The Patterns and Determinants of Elder Abuse in Obio/Akpor Local Government Area, Rivers State, Nigeria

Ovundah Chukwu Queeneth; Agwu Michael Ezenna PhD; I. D. Alabere; Eme Asuquo
Faculty of Allied Health Sciences,
Department of Public Health,
University of Port Harcourt, Nigeria

https://doi.org/10.56201/jhsp.vol.12.no11.2026.pg72.83

Abstract
Background: Elder abuse is a public-health and human-rights concern that may remain hidden within family and caregiving relationships. Local evidence is important for identifying vulnerable groups and shaping community responses. This study examined reported patterns of elder abuse and their association with selected socio-demographic characteristics among adults aged 65 years and above in Obio/Akpor Local Government Area, Rivers State, Nigeria. The source study used a descriptive cross-sectional design and a multistage sampling approach to recruit 411 older adults who had lived in Obio/Akpor for at least one year. Critically ill individuals were excluded. Data were collected with a semi-structured questionnaire that had been pretested among 30 older adults in Aluu community, Ikwerre Local Government Area. Analysis was reportedly conducted in SPSS version 21 using descriptive statistics, chi-square tests and logistic regression, with statistical significance set at $p < .05$. Results: The source tables report that 56 of 411 respondents (13.6%) experienced elder abuse. Within this subgroup, the reported counts varied across age, sex, marital status, presence of living children, living arrangement, religion, education, occupation and income. Abuse was reported by 84.6% of respondents living alone, compared with 11.3% of those living with family; by 24.8% of respondents reporting monthly income of ₦20,000 or less, compared with 2.0% in the ₦20,001–₦100,000 category; and by 20.7% of married/cohabiting respondents, compared with 1.9% of divorced or widowed respondents. The abstract also presents a separate distribution of abuse types among 226 cases: emotional abuse 45.1%, financial abuse 27.9%, physical abuse 18.1% and sexual abuse 8.9%. These figures cannot be reconciled with the tables' overall total of 56 cases from the material supplied. The reported findings point to the importance of social support, economic security and family-based prevention. However, conflicting denominators and several statistical inconsistencies in the source require verification against the original dataset before the findings can be considered definitive. The manuscript therefore distinguishes reported results from data-quality concerns and recommends stronger safeguarding, referral pathways and community awareness.

Keywords: *elder abuse; older adults; socio-demographic determinants; living arrangement; income; Obio/Akpor; Nigeria*

1. Introduction

1.1 Background

Elder abuse refers to a single or repeated act, or the failure to take appropriate action, within a relationship in which trust is expected, where the conduct causes harm or distress to an older person. Recognised forms include psychological or emotional abuse, physical abuse, sexual abuse, financial or material exploitation, neglect and abandonment (World Health Organization [WHO], 2024). Such mistreatment is not only a private family matter: it can undermine dignity, autonomy, physical health, psychological wellbeing and financial security.

The scale of the problem is substantial. WHO (2024), drawing on a systematic review of community-based studies, estimates that approximately one in six people aged 60 years and above experienced some form of abuse during the preceding year. The organisation also notes that risk is shaped by individual, relational, community and societal conditions, including functional dependence, poor health, low income, caregiver dependency and ageist norms. These factors should not be treated as universal predictors, because their influence can vary across settings. In Nigeria, elder abuse occurs in a context where family care remains socially important, while household economic pressure, migration, changing intergenerational expectations and limited formal support can complicate caregiving. A Nigerian perspective paper identifies poverty, unemployment, reduced caregiver capacity and the secrecy surrounding mistreatment as issues that can obstruct recognition and response (Cadmus, 2022). Qualitative research among caregivers in southwest Nigeria similarly describes verbal and physical mistreatment and neglect, while highlighting the influence of relationships, community values and caregiving expectations (Ojifinni et al., 2023). Recent Nigerian studies reinforce the need for locally grounded evidence. A cross-sectional study in Oye Ekiti reported associations between elder abuse and factors including age, income and education, while a 2025 study in rural Edo State identified neglect, financial abuse and emotional abuse as prominent reported forms (Atoyebi et al., 2024; Prevalence, pattern and predictors of elder abuse in rural communities of Edo State, Nigeria, 2025). Differences between studies may reflect population characteristics, definitions, instruments and settings. Local estimates must therefore be interpreted with attention to their methods and denominators.

1.2 Problem statement

Older people may depend on relatives or other trusted persons for accommodation, food, healthcare, mobility and financial management. Where these relationships involve coercion, humiliation, violence or deprivation, the older person may have limited ability to report the conduct or leave the situation. Underreporting is especially plausible where abuse is normalised, disclosure may threaten family relationships, or formal safeguarding services are difficult to access. Without credible local data, it is difficult to identify vulnerable groups or design proportionate interventions. The source study addresses this concern by examining older adults in Obio/Akpor Local Government Area. Its tables suggest that reported abuse differs across several socio-demographic groups. Nevertheless, the source contains material inconsistencies: the abstract reports 226 people who considered their treatment abusive and gives abuse-type counts totalling 226, whereas the results tables report 56 cases among 411 participants. Some reported p-values, chi-square statistics, odds ratios and confidence intervals also appear inconsistent. These issues do not remove the value of the research question, but they limit the strength of the conclusions that can be drawn until the underlying data are checked.

1.3 Aim and objectives

The aim was to examine the patterns and socio-demographic correlates of elder abuse among adults aged 65 years and above in Obio/Akpor Local Government Area, Rivers State.

The specific objectives were to describe the reported forms of elder abuse; assess the distribution of reported abuse across selected socio-demographic characteristics; examine reported associations between those characteristics and elder abuse; and identify implications for prevention, family support and community safeguarding.

2. Materials and methods

2.1 Study area

The study was conducted in Obio/Akpor Local Government Area, Rivers State, within the Port Harcourt metropolitan area in Nigeria's Niger Delta. The source manuscript identifies Rumuodomaya as the local government headquarters and describes the area as comprising 17 electoral wards. It is home to Ikwerre communities as well as residents from other ethnic groups who have migrated for economic, educational and other reasons. The urban and peri-urban setting makes the area relevant for examining how household structure, income and social support may relate to the treatment of older people.

2.2 Study design and population

A descriptive cross-sectional design was used. The target population comprised adults aged 65 years and above who had resided in Obio/Akpor for at least one year. The source manuscript estimates the population of older residents at 165,738, but does not provide the projection method or source needed to independently validate that figure. Critically ill individuals were excluded.

2.3 Sample size and sampling

The source reports a calculated sample size of approximately 375, with an allowance for non-response, producing a target of 411 participants. The calculation was based on an assumed prevalence of 58%, a standard normal deviate of 1.96 and a desired precision of 0.05. A multistage sampling method was reportedly used to select participants from the 17 wards. The manuscript does not describe each sampling stage, the number selected per ward, the balloting procedure in sufficient detail, or the final response rate; these should be supplied in a journal submission.

2.4 Instrument and data collection

Data were collected with a semi-structured questionnaire. A pretest involving 30 older adults in Aluu community, Ikwerre Local Government Area, was conducted before the main fieldwork. The source does not provide the questionnaire items, operational definition of abuse, recall period, language and translation procedures, interviewer training, or evidence of instrument reliability and validity. These details are important because estimates can differ according to whether the instrument measures lifetime experience, recent experience or respondents' own interpretation of mistreatment.

2.5 Data analysis

The source states that data were analysed using SPSS version 21. Descriptive statistics were used to summarise responses, while chi-square tests and logistic regression were reportedly used to assess associations. Statistical significance was set at $p < .05$ with 95% confidence intervals. However, the supplied tables do not clearly distinguish crude from adjusted odds ratios, do not show the full regression model, and contain values that are internally inconsistent. The recast therefore reproduces the principal reported counts and percentages while explicitly identifying statistics that require verification; it does not invent replacement estimates.

2.6 Ethical considerations

According to the source manuscript, 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. Participants were informed about the purpose of the research and gave informed consent, with assurances of confidentiality. The approval reference number, approval date, consent procedure for participants with impaired decision-making capacity and safeguarding/referral protocol for disclosures of abuse were not supplied and should be added if available.

3. Results

3.1 Overall reported prevalence and pattern of abuse

The tables report 56 participants experiencing elder abuse out of 411, equivalent to 13.6%. The abstract, however, states that 226 older adults (76.4%) considered the manner in which they were treated to constitute abuse and lists 226 cases across four abuse types. The denominator for 76.4% is not stated consistently with the study sample of 411, and 226/411 is not 76.4%. The abstract's abuse-type counts add to 226, while the tables' cases add to 56. These results should be treated as two conflicting reports rather than combined into a single estimate.

Using only the type-specific figures presented in the abstract, emotional abuse accounts for 102 of 226 reports (45.1%), financial abuse for 63 (27.9%), physical abuse for 41 (18.1%) and sexual abuse for 20 (8.9%). Emotional abuse is therefore the largest category in that distribution. This pattern is broadly consistent with the recognition of psychological and emotional mistreatment as important dimensions of elder abuse, although comparisons with other studies should be made cautiously because definitions and measurement methods vary (WHO, 2024; Ojifinni et al., 2023).

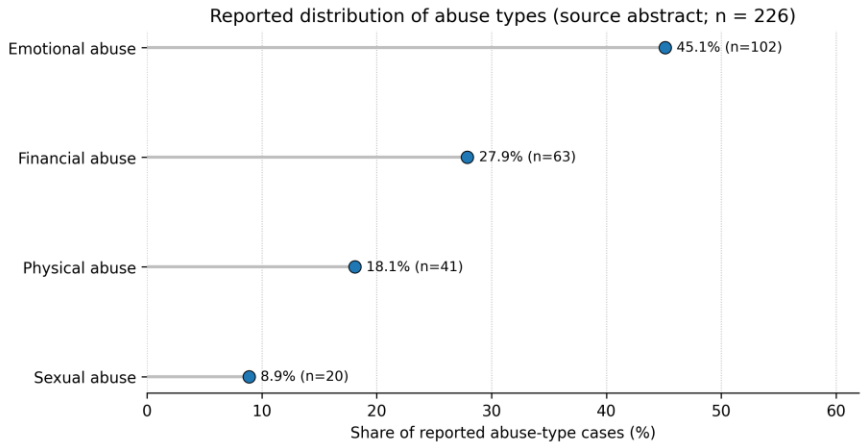

Figure 1. Reported distribution of abuse types as presented in the source abstract (n = 226).

3.2 Socio-demographic characteristics and elder abuse

Table 1 presents the source-reported cross-tabulations for age, sex, marital status, living children and living arrangement. The percentages below are the row percentages printed in the source and should be verified against the original dataset before publication.

Characteristic	Abuse: Yes, n (%)	Abuse: No, n (%)	Total n	χ^2; p-value as reported	OR (95% CI) as reported
Age 65–74	45 (19.5)	185 (80.5)	230	5.657; p printed as 0.000*	3.76 (1.83–8.31)
Age ≥75	11 (6.1)	170 (93.9)	181	Reference/combined statistic not clear	—
Male	45 (16.6)	226 (83.4)	271	6.0; p printed as *.014	2.34 (1.17–4.67)
Female	11 (7.9)	129 (92.1)	140	Reference group not stated	—
Married/cohabiting	53 (20.7)	203 (79.3)	256	28.90; p printed as 0.00*	13.23 (4.06–43.14)
Divorced/widowed	3 (1.9)	152 (98.1)	155	Reference group not stated	—
No living children	13 (48.1)	14 (51.9)	27	29.27; p printed as 0.000*	7.36 (3.25–16.70)
At least one living child	43 (11.2)	341 (88.8)	384	Reference group not stated	—
Live alone	11 (84.6)	2 (15.4)	13	57.49; p printed as 0.000*	43.14 (9.27–200.90)
Live with family	45 (11.3)	353 (88.7)	398	Reference group not stated	—

Source: Researcher (2026)

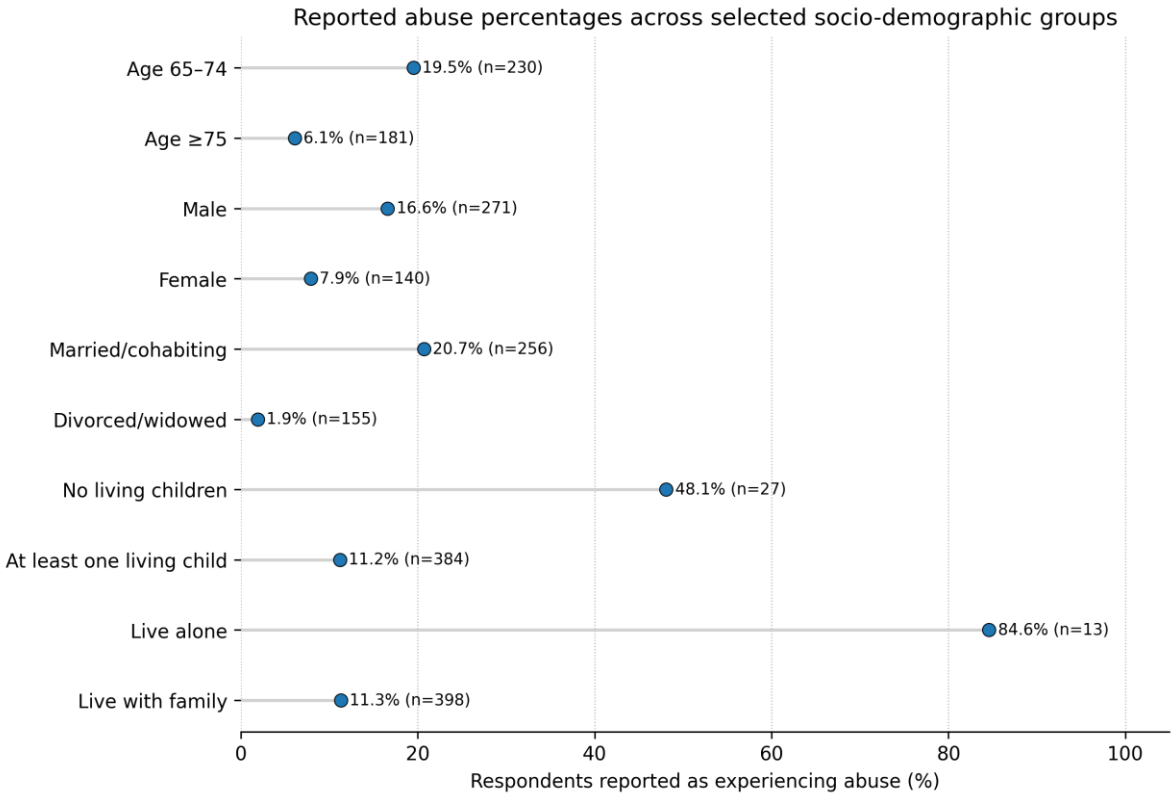

Figure 2. Selected socio-demographic groups: reported row percentages experiencing elder abuse.

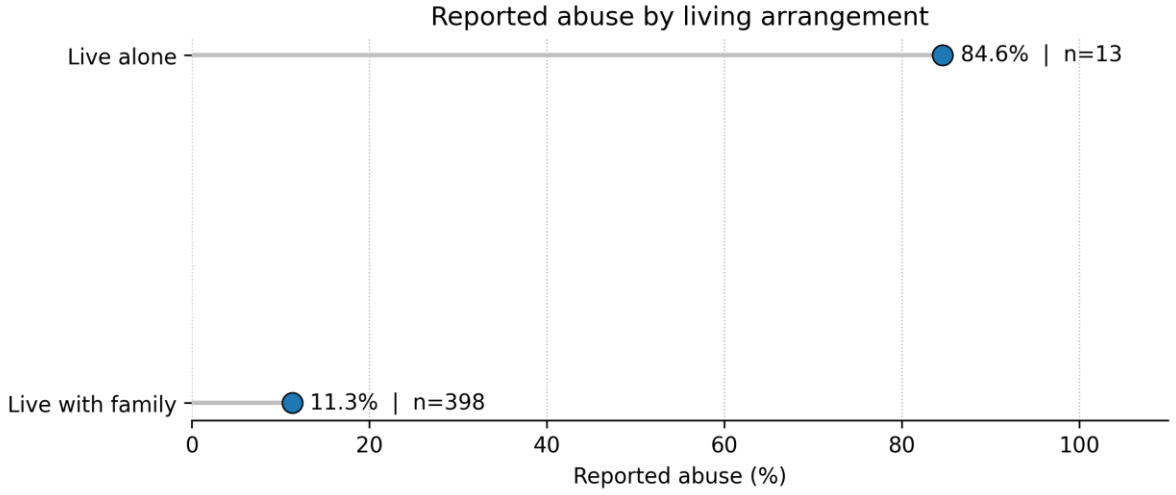

Figure 3. Reported elder abuse by living arrangement.

The source reports a higher proportion of abuse among participants aged 65–74 years than among those aged 75 years and above (19.5% versus 6.1%). Male respondents were reported to have a higher row percentage than female respondents (16.6% versus 7.9%). Married or cohabiting respondents had a reported percentage of 20.7%, compared with 1.9% among divorced or widowed participants. The largest contrast in this table is for living arrangement: 84.6% among the 13 respondents living alone compared with 11.3% among 398 living with family. Because the number living alone is small, the percentage may be unstable and should not be interpreted without the raw data and model diagnostics.

The living-children comparison also warrants careful interpretation. The table reports abuse among 48.1% of participants without living children and 11.2% among those with at least one living child. This may indicate the importance of available social support, but the data do not establish that having children directly prevents abuse. Household composition, dependency, family relationships, income and health may interact, and cross-sectional data cannot establish temporal order or causality.

3.3 Other socio-demographic correlates

Characteristic	Category	Abuse: Yes, n (%)	Abuse: No, n (%)	Total n	χ^2; p-value as reported	OR (95% CI) as reported
Religion	Christianity	45 (11.5)	345 (88.5)	390	28.24; p 0.00*	0.12 (0.05–0.35)
	Islam/African Traditional Religion	11 (52.4)	10 (47.6)	21		
Education	≤ Primary	56 (15.4)	307 (84.6)	363	8.57; p 0.001*	0.85 (0.81–0.88)
	≥ Secondary	0 (0.0)	48 (100.0)	48		
Working status	Working	11 (18.0)	50 (82.0)	61	1.2; p 0.311	1.49 (0.72–3.08)
	Not working	45 (12.9)	305 (87.1)	350		
Occupation	Military/professional/intermediate/non-manual (label unclear)	0 (0.0)	89 (100.0)	89	17.92; p 0.000*	1.211 (1.5–1.27)
	Skilled/others	56 (17.4)	266 (82.6)	322		
Monthly income	≤ ₦20,000	52 (24.8)	158 (75.2)	210	45.25; p 0.000*	16.21 (5.74–45.78)
	₦20,001–₦100,000	4 (2.0)	197 (98.0)	201		
Ethnic grouping	Igbo/Ikwerre	45 (17.5)	212 (82.5)	257	8.79; p 0.003*	2.76 (1.38–5.52)
	Yoruba/Hausa/others	11 (7.1)	143 (92.9)	154		

Source: Researcher (2026)

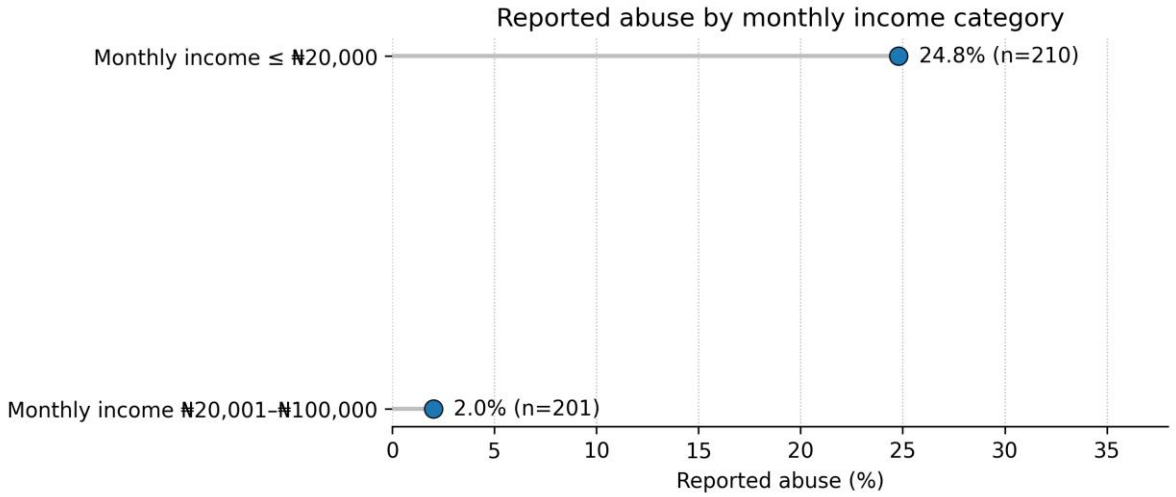

Figure 4. Reported elder abuse by monthly income category. The source reports 24.8% in the lowest-income group and 2.0% in the higher-income group.

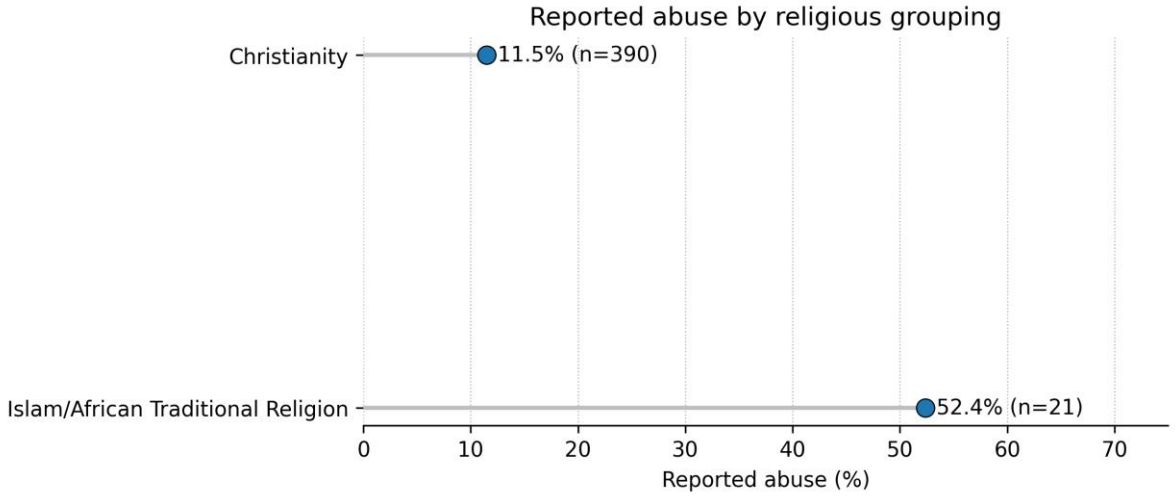

Figure 5. Reported elder abuse by religious grouping. The group sizes differ markedly (390 versus 21), so the estimates should be interpreted cautiously.

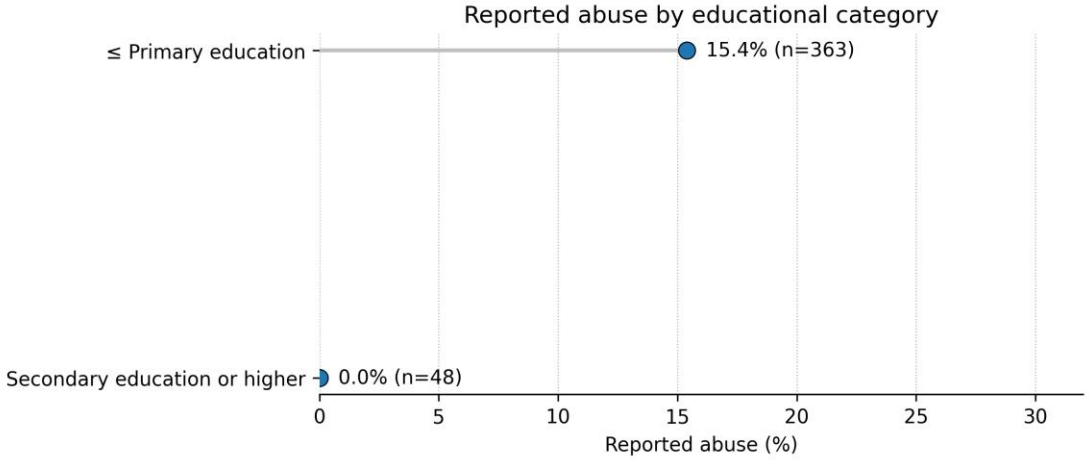

Figure 6. Reported elder abuse by educational category. A zero count in the higher-education group can create separation in logistic regression and needs specialist statistical handling.

Income shows a marked reported difference: 24.8% of respondents earning ₦20,000 or less were classified as abused, compared with 2.0% of those earning ₦20,001–₦100,000. This is consistent with literature identifying low income and financial dependence as potential vulnerabilities, but the source's odds ratio and underlying counts should be checked before the magnitude is interpreted. The working-status comparison was not statistically significant according to the reported p-value (p = .311), despite a higher row percentage among those working (18.0%) than those not working (12.9%).

The source also reports differences by religious grouping, education, occupation and ethnic grouping. However, the very small Islam/African Traditional Religion group (n = 21), the zero reported cases in the secondary-or-higher education group, and the ambiguous occupation category may affect statistical stability. These associations should not be presented as evidence that religion or ethnicity itself causes abuse. They may reflect differences in income, age, family arrangements, access to services or other unmeasured factors.

4. Discussion

This study sought to describe elder abuse and examine its socio-demographic correlates in Obio/Akpor. The source tables identify 56 cases among 411 participants (13.6%), while the abstract separately describes 226 abuse reports and an abuse-type distribution. Until this discrepancy is resolved, the paper cannot make a definitive claim about the prevalence of elder abuse in the study population. The discrepancy should be addressed by returning to the original dataset, confirming the outcome variable and denominator, and regenerating all tables directly from the final analysis file. Subject to that limitation, the type-specific distribution in the abstract suggests that emotional abuse was the most frequently reported form, followed by financial, physical and sexual abuse. Emotional abuse may include insults, threats, humiliation, intimidation and other conduct that undermines dignity. Qualitative work in southwest Nigeria has also documented verbal mistreatment and neglect in caregiving relationships (Ojifinni et al., 2023). WHO (2024) likewise recognises psychological abuse as a major component of the wider elder-abuse problem? These comparisons support the need to assess non-physical harm rather than relying exclusively on visible injuries. The reported association between living arrangement and abuse is striking but needs restraint in interpretation. Although living with family can provide practical and emotional support, co-residence alone does not guarantee safety; nor does living alone necessarily imply that abuse is present. The source table suggests a high percentage among those living alone, but this estimate is based on 13 people. It is also possible that the table's coding or denominator is incorrect. Future reporting should include absolute counts, row and column percentages, confidence intervals and a clearly defined reference group.

The income pattern is substantively important. Older people with limited financial resources may have fewer options for independent accommodation, transport, healthcare and social participation. Low income may also increase dependence on relatives or caregivers, potentially creating conditions in which financial exploitation or neglect is harder to challenge. Nigerian studies have similarly identified economic vulnerability as a relevant issue in the broader context of elder abuse (Cadmus, 2022; Atoyebi et al., 2024). Nevertheless, because the study is cross-sectional, the observed association should be described as a correlation rather than a causal effect. The reported differences by age, sex and marital status are not straightforward. In this dataset, the 65–74 age group appears to have a higher row percentage than the 75-and-above group, contrary to some studies that report increasing risk at older ages. Differences may arise from the composition of the sample, the operational definition of abuse, reporting behaviour,

health and functional status, or data-quality problems. The manuscript's narrative also contains contradictory interpretations of age and living status. Therefore, the data do not justify a broad conclusion that risk necessarily rises or falls with age, or that one sex is inherently more vulnerable. Education and employment may affect awareness of rights, access to information and financial autonomy, but the supplied table reports no cases among participants with secondary education or higher. Such a zero cell can generate unstable or non-estimable logistic regression coefficients. It may also signal a coding or transcription problem. A reanalysis should check the raw data, use appropriate exact or penalised methods where needed, and report both crude and adjusted estimates with clear reference categories.

International evidence underscores that elder abuse is multifactorial and that prevention must involve individuals, families, services and communities (WHO, 2024). The study's local focus is useful because the design of practical interventions should reflect the realities of household support and community services in Obio/Akpor. However, its cross-sectional design, self-reported outcome, incomplete methodological reporting and statistical inconsistencies limit generalisability and causal inference.

5. Strengths and limitations

A strength of the source study is its focus on a defined local government area and its intended inclusion of 411 older adults across multiple wards. The questionnaire was pretested, and the reported analysis considered several demographic and economic variables. These features offer a starting point for locally relevant safeguarding research.

The principal limitation is the conflict between the abstract and tables over the number of cases and the denominator used to calculate prevalence. Additional limitations include incomplete description of the multistage sampling procedure, absence of a detailed abuse instrument and recall period, lack of a full regression model, unclear adjustment strategy, ambiguous occupation coding, and inconsistencies in some p-values, chi-square statistics, odds ratios and confidence intervals. The source does not provide sufficient information to independently reproduce the analysis. The results should therefore be regarded as provisional until the original dataset is audited.

6. Public-health and policy implications

Community-based responses should make it easier for older people to disclose mistreatment safely and confidentially. Primary healthcare workers, social workers, community and faith leaders, and local government social-welfare personnel can be trained to recognise emotional, physical, sexual and financial abuse as well as neglect. Referral procedures should protect the older person's autonomy and safety and avoid exposing them to retaliation.

Family support programmes should promote respectful communication, shared caregiving responsibilities and practical assistance for households supporting older relatives. Caregiver education can address stress, harmful stereotypes about ageing and the importance of adequate nutrition, medication, personal care and social contact. Such programmes should not excuse abuse or place responsibility for perpetrators' conduct on older people.

Economic and social protection measures are also relevant. Older adults with limited income may benefit from access to social assistance, health services, legal advice and community-based support. Local authorities and civil-society organisations can establish accessible reporting channels and connect older people with appropriate services. Any intervention should be evaluated rather than assumed to be effective.

7. Recommendations

First, the authors should verify the original dataset and regenerate the abstract, tables, figures and regression results from one consistent analytic file. The manuscript should state the exact number meeting the case definition and the denominator for every percentage. Second, the methods section should identify the questionnaire or screening tool, recall period, language procedures, sampling stages, response rate, ethical approval number and safeguarding protocol. Third, the statistical analysis should report crude and adjusted odds ratios, 95% confidence intervals, reference categories, model covariates and diagnostics, with methods appropriate for sparse cells. Fourth, Obio/Akpor health and social-welfare agencies should consider community awareness and confidential referral pathways for suspected abuse. Fifth, primary healthcare workers and community-based organisations should be supported to identify older adults who may be socially isolated or financially dependent. Sixth, family-centred education should emphasise dignity, non-violence and the practical responsibilities involved in elder care. Finally, larger studies using validated measures and mixed-method approaches should examine the experiences of older adults, caregivers and service providers across urban and rural communities in Rivers State.

8. Conclusion

The study addresses an important public-health and human-rights issue: the patterns and socio-demographic correlates of elder abuse in Obio/Akpor Local Government Area. The supplied tables suggest that reported abuse may differ by living arrangement, income, marital status, age, sex and other characteristics, while the abstract identifies emotional abuse as the most common form among the reported abuse-type counts. These findings point to the importance of economic security, supportive relationships and accessible safeguarding services. However, the conflict between 56 cases in the tables and 226 cases in the abstract, together with statistical inconsistencies, prevents a firm prevalence conclusion. Verification and reanalysis of the original data are essential before the manuscript is submitted to an international journal.

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. *American Journal of Public Health*, 100(2), 292–297

Atoyebi, O. A., Emmanuel, E. E., Ipinnimo, T. M., Ekpo, D. S., Agunbiade, K. H., Sanni, T. A., Atoyebi, O. E., & Ajayi, P. O. (2024). Elder abuse among older persons in a local government area in southwest Nigeria: A cross-sectional study. Journal of Research in Clinical Medicine, 12, 24. https://doi.org/10.34172/jrcm.34594

Cadmus, E. (2022). The face of elder abuse in Africa: The Nigerian perspective. Innovation in Aging, 6(Suppl. 1), 282. https://doi.org/10.1093/geroni/igac059.1121

Ojifinni, O., Adebayo, E., & Uchendu, O. (2023). Insights into caregivers' perspectives on abuse of older persons: A qualitative exploratory study in southwest Nigeria. BMJ Open, 13(10), e070937. https://doi.org/10.1136/bmjopen-2022-070937

Prevalence, pattern and predictors of elder abuse in rural communities of Edo State, Nigeria. (2025). PubMed Central. https://pmc.ncbi.nlm.nih.gov/articles/PMC12224217/

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