careers	15	13.4

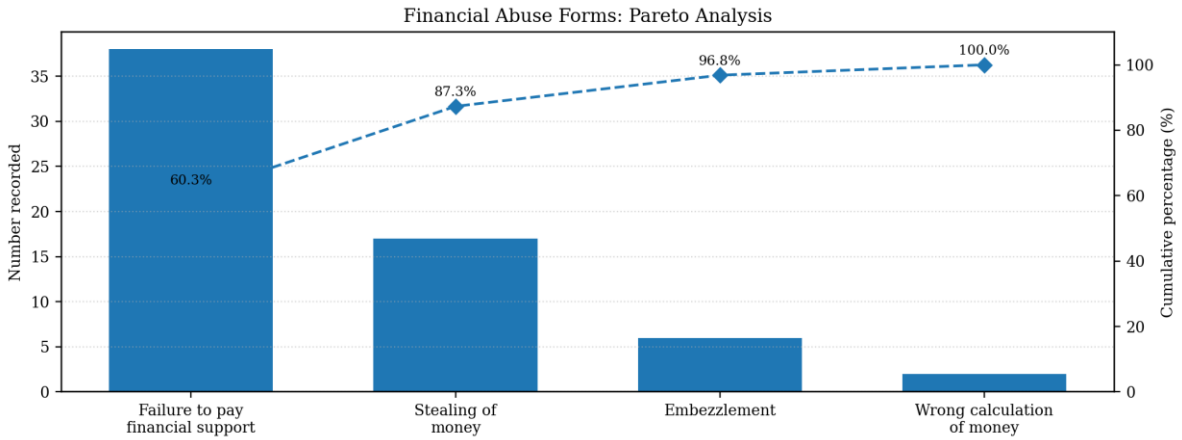

Figure 4. Pareto chart of reported financial-abuse forms, with cumulative percentage.

Failure to provide financial support was the most frequently listed financial-abuse form (38; 60.2%), followed by stealing money (17; 26.9%). Embezzlement was recorded six times and incorrect calculation of money twice. The reported frequency categories sum to 63, matching the stated subgroup size. However, the perpetrator/source counts (spouse 4, children 32, other family members 61 and caregivers 15) sum to 112, which exceeds the subgroup of 63. Their percentages also do not align consistently with the stated denominator. The finding that family relationships feature prominently is plausible within the reported table, but the exact distribution of perpetrators cannot be established until the source data are checked.

Table 5. Forms, frequency and reported sources of sexual abuse

Variable	Frequency (n=411)	Percentage (%)
Forms of sexual abuse(n=20)		
Compelling to indulge in sexual activities	1	5.0
Inappropriate touching of the genitalia	3	15.0
Forcing to take part in sexual conversation	2	10.0
Not given consent before having sex	3	15.0
Made to see the person's nakedness	6	30.0
Made to watch pornographic pictures	1	5.0
Made to be naked for the person to watch	4	20.0
Frequency of sexual abuse (n=20)		
Daily	1	5.0
Weekly	3	15.0
Once in 2 weeks	2	10.0
Monthly	3	15.0
Once in six months	7	35.0
Once in a year	4	20.0
Subjects to sexual abuse		
Spouse	6	30.0
Children	8	40.0
Other family members	4	20.0
Careers	2	10.0

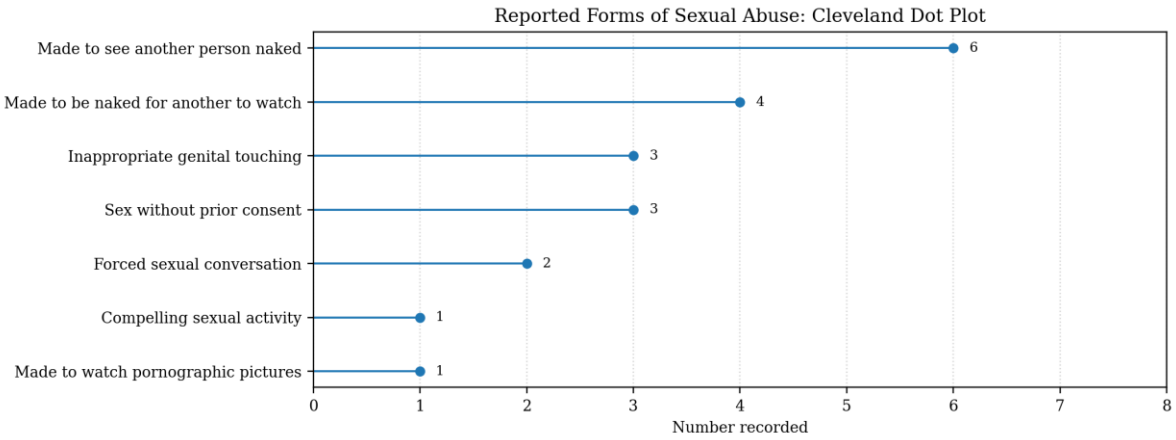

Figure 5. Cleveland dot plot of reported sexual-abuse forms.

The most frequently listed sexual-abuse form was being made to see another person's nakedness (6; 30.0%), followed by being made to be naked for another person to watch (4; 20.0%). Inappropriate genital touching and sex without prior consent were each recorded three times (15.0% each). Seven respondents (35.0%) were reported as experiencing sexual abuse once in six months. Children were listed as the source in eight cases (40.0%), and spouses in six (30.0%). Sexual abuse is often under-disclosed, and these figures should not be interpreted as evidence that less frequently reported forms are less serious. The sample size for this subgroup is small, and confidentiality-sensitive data collection is especially important.

Table 6. Other forms of abuse and reported sources

Variable	Frequency(n=411)	Percentage(%)
Been a victim of these abuses (n=226)		
Abandonment	20	8.8
Neglect	40	17.7
Right abuse	151	66.8
Institutional abuse	15	6.7
Subjects to these abuse (n=226)		
Spouse	56	24.8
Children	117	51.8
Other family relations	39	17.3
Careers	14	6.1

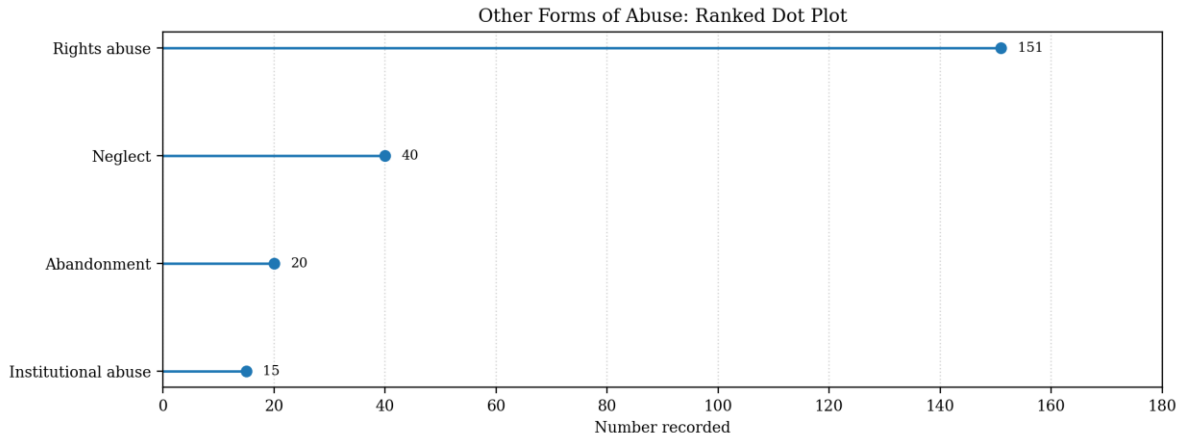

Figure 6. Ranked dot plot of other reported forms of abuse.

Rights abuse was the most frequently listed category among the other forms (151; 66.8%), followed by neglect (40; 17.7%), abandonment (20; 8.8%) and institutional abuse (15; 6.7%). These counts sum to 226, matching the table's stated subgroup. Children were listed as the source in 117 cases (51.8%), spouses in 56 (24.8%), other family relations in 39 (17.3%) and caregivers in 14 (6.1%). The source narrative also refers to non-reporting, but the corresponding detailed table is not included in the supplied results. That claim should therefore be supported with a complete table or removed from the final submitted version.

5. Discussion

5.1 Emotional abuse as the leading recorded category

The principal descriptive finding is the prominence of emotional abuse in the reported distribution. Emotional abuse can be normalised within households when insults, ridicule, exclusion or persistent criticism are dismissed as ordinary family disagreement or as a response to perceived dependence. Yet the study's own definition and the wider public-health literature recognise that psychological harm can be consequential even when it leaves no visible injury. The prominence of emotional abuse supports prevention messages that address dignity, respectful communication and the older person's right to participate in household decisions.

The source's emotional-abuse subcategories are incomplete relative to the stated subgroup of 102. Consequently, the study can reasonably report that ridicule and shunning are the most frequently listed categories in the table, but it cannot confidently estimate the full distribution of emotional-abuse experiences without checking the missing cases. This distinction is important for international publication, where transparent data reporting is essential.

5.2 Financial abuse and economic vulnerability

Financial abuse was the second-largest recorded category. Failure to provide financial support and the reported stealing of money suggest that financial harm may involve both direct appropriation and the withholding of resources. In older age, income may be limited or irregular, and dependence on relatives for daily expenses can make it difficult to challenge financial decisions or seek external assistance. Financial safeguards should therefore be designed to protect autonomy rather than automatically transferring control from the older person to another family member. The perpetrator figures in the source table cannot be interpreted quantitatively because their counts exceed the subgroup size. The narrative implication—that abuse may occur within trusted family relationships—remains relevant, but claims about which relationship is

most responsible require corrected data. Future reporting should distinguish between the number of victims, the number of incidents and the number of perpetrators, since one respondent may identify multiple perpetrators or experience more than one incident.

5.3 Physical abuse and the need for safe disclosure

Kicking and pushing were the most frequently recorded forms of physical abuse. The reported involvement of children, other relatives, spouses and caregivers shows why screening approaches should not assume that older adults are unsafe only when living outside the family. At the same time, these results do not establish the prevalence of physical abuse in all older people in Obio/Akpor or across Rivers State. They describe the experiences recorded among the study participants. Health workers and community-based personnel may be among the first to encounter physical signs, unexplained injuries or changes in behaviour. Any screening or referral system should be confidential, culturally sensitive and attentive to the possibility of retaliation. Where disclosure occurs, responses should prioritise the older person's wishes, immediate safety, decision-making capacity and access to appropriate support.

5.4 Sexual abuse and the importance of consent

The reported sexual-abuse cases include non-consensual sex, inappropriate touching and coercive exposure to nudity or sexual material. These behaviours should be understood through the principle of consent and the older person's right to bodily autonomy. Age alone does not remove sexual agency, and neither marriage nor family status substitutes for consent. The small subgroup of 20 cases means the estimates are imprecise and may be affected by under-reporting. The results nevertheless underline the need for private interviews, non-judgemental language and referral pathways that protect confidentiality.

5.5 Rights violations, neglect and abandonment

Rights abuse accounts for the largest share of the 'other forms' category in the source table. The term is broad and needs operational definition: a journal version should specify which rights were measured, how each item was worded and whether the category included restrictions on movement, privacy, financial autonomy, participation in decisions or access to services. Without such clarification, the label risks combining different experiences that require different responses. Neglect and abandonment also deserve attention. Some care failures may reflect severe poverty, inadequate services or caregiver exhaustion, while others may involve deliberate withholding of necessities. A proportionate response should assess the older person's unmet needs and immediate safety while also identifying whether caregiver support, health services, financial assistance or protective intervention is required. Resource constraints should not erase the harm experienced by the older person.

5.6 Family relationships and social protection

Across several tables, children and other family members appear as reported sources of abuse. This pattern reinforces the need to treat elder safeguarding as a shared public responsibility. Families remain central to care, but family care cannot be presumed safe in every case. Local prevention should combine family education with practical supports, including caregiver counselling, respite options where available, access to social welfare, community monitoring and confidential channels for seeking help.

The findings also align with WHO guidance that prevention requires more than awareness campaigns. Promising approaches include caregiver support, financial-management assistance, helplines, shelters and multidisciplinary responses involving health, social welfare and justice systems (WHO, 2024). The exact mix should be adapted to local capacity and evaluated rather than assumed to work automatically.

5.7 Comparison with wider evidence

The WHO's global estimate of approximately 15.7% annual prevalence among adults aged 60 years and above is lower than the 54.9% 'ever abused' figure recorded in this study (WHO, 2024). These figures should not be compared as if they measure the same outcome. The present study asks about having ever experienced abuse, uses an age threshold of 65 years, and reports results from one local-government area; the WHO estimate concerns abuse during the preceding year among people aged 60 years and above across multiple settings. Differences in recall period, definitions, survey instruments, sampling and disclosure conditions can produce substantial variation. The appropriate conclusion is not that Obio/Akpor has a confirmed rate several times the global rate, but that the study records a high proportion of respondents reporting lifetime or ever-experienced abuse and warrants careful follow-up using clearly defined measures.

5.8 Methodological strengths and limitations

The study has several strengths. It focuses on a locally important public-health issue, includes a sample of 411 older adults, covers multiple forms of abuse and reports both the forms and frequency of experiences. The pilot exercise and stated ethical review are also positive elements. Its cross-sectional approach is appropriate for descriptive assessment.

Several limitations should temper interpretation. First, the sample frame, ward-level allocation, response rate and details of multistage selection are incompletely documented. Second, self-report may be affected by recall, stigma, fear or reluctance to disclose abuse involving family members. Third, the exclusion of critically ill persons may omit some highly dependent older adults who could face elevated risks. Fourth, the study's age threshold of 65 years differs from the 60-year threshold often used in global ageing research. Fifth, several tables contain inconsistent counts, percentages or denominators, while the reported inferential analyses are not presented in sufficient detail to assess associations or adjusted effects. Sixth, the source does not provide enough detail to determine whether overlapping forms of abuse were allowed or how multiple responses were handled. Finally, a cross-sectional study from one local-government area cannot establish causation or be assumed to represent all older adults in Rivers State.

5.9 Implications for future research

Future studies should use a clearly defined recall period, distinguish lifetime experience from past-year prevalence, specify operational definitions for each abuse category and report a complete denominator for every table. Where ethically and practically feasible, probability sampling and stratification by age, sex, living arrangement, disability and income could improve subgroup analysis. Qualitative interviews with older adults, caregivers and frontline workers may help explain why abuse occurs, why some experiences are not reported and what kinds of assistance are trusted. Longitudinal or intervention research would be needed to determine whether particular support programmes reduce abuse or improve safety.

6. Conclusion

This study documents a substantial burden of reported disrespect and elder abuse among the 411 older adults surveyed in Obio/Akpor Local Government Area. Emotional abuse was the largest recorded category, followed by financial, physical and sexual abuse. The tables also document rights abuse, neglect, abandonment and institutional abuse. Family relationships feature prominently in the reported patterns, underscoring the need for prevention that combines respectful family care with accessible community and institutional safeguards.

The findings should be treated as descriptive evidence rather than a definitive estimate of current population prevalence. Inconsistencies in selected subgroup counts and percentages require reconciliation with the original dataset before the manuscript is submitted to a journal. Subject to that verification, the study provides a useful basis for local policy discussion, public-health screening and further research on the safety, dignity and rights of older people.

7. Recommendations

First, the Obio/Akpor Local Government Council, health facilities and community organisations should develop coordinated awareness programmes that explain emotional, financial, physical, sexual and neglect-related abuse in clear, locally appropriate language. Messages should emphasise that older people retain rights to dignity, privacy, autonomy and safety.

Second, primary healthcare workers and social-welfare personnel should be equipped to recognise possible signs of abuse and to ask older patients about safety in private, without assuming that a relative or caregiver should be present. Any screening protocol should include consent, confidentiality, risk assessment and referral procedures.

Third, local authorities should work with relevant state agencies, civil-society organisations, traditional and faith leaders, and the National Senior Citizens Centre to establish or publicise accessible routes for confidential reporting and referral. Such pathways should specify who receives a report, how urgent risks are addressed and how follow-up is documented.

Fourth, family-support programmes should include caregiver education, communication skills, stress management and information about available health and social services. Where neglect is associated with poverty or lack of access to care, assistance should address material needs while protecting the older person from coercion or exploitation.

Fifth, practical safeguards against financial abuse should be promoted. Older adults should receive accessible information about managing benefits, checking transactions, documenting financial arrangements and seeking independent advice. Support arrangements should be based on the older person's informed preferences and capacity, not on an automatic transfer of control to relatives. Sixth, institutions and service providers that work with older people should adopt clear safeguarding standards, complaint procedures and staff training. Allegations should be assessed fairly and promptly, and older people should be protected from retaliation.

Finally, the authors should conduct a full data audit before publication. This should verify the counts and percentages in every table, clarify whether multiple responses were permitted, provide missing inferential outputs and include the ethical approval number and sampling details. These steps are essential to ensure that policy recommendations rest on accurate and reproducible evidence.

References

Acierno, R., Hernandez, M. A., Amstadter, A. B., & Resnick, H. S. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. A*merican Journal of Public Health*, 100_(2), 292–297.

Ajomale, D. (2015). Sociology of ageing: Country report. Ageing in Nigeria. *Nigerian Journal on Ageing*, 87_(14), 12–17.

Akpan, L. D., & Umobong, M. (2013). An assessment of the prevalence of elder abuse and neglect in Akwa Ibom State, Nigeria. *Developing Country Studies*, 3_(5), 10–15.

Asogwa, L. O., & Igbokwu, C. C. (2012). Prevalence of abuse of the elderly in domestic setting in Enugu State, Nigeria. *Journal of Home Economics Research*, 13_, 197–208.

Federal Ministry of Information and Culture. (2021). *FG approves National Policy on Ageing for Older Persons in Nigeria.* Federal Government of Nigeria.

National Human Rights Commission. (2026). *World Elder Abuse Awareness Day 2026: NHRC calls for an end to elder abuse and renews commitment to protecting the rights of older persons*. National Human Rights Commission

Ohioha, R. U., Obionu, C. N., Uwakwe, K. A., Merenu, I., Ogunniyan, T. B., Onyeonoro, U., Ohale, I. A., & Ndukwu, E. (2017). Assessing the prevalence and patterns of elders' abuse in Imo State, Nigeria: A rural–urban comparative study. *Journal of Advances in Medical and Pharmaceutical Sciences*, 12_(2), 1–11.

Ola, I. M., & Olalekan, A. (2012). Socio-demographic correlates of elderly abuse in Ado-Ekiti, Nigeria. *International Journal of Humanities and Social Science*, 2_(20), 299–306.

World Health Organization. (2024, June 15). Abuse of older people_. https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people

Yon, Y., Mikton, C. R., Gassoumis, Z. D., & Wilber, K. H. (2017). Elder abuse prevalence in community settings: A systematic review and meta-analysis. *The Lancet Global Health*, 5_(2), –.